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1: Cancer Radiother. 2008 Jul 21. [Epub ahead of print]

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[Should elderly patients with glioblastoma be proposed to radiotherapy?]

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[Lopez S](#), [Taillibert S](#), [Idbaih A](#), [Simon JM](#), [Mazeron JJ](#).

Service d'oncologie radiothérapique, centre des tumeurs, groupe hospitalier Pitié-Salpêtrière, 47-83, boulevard de l'Hôpital, 75651 Paris cedex 13, France.

In glioblastoma multiforme-patients, advanced age has been associated with poor prognosis and decreased tolerance to treatments. The optimal management, especially with irradiation, was not definitively determined in the eighth and ninth decades. The Association of French-speaking neuro-oncologists (Anocéf) has recently conducted a randomized clinical trial comparing radiotherapy plus supportive care versus supportive care alone in such patients. Patients aged 70-years and older with newly diagnosed glioblastoma and a Karnofsky performance score of 70 or above were randomly assigned to receive focal irradiation in daily fraction of 1.8Gy given five days per week for a total dose of 50Gy plus supportive care or supportive care only. Radiotherapy resulted in a modest but significant improvement in overall survival without reducing quality of life or cognition. However, the optimal regimen of radiotherapy in this fragile population remains uncertain. Abbreviated course of radiotherapy (40Gy in 15 fractions over 19 days) has been proposed. Analysis of preliminary results showed that efficacy and safety of this hypofractionated accelerated regimen compared favourably with those of classically fractionated treatments. Finally, the potential contribution of surgery and chemotherapy should be evaluated in prospective clinical trials.

PMID: 18650111 [PubMed - as supplied by publisher]

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