

Adult Neuro-Oncology Branch Clinical Trials

National Cancer Institute in Bethesda, Maryland

CONTACT INFORMATION: Call the Neuro-Oncology Patient Referral Line at 301-402-6298

Study Title and Basic Eligibility	Treatment Plan
<p>Any primary CNS tumor <i>NCI-01-C-0070</i></p> <p>Evaluation of the natural history of patients with CNS tumors</p> <ul style="list-style-type: none"> Patients must have CNS tumor <p><i>NCI-02-C-0140</i> A Prospective National Study to Molecularly and Genetically Characterize Human Gliomas</p> <ul style="list-style-type: none"> Any patient with radiographic suggestion of a primary glial neoplasm or known glial neoplasm who will undergo a medically indicated (diagnostic and/or therapeutic) tumor resection or biopsy 	<ul style="list-style-type: none"> Non-pharmacologic treatment protocol Patients will be followed by consult Diagnostic testing may be performed Patients will have opportunity to be screened for treatment protocol <ul style="list-style-type: none"> Samples of tumor tissue, removed as part of normal care, and 10 mL of blood will be taken for genetic analysis. Patients will be evaluated every 6 months with a physical/neurological examination and with either a MRI (preferably) or CT scan.
<p>Recurrent malignant gliomas <i>NCI-01-C-0243</i></p> <p>Phase I/II study of STI571 in patients with recurrent malignant gliomas</p> <ul style="list-style-type: none"> Must have had prior radiation therapy Recovered from effects of recent surgery or chemotherapy No more than two prior chemotherapy regimens <p><i>NCI-02-C-0145</i> Phase I study of Thalidomide Analog, CC-5013 in patients with recurrent high-grade gliomas</p> <ul style="list-style-type: none"> Recurrent glioma, meningioma, hemangioblastoma or ependymoma Must have had prior radiation therapy No limit on number of prior chemotherapy regimens 	<ul style="list-style-type: none"> Patients will receive antiangiogenesis drug STI571 orally every day for 4 weeks Patients return for follow-up exam every 4 weeks and repeat MRI every 8 weeks for reevaluation <ul style="list-style-type: none"> Patients will take antiangiogenesis drug CC-5013 by mouth every day for 3 weeks followed by 1 week rest. Patients return for follow up exam and repeat MRI every 4 weeks

<p>Recurrent malignant gliomas <i>continued</i></p> <p>NCI-02-C- A Phase II trial of LY317615 in patients with recurrent high-grade gliomas</p> <ul style="list-style-type: none"> • Must have had prior radiation therapy • Recovered from effects of recent surgery or chemotherapy • No limit on number of prior chemotherapy regimens <p>NCI-02-C- A randomized Phase II study of Pegintron alpha-2b (Peg-Intron™) and Thalidomide in adults with recurrent high grade gliomas</p> <ul style="list-style-type: none"> • Patients with histologically proven supratentorial malignant primary gliomas • Recovered from effects of recent surgery or chemotherapy. • Patients may have had treatment for no more than two prior relapses • Patients must not have received prior therapy with Peg-Intron or Thalidomide 	<ul style="list-style-type: none"> • Patients will take antiangiogenic drug LY317615 by mouth every day for 6 weeks with no breaks between cycles • Patients return for follow up exam including blood test and EKG every 3 weeks for the first cycle and every 6 weeks thereafter • MRI will be obtained every 6 weeks <ul style="list-style-type: none"> • Patients will be randomly assigned to treatment with either Peg-Intron alone (arm A) or Peg-Intron with Thalidomide (arm B) • Patients on arm A will be treated with weekly subcutaneous PEG-Intron™ injections • Patients on arm B will be treated with weekly subcutaneous PEG-Intron™ injections plus daily oral thalidomide • Blood test will be performed every 3 weeks • Patients return for follow up exam and repeat MRI every 6 weeks
<p>Vaccine for glioblastoma following RT NCI-01-C-0176</p> <p>Immunization of HLA-A*0201 patients with metastatic cancer using a modified epitope from the ESO-1 antigen</p> <ul style="list-style-type: none"> • > 16 years old • Not currently on steroids • No systemic therapy in past 3 weeks • Patients must not have progressive disease following radiation therapy 	<ul style="list-style-type: none"> • Patients will be evaluated at NCI post-radiation therapy • Patients will be immunized with immunogenic peptide ESO-1 from telomerase protein • Peptide will be administered either every week for 10 cycles, every 3 weeks for 4 cycles, or 4x/week every 3 weeks for 4 cycles
<p>Patients with brain tumors or patients receiving neurotoxic therapy NCI-99-C-0088</p> <p>Nuclear magnetic resonance spectroscopic (NMRS) imaging of the brain in patients receiving neurotoxic therapy</p> <ul style="list-style-type: none"> • Patients with brain tumors • Patients with any tumor type who have received potential neurotoxic therapies (radiation, chemotherapy, intrathecal chemotherapy) • Patients with clinical neurotoxicity that is presumed to be treatment related • Able to undergo imaging studies • No metallic implants • No history of severe reaction to contrast agents 	<ul style="list-style-type: none"> • NMRS studies will be performed at any or all of the following times: prior to therapy, during therapy, and upon completion of therapy • Neurotoxicity will be evaluated by neuropsychological testing • Patients will have opportunity to be screened for treatment protocol