

Abstracts

ATCT-16. CODEL (ALLIANCE-N0577; EORTC-26081/2208; NRG-1071; NCIC-CEC-2): PHASE III RANDOMIZED STUDY OF RT VS. RT + TMZ VS. TMZ FOR NEWLY DIAGNOSED 1p/19q-CODELETED ANAPLASTIC GLIOMA. ANALYSIS OF PATIENTS TREATED ON THE ORIGINAL PROTOCOL DESIGN

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BACKGROUND: CODEL originally included an RT-alone control arm. Following EORTC 26951/RTOG 9402 reports, the original study closed for revision of the control arm to RT + adjuvant PCV. We performed an analysis of pts randomized per the original CODEL design. **METHODS:** Adults (>18 yr) with newly diagnosed, 1p/19q codeleted WHO grade III anaplastic glioma were randomized to RT (5940 cGy) (Arm A); vs. RT + TMZ (75mg/M2/D +RT; 150-200mg/M2, D1-5 q28D X 6-12 (Arm B); vs. TMZ (150-200 mg/M2, D1-5q28D X 12 (Arm C). Stratification included Age (< or > 50); Group [North America vs EORTC]; and ECOG status (0-1 vs. 2). Primary endpoint was overall survival. PFS was compared by logrank test (Arm C vs. Arms A + B (pooled)). **RESULTS:** 36 pts (N.A.-53%, EORTC-47%) were randomized (Arm A-12; Arm B-12; Arm C-12), with balance for age, ECOG status, and extent of resection. Grade 3+ toxicity occurred in 25%, 41% and 31% (Arms A, B and C, respectively). No pts withdrew or died from toxicity. All treatment cycles were completed in 92%, 83% and 58% (Arms A, B and C, respectively). Progression during treatment occurred in 5/12 (42%) TMZ alone pts, vs. 0/24 (0%) on RT arms. With median follow-up of 3.4 yrs, 6/12(50%) of the TMZ alone pts have progressed, vs. 2/24(8%) on RT Arms (p = 0.002); death from disease progression occurred in 5%(3/12) TMZ alone pts vs. 4% (1/24) on RT Arms (A-0; B-1). Median PFS was 2.5 yr for TMZ alone vs. not reached for pts on RT Arms. **CONCLUSIONS:** In this preliminary analysis, patients receiving TMZ alone experienced shorter PFS and time to death from tumor progression, compared to those receiving RT alone or RT + TMZ. Accordingly, the Alliance DSMC recommended closure of Arm C. CODEL has been revised to a two-arm comparison of RT + adjuvant PCV vs. RT + concomitant/adjuvant TMZ. (Support: U10CA180821)