Glioblastoma Tumor Panel and Journal Club
Clinical Investigators Provide Perspectives on Current Cases from Their Practices and Important Recent Publications and Presentations

TARGET AUDIENCE
This activity is intended for neuro-oncologists, neurosurgeons, basic scientists and other neuro-oncology specialists involved in the treatment of primary and metastatic central nervous system cancer.

OVERVIEW OF ACTIVITY
Current management of high-grade malignant gliomas involves an interdisciplinary approach, integrating the knowledge and expertise of neurosurgeons, radiation oncologists, neuroradiologists, neuro-oncologists and medical oncologists. The historical mainstay of initial therapy for glioblastoma multiforme (GBM) has included surgical resection, when feasible, and postoperative radiation therapy. Despite the substantial contribution of effective chemoradiation therapy to the current glioma treatment algorithm, treatment of these tumors remains a clinical challenge to physicians. Median progression-free and overall survival times achieved continue to be suboptimal, at 6.9 and 14.6 months, respectively, and recurrent disease is virtually inevitable and carries a poor prognosis.

However, recent advances in the understanding of glioma pathophysiology and mechanisms of resistance to standard chemotherapeutics in addition to improvements in medication delivery across the blood-brain barrier have offered opportunities to enhance available treatment options. Furthermore, a number of efforts are ongoing in an attempt to find new therapies that may eventually confer increased quantity and quality of life for patients with brain cancer. Integrating these findings into routine clinical care, extrapolating data among histologic subtypes and communicating the benefits and risks of novel regimens to patients represent a challenge for treating clinicians. To bridge the gap between research and patient care, these proceedings from a CME symposium during the 20th Annual Meeting of the Society for Neuro-Oncology use the perspectives of leading neuro-oncologists and neurosurgeons to apply evidence-based concepts to routine practice. By providing information on the latest research developments in the context of expert perspectives, this activity assists with the formulation of state-of-the-art clinical management strategies, which in turn facilitates optimal patient care.

LEARNING OBJECTIVES
- Ensure delivery of appropriate treatment for patients with primary brain cancer through facilitation of a multidisciplinary care plan.
- Use clinical and molecular markers to assess disease prognosis and guide treatment selection, when appropriate, for patients with GBM.
- Apply the results of existing and emerging research to the evidence-based use of chemotherapy and adjuvant chemoradiation therapy.
- Communicate the benefits and risks of bevacizumab, both with and without chemotherapy, to patients with recurrent GBM.
- Discuss with patients the incidence and presentation of common bevacizumab-associated adverse effects, and recommend management strategies to address tolerability issues.
- Recall available efficacy and safety data with the use of the NovoTTF-100A system for patients with newly diagnosed and recurrent GBM in order to make an informed decision regarding its incorporation into clinical practice.
- Recognize techniques to distinguish true disease progression from radiologic pseudoprogression among patients with treated brain tumors.
- Describe the scientific rationale and recent research results that support ongoing investigation of novel treatments for brain cancer.

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FACULTY — The following faculty (and their spouses/partners) reported relevant conflicts of interest, which have been resolved through a conflict of interest resolution process:

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Advisory Committee: AbbVie Inc, Cavion, Celldex Therapeutics, Genentech BioOncology, Merck, Midatech Pharma, Momenta Pharmaceuticals Inc, Novartis Pharmaceuticals Corporation, Novocure, Roche Laboratories Inc, Sigma-Tau Pharmaceuticals Inc, Vascular Biogenics Ltd;
Consulting Agreements: AstraZeneca Pharmaceuticals LP, GlaxoSmithKline, Novartis Pharmaceuticals Corporation, Roche Laboratories Inc, Sanofi; Contracted Research: Agios Pharmaceuticals, Angiochem, AstraZeneca Pharmaceuticals LP, Exelixis Inc, Genentech BioOncology, GlaxoSmithKline, Karyopharm Therapeutics, Novartis Pharmaceuticals Corporation, Regeneron Pharmaceuticals, Sanofi, Vascular Biogenics Ltd; Speakers Bureau: Merck.


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Hardware/Software Requirements:
A high-speed Internet connection
A monitor set to 1280 x 1024 pixels or more
Internet Explorer 7 or later, Firefox 3.0 or later, Chrome, Safari 3.0 or later
Adobe Flash Player 10.2 plug-in or later
Adobe Acrobat Reader
(Optional) Sound card and speakers for audio

Last review date: March 2016
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Select Publications

Minesh Mehta, MD


Tom Mikkelsen, MD

Hovey EJ et al. Continuing or ceasing bevacizumab at disease progression: Results from the CABARET study, a prospective randomized phase II trial in patients with recurrent glioblastoma. *Proc ASCO* 2015;Abstract 2003.


Jeffrey Raizer, MD


Wen P et al. A randomized double blind placebo-controlled phase 2 trial of dendritic cell (DC) vaccine ICT-107 following standard treatment in newly diagnosed patients with GBM. *Proc SNO* 2014;Abstract AT-60.

Zvi Ram, MD


Patrick Y Wen, MD
A Phase 1 study evaluating the safety and pharmacokinetics of ABT-414 for subjects with glioblastoma multiforme. NCT01800695

A randomized, placebo controlled Phase 2b/3 study of ABT-414 with concurrent chemoradiation and adjuvant temozolomide in subjects with newly diagnosed glioblastoma (GBM) with epidermal growth factor receptor (EGFR) amplification (Intellance 1). NCT02573324

An international, randomized, double-blind, controlled study of rindopepimut/GM-CSF with adjuvant temozolomide in patients with newly diagnosed, surgically resected, EGFRvIII-positive glioblastoma. NCT01480479


