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In this study for patients that have low-grade gliomas, we found that adding chemotherapy to radiation prolonged median survival by five and 1/2 years. Low-grade gliomas is a kind of slower growing tumor that arises in the brain. And there are different varieties, but usually it occurs in men more than women and young people in their 20s, 30s, 40s. And most of the time the first sign that there's anything wrong is that the person has a seizure.

And then in follow up of finding out why the person had a seizure, then we do usually an MRI scan of the brain. And that shows this tumor that just sort of infiltrates into the brain and irritates the brain and causes a seizure.

On average, patients live about seven to eight years. It's a relatively uncommon disease, but it occurs in young people. The average age at diagnosis around 35. So it's folks that are young in the prime of their life. And so being able to have a treatment proven to extend life by that much is really significant.

Any patient with this diagnosis that we think needs radiation should also really be encouraged to have chemotherapy as well. And that's what's new. Previously, it was either chemotherapy only or radiation only. And now, we have really solid evidence that giving them both has a substantial clinical benefit.

I think the next stage is, OK, can we identify patients that are most likely to benefit from treatment and those that we don't get any benefit from treatment? So we're in the process of analyzing the tumor tissue from the patient so that we will be able to say who really should be treated.

There are laboratory biomarkers that we anticipate will be useful. And again, it gets back to the whole idea of individualizing therapy for patients with a particular disease.