Radium-223 May Help Men With Castration-Resistant Metastatic Prostate Cancer

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Jorge A. Carrasquillo, MD, and his team assessed the dose-limiting toxicity (DLT) of radium-223 in ten patients during the first four weeks after treatment. Based on the results of the phase I phase III Alpharadin in Symptomatic metastases who have been randomized with symptomatic CRPC with bone metastases who have been randomized to the best standard of care plus either radium-223 or placebo. Results showed that radium-223 was well tolerated.

Bone metastases are the primary source of prostate cancer. Carrasquillo explained. While beta-emitting radiopharmaceuticals, new data suggest.

Also, radium-233 cleared the blood early as 10 minutes from the time of injection. Based on the results of the phase I pharmacokinetic and biodistribution study, Radium-223, because of low penetration into healthy tissue.

The new results are from a phase 1 pharmacokinetic and biodistribution study, in 81.7% of patients in the carbazitaxel arm and 58% in the mitoxantrone arm. "Carbazitaxel is the first treatment to improve the median overall survival in 81.7% of patients in the carbazitaxel arm," said De Bono.

"Carbazitaxel is the first treatment to improve the median overall survival in 81.7% of patients in the carbazitaxel arm," said De Bono. In the first-line trial of mitoxantrone, "This compares to 22% neutropenia with carbazitaxel compared to 12.7 months for mitoxantrone. There was a 28% reduction in overall survival compared with mitoxantrone. There was a 28% reduction in overall survival compared with mitoxantrone. The safety profile of carbazitaxel was well. The most frequent grade 3/4 toxicity was neutropenia, which occurred in 81.7% of patients in the carbazitaxel arm and 58% in the mitoxantrone arm. There was good delivery of the intended dose of drugs. There was good delivery of the intended dose of drugs.

Iniparib Tolerated w/ Temozolimide+Radiotherapy for BrainCancer

Researchers Observe Real Time Tumor Death

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The phase 2 trial, stated Sanjiv Agarwala, MD, section chief of hematolgy/oncology at St. Luke’s Hospital and Health Network in Bethlehem, Pennsylvania, enrolled 80 patients with measurable Stage III-IV melanoma. All received initial treatment with PV-10 in up to 20 cutaneous, subcutaneous or nodal lesions. New or incompletely responsive lesions were retreated at weeks 8, 12 or 16, with follow-up to 52 weeks. Target lesions were ≥0.2 cm diameter, with at least one confirmed by biopsy. Investigators were allowed to leave 1 or 2 lesions untreated, among which were included some visceral lesions. The recently completed study’s primary endpoint was response rate of injected lesions.

Among the first 40 subjects (median age 74.5 years, range 37-92) to complete the study, 26 were male. Median time from diagnosis with metastatic melanoma and enrollment was 34 months. Dr. Agarwala reported that 33% of patients achieved a complete response (CR), 28% partial remission (PR) and 20% stable disease (SD) in their target lesions. Also 33% of 21 subjects with evaluable bystander lesions achieved CR of these lesions, along with 10% achieving PR and 14% achieving SD. Mean progression-free survival (PFS) for all subjects was 8.5 months.

“What’s really interesting is that we are seeing responses not only in the injected lesions, but in lesions that we are not injecting. So we think the systemic effect is based on the immune system,” Dr. Agarwala said. Dr. Agarwala noted further that a significantly longer PFS (11.1 months) was achieved by subjects with an overall response than by those with SD or progressive disease (2.8 and 2.7 months, respectively).

Adverse events, in general, were predominantly mild-to-moderate, and no grade 4 or 5 adverse events were reported.

Dr. Agarwala concluded, “PV-10/Rose Bengal 10% solution offers potential locoregional control of metastatic disease.” He said also that responses of injected lesions appear to be unrelated to disease stage or prior treatment. The safety and efficacy profile of PV-10 compares favorably with available and emerging options for this patient population, Dr. Agarwala added.

Beyond melanoma, PV-10 is currently being evaluated in treatment of primary and metastatic tumors of the liver. Ultimately, systemic administration of PV-10 may be explored for certain indications.

Dr. Karen Ballard, the lead author.