

UC Irvine

UC Irvine Previously Published Works

Title

FIRST REPORT OF ERC-1671 (GLIOVAC) VACCINE USE IN GLIOBLASTOMA PATIENTS WITH RECURRENT DISEASE

Permalink

<https://escholarship.org/uc/item/4rj898p7>

Journal

NEURO-ONCOLOGY, 14

ISSN

1522-8517

Authors

Bota, Daniela A
Pretto, Chrystel
Hantos, Peter
[et al.](#)

Publication Date

2012

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

Peer reviewed

IT-24. FIRST REPORT OF ERC-1671 (GLIOVAC) VACCINE USE IN GLIOBLASTOMA PATIENTS WITH RECURRENT DISEASE

Daniela A. Bota¹, Chrystel Pretto², Peter Hantos³, Florence M. Hofman⁴, Thomas C. Chen⁵, Jose A. Carrillo¹, Virgil E. Schijns⁶, and Apostolos Apostolos Stathopoulos³; ¹UC Irvine, Orange, CA; ²Epitopoietic Research Corporation, Namur, Belgium; ³Dept. of Neurosurgery, Arlon Hospital, Arlon, Belgium; ⁴Department of Pathology, University of Southern California, Los Angeles, CA; ⁵Department of Neurosurgery, University of Southern California, Los Angeles, CA; ⁶Cell Biology & Immunology Group, Wageningen University, Wageningen, Netherlands

BACKGROUND: Recurrence of malignant gliomas following surgery, radiation therapy, and adjuvant chemotherapy is nearly universal. The only approved second-line treatment for malignant gliomas is bevacizumab (Avastin), with estimated 6-month progression-free survival rates of 42.6% and an overall survival of 9.2 months. Ultimately, all GBM patients on bevacizumab experience relapse, and no other effective therapies are available. ERC-1671 aims to stimulate the patients' immune systems by including patients' glioblastoma tumors as lysates and cells as well as a heterologous component generated from three different GBM donors. **METHODS:** Eligible patients who were over 18 years of age and had histologically confirmed World Health Organization (WHO) grade IV malignant glioma were treated under institutional review board (IRB)-approved protocols. Only patients for whom the standard-of-care regimens have failed were treated. Primary end points are toxicity and 6-month progression-free survival (PFS), and secondary endpoints are median overall survival (OS) and radiographic response. **RESULTS:** To date, there has been a total of 4 patients enrolled, three on a phase 1 protocol at South Cliniques of Luxembourg-Belgium, and one on a compassionate/single patient IND protocol at UC Irvine Medical Center. Median age was 52, with 2/4 female patients. The average Karnofsky performance status score (KPS) was 70 (50-80). Three patients are still alive; they are clinically and radiologically stable after an average of 7 (range: 3-11) weeks. One patient died of tumor progression and subsequent intra-cerebral hemorrhage 4 weeks after the first treatment. The toxicities were mild, with 2/4 patients developing grade-2 headaches and 4/4 grade-2 local erythema at the injection site. **CONCLUSION:** Based on the most recent studies, the 6-month progression free survival rate for patients with recurrent GBM that has become resistant bevacizumab is 16%. Our preliminary data suggest that ERC-1671 might be superior to active treatment with other chemotherapy agents in that clinical setting. Updated results will be presented at the Society for Neuro-Oncology meeting.