

Hypofractionated stereotactic radiotherapy beneficial for recurrent low-grade glioma

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Hypofractionated stereotactic radiotherapy was well-tolerated and improved symptoms in patients with recurrent low-grade glioma, according to researchers from the Kimmel Cancer Center at Jefferson. The data were presented at the AACR 100th Annual Meeting 2009.

In a subgroup of [patients](#) who also received chemotherapy with their hypofractionated stereotactic radiotherapy (H-SRT) the median survival time was more than three times longer than patients who only received H-SRT alone according to Shannon Fogh, M.D., a resident in [Radiation Oncology](#) at Thomas Jefferson University Hospital.

The study included 22 patients with evidence of glioma recurrence. All patients were given H-SRT as salvage therapy, and nine of the patients also received chemotherapy. The most common regimen was temozolomide (Temodar).

The median survival time from the time of H-SRT was nine months. Eleven of the patients had a response to [treatment](#) at six-week follow-up. In the subset of patients who received chemotherapy, the median survival time from time of H-SRT was 17 months vs. four months for patients who only received H-SRT.

The role of chemotherapy needs to be evaluated further, Dr. Fogh said, since the small number of patients in this study prevented a multivariate analysis that would account for age, performance status and tumor size.

"There really is no standard of care for recurrent [gliomas](#)," Dr. Fogh said. "H-SRT would be an attractive option because it allows a patient to have a shorter course of treatment. In our study, H-SRT was well-tolerated, and all patients were able to complete the full course of treatment."

Source: Thomas Jefferson University ([news](#) : [web](#))

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