Glioblastoma in the elderly.
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Abstract
The incidence of malignant gliomas is growing in the elderly population. Unfortunately, increasing age is one of the most important negative prognostic factors for gliomas, and the optimal management of this population remains largely unsettled because older patients are often excluded from clinical trials. However, the former nihilistic approach is progressively changing towards more active strategies. Indeed prospective randomized studies have recently established the benefit of radiotherapy and the validity of an accelerated course of irradiation in older patients suffering from malignant gliomas. The interest of debulking surgery remains still unknown in this population, and the interest of chemotherapy, alone or concomitant with radiotherapy is still under evaluation. Symptomatic treatments such as corticosteroids and antiepileptic drugs may be less tolerated in the elderly compared to younger patients and should be used only if required. Initial performance status, quality of life and concomitant pathologies are obviously important factors to consider before treatment onset. The willingness of the patient and his caregivers will also be a key for the therapeutic decision. In the future, specific schedules of treatment in the elderly should be developed, and prospective randomized clinical trials are needed to improve the pattern of care of malignant gliomas in this population.

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