ABTC 1101: A PHASE I STUDY OF MIBEFRADIL WITH TEMOZOLOMIDE IN PATIENTS WITH RECURRENT MALIGNANT GLIOMA

Eligibility Checklist

Patient Name:

Last_____ First_____

Inclusion Criteria:

1.	Does patient (**Phase I**) have histologically proven malignant glioma (glioblastoma, anaplastic astrocytoma, anaplastic oligodendroglioma, mixed anaplastic oligoastrocytoma) which is progressive or recurrent following radiation therapy and temozolomide chemotherapy?	YES	NO	
2.	Does patient have measurable contrast-enhancing progressive or recurrent malignant glioma by MRI imaging within 30 days of starting treatment? Date of scan (DD-MMM-YYYY): ____-_____-_____	YES	NO	
3.	Is patient being maintained on a stable or decreasing corticosteroid regimen (no increase for 7 days prior to start of treatment?	YES	NO	
4.	Is patient ≥ 18 years of age and Karnofsky performance status is ≥ 60%? KPS: _____	YES	NO	
5.	Is patient able to provide written informed consent?	YES	NO	
6.	Is patient not on an anti-epileptic drug (EIAED) and if patient has received prior treatment with an enzyme-inducing anti-epileptic drug (EIAED), has patient been off for ≥ 10 days prior to first dose of mibefradil? Date of last EIAED administration, if applicable (DD-MMM-YYYY): ____-_____-_____	YES	NO	
7.	Has patient recovered from severe toxicity of prior therapy (to <CTCAE grade 2)?	YES	NO	
8.	Was last prior radiation completed ≥ 3 months ago?	YES	NO	
9.	Has patient been off prior anti-VEGF therapy ≥ 4 months and ≥ 30 days from any other allowed previous treatment?	YES	NO	
10.	Does the patient have a plan for retreatment with temozolomide at 150-200mg/m^2 for 5-days per cycle?	YES	NO	
11.	Has the patient previously tolerated at least one cycle of adjuvant temozolomide therapy in the prior treatment of the glioma (at 150-200 mg/m^2 for 5 consecutive days)? Dates of temozolomide therapy (DD-MMM-YYYY) Start: ____-_____-_____ End: ____-_____-_____	YES	NO	
12.	Does patient have no concurrent malignancy except curatively treated basal or squamous cell carcinoma of the skin or carcinoma in situ of the cervix, breast, or bladder?	YES	NO	
13.	If patient had prior malignancies, has the patient been disease-free for ≥ five years?	YES	NO	NA
14.	Is pre-study absolute neutrophil count (ANC) ≥ 1,500/mcL? ANC: _____ . __/mcL Date labs obtained (DD-MMM-YYYY): ____-_____-_____	YES	NO	

15.	Is pre-study platelet count ≥ 100,000/mcL and hemoglobin ≥ 9 g/dL? Platelets: _____ . __/mcL HGB: _____ . ___ g/dL Date labs obtained (DD-MMM-YYYY): ____-_____-_____	YES	NO	
16.	Is pre-study total bilirubin ≤ 3 times institutional upper limit of normal? Total Bilirubin: ____ . ___ mg (ULN = ____ . ___ mg) Date labs obtained (DD-MMM-YYYY): ____-_____-_____	YES	NO	
17.	Are pre-Study electrolytes (calcium, magnesium, potassium) within institutional limits? Calcium: _____ mg/dL (range_____) Magnesium: _____mg/dL (range_____) Potassium: _____ mg/dL (range_____) Date labs obtained (DD-MMM-YYYY): ____-_____-_____	YES	NO	
18.	Are pre-study AST (SGOT) / ALT (SGPT) ≤ 3 x institutional upper limit of normal? AST/SGOT: _____ . ___ mg (ULN = _____ . ___ mg) ALT/SGPT: _____ . ___ mg (ULN = _____ . ___ mg) Date labs obtained (DD-MMM-YYYY): ____-_____-_____	YES	NO	
19.	Is pre-study creatinine ≤ institutional upper limit of normal OR creatinine clearance ≥ 50 mL/min/1.73 m^2 for patient with creatinine levels above institutional normal? Creatinine: ____ . ___ mg (ULN = ____ . ___ mg) OR Creatinine Clearance (if creatinine levels above ULN): _____ . ___ mL/min/1.73m^2 Date labs obtained (DD-MMM-YYYY): ____-_____-_____	YES	NO	
20.	Does patient, women of childbearing potential and men, agree to use adequate contraception (adequate barrier method of birth control; abstinence) prior to study entry and for the duration of study participation?	YES	NO	NA
21.	If patient is female of childbearing potential, is serum pregnancy test or urine pregnancy test done within 14 days before the start date?	YES	NO	NA
22.	Has patient identified a caregiver/support person who will agree to assist with the remote cardiac monitor and taking/recording blood pressure at home?	YES	NO	NA

Exclusion Criteria:

23.	Does patient have serious concurrent infection or medical illness, which would jeopardize the ability of the patient to receive the	YES	NO	

	treatment outlined in this protocol with reasonable safety?			
24.	Is patient currently receiving any other investigational agents or chemotherapeutic agents other than temozolomide?	YES	NO	
25.	Did the patient receive any prior cytotoxic therapy other than temozolomide and/or Gliadel wafers?	YES	NO	
26.	Does patient have a PR interval > 250 mSec? PR:_____	YES	NO	
27.	Does patient have a baseline QTc > 450 msec (male) or QTc > 470 (female)? QTC:_____	YES	NO	
28.	Does patient have a history of known, active hepatitis?	YES	NO	
29.	Does patient have systolic blood pressure < 100 mmHg?	YES	NO	
30.	Does patient have uncontrolled inter-current illness including, but not limited to, ongoing or active infection, symptomatic congestive heart failure, unstable angina pectoris, cardiac arrhythmia, or psychiatric illness/social situations that would limit compliance with study requirements?	YES	NO	
31.	Is patient pregnant or breastfeeding?	YES	NO	NA
32.	Is patient HIV-positive?	YES	NO	
33.	Does patient have a high grade (second degree or above) AV block or persistent sinus bradycardia of less than 50 BPM?	YES	NO	
34.	Does patient require a calcium channel blocker for blood pressure control and cannot be switched to a permitted antihypertensive with an alternative mechanism of action?	YES	NO	
35.	Is patient receiving a statin drug other than pravastatin?	YES	NO	
36.	Does patient require treatment with an H2 blocker other than famotidine or a proton pump inhibitor (PPI) other than esomeprazole, pantoprazole, or rabeprazole?	YES	NO	
37.	Is patient taking any anti-arrhythmia medications other than beta-blockers or digoxin or with a history (within six months) of myocardial infarction, unstable agina, uncontrolled hypertension, or congestive heart failure?	YES	NO	
38.	Is patient taking an anticoagulant other than warfarin or a low molecular weight heparin?	YES	NO	
39.	Is patient taking a non-permitted drug that is a substrate of CYP 3A4, CYP 2D6, and CYP 1A2?	YES	NO	
40.	Does patient require any drugs that have potential to interfere with metabolism or excretion of mibefradil?	YES	NO	
41.	Is patient taking and is unable to discontinue over-the-counter medications and nutritional supplements, including herbal or “Chinese” medications (with specified exceptions)?	YES	NO	