

Cancer Commons and Musella Foundation For Brain Tumor Research Launch Pilot Study of Individualized Treatments for GBM

Cancer Commons/Musella Foundation study of combination treatment regimens aims to improve outcomes for patients, identify promising therapies for development.

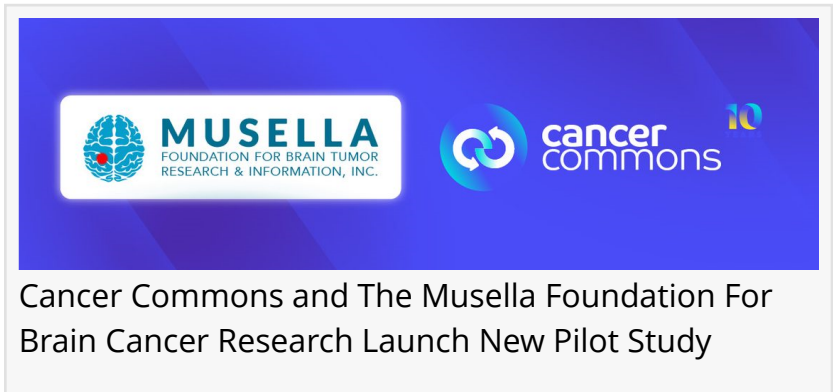
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Cancer Commons, a nonprofit that supports advanced cancer patients and their caregivers, and the Musella Foundation For Brain Tumor Research & Information, Inc., a nonprofit dedicated to helping brain tumor patients and raising money for research, today announced the launch of a multi-stakeholder collaboration to improve outcomes for current patients and identify promising therapies for development. This pilot Learning Health System will use genomic sequencing and other biomarkers to recommend individualized treatment regimens and will capture and analyze clinical outcomes to inform treatment for future patients.

While many common cancers have seen significant reductions in death rates, despite decades of research, brain tumors remain among the deadliest of all forms of cancer. Glioblastoma is the most common primary brain cancer, with around 12,000 cases diagnosed in the United States each year. The median length of survival after a diagnosis is 15-18 months, while the disease's five-year survival rate is around 10%. All glioblastomas are grade IV brain tumors, and all will eventually recur.

Patients who do not respond to traditional therapies are commonly referred to a clinical trial, but eligibility criteria and geography exclude the majority, so few have good options. There is a tremendous need to study targeted cancer drugs that have shown sustained responses in various combinations. Investigating individualized combinations has the potential to find what works much faster than large clinical trials, which are typically locked into a single hypothesis.

The new Cancer Commons/Musella Foundation project will integrate clinical care, research, and patient results to study individualized treatment regimens in a way that optimizes each patient's



outcome. Regimens that show promise can then be rapidly replicated in a small cohort of similar patients, which can facilitate streamlined integration to prospective interventional clinical trials.

“Our goal is to build a multi-stakeholder ecosystem of expertise, access, and support to provide brain tumor patients with the latest testing and treatment options, and continuously learn from their experiences,” said Cancer Commons Founder Marty Tenenbaum, PhD. “By using personalized drug combinations, we believe it is possible to significantly alter patient outcomes by determining the right combination of therapies for the right patients.”

“We are proud to fund this promising pilot, which we believe can lay the groundwork for significant progress,” said Musella Foundation Founder, Al Musella, DPM. “Our aims for the pilot are to help physicians use individualized regimens of tests and therapies to improve patient outcomes, and to demonstrate to the oncology community the feasibility of a Learning Health System that continuously learns from real-world evidence.”

Cancer Commons and the Musella Foundation welcome other nonprofit organizations and industry stakeholders to partner in future phases of this project.

About Cancer Commons

Cancer Commons (cancercommons.org) is a patient-centric 501(c)(3) nonprofit whose compassionate experts build relationships with advanced cancer patients and caregivers to create personalized action plans. Their nurse navigators, PhD scientists, and national experts consult the latest, most-promising research to identify, explain, and help patients access their best-possible diagnostic and treatment options—so they can be confident they are making the best possible decisions.

About the Musella Foundation For Brain Tumor Research

The Musella Foundation (virtualtrials.org) is a 501(c)(3) nonprofit public charity dedicated to helping brain tumor patients through emotional and financial support, education, advocacy and raising money for brain tumor research.

Shan Fowler

Cancer Commons

+1 949-933-5294

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