High-grade glioma: elderly patients, older treatments.

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Abstract
Patients aged 65 years or older represent half of all patients with glioblastoma. Nonetheless, this older cohort is often excluded from trials. The NOA-08 Phase III trial compared radiotherapy (RT) (60 Gy) versus temozolomide (TMZ; 100 mg/m²) in the elderly patients (65 years and older) with high-grade glioma. Median overall survival was comparable between the two groups (8.6-RT- and 9.6-TMZ-months). Resection extent was the only independent prognostic factor for overall survival. Several concerns arise: the inclusion of patients with a very low Karnofsky Performance Status (KPS; KPS = 20), the lack of an analysis of the impact of KPS and comorbidities on outcome, the salvage therapy administered at tumor progression (RT in the TMZ group and TMZ in the RT group), which could have balanced the effects of primary treatments, the absence of information on spread of disease/tumor site, the mixture of grade III and grade IV histologies. Ongoing trials evaluating RT plus TMZ, RT plus bevacizumab and other treatment modalities in the elderly population are going to change clinical practice in the near future.

Comment on Temozolomide chemotherapy alone versus radiotherapy alone for malignant astrocytoma in the elderly: the NOA-08 randomised, phase 3 trial. [Lancet Oncol. 2012]