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Comparison of time taken from initial presentation to histological diagnosis of Glioblastoma Multiforme (GBM) in Birmingham, United Kingdom and Strasbourg, France.

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Abstract

BACKGROUND: The aim of this study was to investigate possible delays in referral time for Glioblastoma multiforme (GBM) patients diagnosed at two similar neurosurgical centres (in Birmingham, UK and Strasbourg, France) and their impact on survival. Differences in the referral patterns for GBM patients within these healthcare systems may affect subsequent management and are potential targets to optimise the care of patients with GBM.

METHODS: Medical case notes of 105 GBM patients in Birmingham and 81 in Strasbourg, admitted during October 2006 and April 2008, were reviewed. Data regarding demographic details, route of admission, presenting symptoms, date of initial presentation to a medical professional and dates of the first CT or MRI scan, first neurosurgical intervention, histological diagnosis and mortality was recorded.

RESULTS: The median time taken from initial presentation to first neurosurgical intervention was lower in Birmingham compared to Strasbourg (13 vs. 21 days, respectively; $p=0.026$). Similarly, the time taken from initial presentation to histological diagnosis was lower in Birmingham (15 vs. 24 days, respectively; $p=0.011$). However, survival was poorer in Birmingham than Strasbourg ($p=0.001$) and age (HR=1.029; 95%CI 1.010-1.048; $p=0.003$) and time from initial presentation to neurosurgical intervention (HR=0.993; 95%CI 0.988-0.998; $p=0.011$) were predictors of mortality in these groups.

CONCLUSION: Patients in Birmingham are diagnosed with GBM more rapidly than those in Strasbourg but they have poorer survival. Differences in disease severity may partially account for the observed results and further large scale work is required to support this study.

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