



Temozolomid

Glione » nach Radiotherapie » IDHmut, keine 1p/19q Kodeletion, Grad 3, Astrozytom

Empfehlungen der Fachgesellschaft zum Einsatz neuer Arzneimittel

Herausgeber

DGHO Deutsche Gesellschaft für Hämatologie und
Medizinische Onkologie e.V.
Alexanderplatz 1
10178 Berlin

Geschäftsführender Vorsitzender: Prof. Dr. med. Lorenz Trümper

Telefon: +49 (0)30 27 87 60 89 - 0
Telefax: +49 (0)30 27 87 60 89 - 18

info@dgho.de
www.dgho.de

Ansprechpartner

Prof. Dr. med. Bernhard Wörmann
Medizinischer Leiter

Quelle

www.onkopedia.com

Die Empfehlungen der DGHO für die Diagnostik und Therapie hämatologischer und onkologischer Erkrankungen entbinden die verantwortliche Ärztin / den verantwortlichen Arzt nicht davon, notwendige Diagnostik, Indikationen, Kontraindikationen und Dosierungen im Einzelfall zu überprüfen! Die DGHO übernimmt für Empfehlungen keine Gewähr.

Inhaltsverzeichnis

1 Temozolomide after RT, IDHmut, no 1p/19q co-deletion, grade 3, astrocytoma	... 2
---	--------------

Temozolomid

Dokument: Fact Sheet

Spezifizierung: Gliome » nach Radiotherapie » IDHmut, keine 1p/19q Kodeletion, Grad 3, Astrozytom

Stand: August 2021

1 Temozolomide after RT, IDHmut, no 1p/19q co-deletion, grade 3, astrocytoma

Temozolomide after RT, IDHmut, no 1p/19q co-deletion, grade 3, astrocytoma

onkopedia				Appraisal																																																																																																																																																																																																																							
Facts																																																																																																																																																																																																																											
Parameter	Results¹⁴	HR¹⁵	p value																																																																																																																																																																																																																								
OS ⁵	46.9 vs 82.3	0.64	p < 0.0001	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td colspan="2">5</td> <td colspan="2">4</td> <td colspan="2">3b</td> <td colspan="2">3a</td> <td colspan="2">2c</td> <td colspan="2">2b</td> <td colspan="2">2a</td> <td colspan="2">1b</td> <td colspan="2">1a</td> </tr> <tr> <td colspan="17">Evidence (LoE)</td> </tr> <tr> <td colspan="17"> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td colspan="5">1</td> <td colspan="5">2</td> <td colspan="5">3</td> <td colspan="5">4</td> <td colspan="5">5</td> </tr> <tr> <td colspan="17">Clinical benefit (ESMO MCBS)</td> </tr> </table> </td> </tr> <tr> <td colspan="4"></td> <td colspan="10"> <div style="display: flex; justify-content: space-between; align-items: center;"> ■ curative ■ non-curative </div> </td> </tr> <tr> <td>Patients</td> <td colspan="3">Newly diagnosed</td> <td colspan="10"></td> </tr> <tr> <td>Trial</td> <td colspan="3">CATNON, phase 3</td> <td colspan="10"></td> </tr> <tr> <td>Randomisation</td> <td colspan="3">1 : 1</td> <td colspan="10"></td> </tr> <tr> <td>N¹</td> <td colspan="3">775</td> <td colspan="10"></td> </tr> <tr> <td>New Therapy</td> <td colspan="3">RT, followed by Temozolomide</td> <td colspan="10"></td> </tr> <tr> <td>Control</td> <td colspan="3">Radiotherapy (RT)</td> <td colspan="10"></td> </tr> <tr> <td>Publication</td> <td colspan="3">DOI:10.1016/S1470-2045(21)00090-5</td> <td colspan="10"></td> </tr> </table>										5		4		3b		3a		2c		2b		2a		1b		1a		Evidence (LoE)																	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td colspan="5">1</td> <td colspan="5">2</td> <td colspan="5">3</td> <td colspan="5">4</td> <td colspan="5">5</td> </tr> <tr> <td colspan="17">Clinical benefit (ESMO MCBS)</td> </tr> </table>																	1					2					3					4					5					Clinical benefit (ESMO MCBS)																					<div style="display: flex; justify-content: space-between; align-items: center;"> ■ curative ■ non-curative </div>										Patients	Newly diagnosed													Trial	CATNON, phase 3													Randomisation	1 : 1													N¹	775													New Therapy	RT, followed by Temozolomide													Control	Radiotherapy (RT)													Publication	DOI:10.1016/S1470-2045(21)00090-5												
5		4		3b		3a		2c		2b		2a		1b		1a																																																																																																																																																																																																											
Evidence (LoE)																																																																																																																																																																																																																											
<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td colspan="5">1</td> <td colspan="5">2</td> <td colspan="5">3</td> <td colspan="5">4</td> <td colspan="5">5</td> </tr> <tr> <td colspan="17">Clinical benefit (ESMO MCBS)</td> </tr> </table>																	1					2					3					4					5					Clinical benefit (ESMO MCBS)																																																																																																																																																																																	
1					2					3					4					5																																																																																																																																																																																																							
Clinical benefit (ESMO MCBS)																																																																																																																																																																																																																											
				<div style="display: flex; justify-content: space-between; align-items: center;"> ■ curative ■ non-curative </div>																																																																																																																																																																																																																							
Patients	Newly diagnosed																																																																																																																																																																																																																										
Trial	CATNON, phase 3																																																																																																																																																																																																																										
Randomisation	1 : 1																																																																																																																																																																																																																										
N¹	775																																																																																																																																																																																																																										
New Therapy	RT, followed by Temozolomide																																																																																																																																																																																																																										
Control	Radiotherapy (RT)																																																																																																																																																																																																																										
Publication	DOI:10.1016/S1470-2045(21)00090-5																																																																																																																																																																																																																										

Legende:

¹ N - number of patients

⁵ OS - overall survival in months

¹⁴ results for control, results for new therapy

¹⁵ hazard ratio for new therapy