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Prognostic factors and survival in a prospective cohort of patients with high-grade glioma treated with carmustine wafers or temozolomide on an intention-to-treat basis.

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Abstract

BACKGROUND: Patients with high-grade glioma can be treated with carmustine wafers or following the Stupp protocol. As far as we are aware, no scientific evidence has been published comparing the two treatments. The primary objective of this study was to analyse the survival of groups of patients with each of these treatment modalities. The secondary objective was to assess the influence of the usual prognostic factors on the patients in our hospital.

METHODS: A prospective cohort of 110 patients with single, supratentorial high-grade glioma treated by craniotomy and tumour resection was retrospectively studied. Half of the patients had carmustine wafers placed during this operation while the others (55) did not, the latter group receiving first-line systemic chemotherapy on an intention-to-treat basis.

FINDINGS: Patients treated with carmustine wafers had a median survival of 13.414 months compared with 11.047 in the group without implants ($p = 0.856$). For the overall cohort of patients, the following factors were found to influence survival: age ($p < 0.0001$), postoperative KPS score ($p = 0.001$), histological grade ($p = 0.004$), RPA class ($p = 0.001$), extent of resection ($p = 0.002$) and salvage surgery ($p = 0.028$).

CONCLUSIONS: In this prospective cohort of patients, analysed on the basis of intention-to-treat at the time of the first surgery, no statistically significant differences in survival were found between the two treatment modalities (carmustine wafers vs. first-line systemic chemotherapy). On the other hand, age, preoperative KPS, histological grade, and RPA class were confirmed to be prognostic factors in this cohort. Finally, the extent of resection was also found to influence survival.

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