ABSTRACT

Crit Rev Oncol Hematol. 2022 Feb 25:103645. doi: 10.1016/j.critrevonc.2022.103645. Online ahead of print.

Effectiveness of different treatment strategies in elderly patients with glioblastoma: an evidence map of randomised controlled trials.

Ma W(1), Sheng X(2), Li G(3), Wei Q(4), Zhou Z(2), Qiu X(5).

Author information:

- (1) Chinese Medical Science Academy, Peking Union Medical Colleage Hospital, Beijing, China.
- (2) Huashan Hospital, Fudan University, Shanghai, China.
- (3) The First Affiliated Hospital of China Medical University, Liaoning, China.
- (4)The Second Affiliated Hospital of Zhejiang University School of Medicine, Zhejiang, China.
- (5)Beijing Tiantan Hospital, Capital Medical University, Beijing, China. Electronic address: giuxiaoguang@bjtth.org.

To summarise randomised controlled trials (RCTs) evidence for the effectiveness of available treatment strategies for elderly patients with glioblastoma (GBM) (defined as 60 years old and above) and to identify research gaps, we conducted this evidence map. Finally, 22 RCTs (with 3,052 participants) were included. For newly diagnosed elderly patients with GBM (16 RCTs), 75% was identified about the effectiveness of chemotherapy, radiotherapy and chemo-radiotherapy, while there was relatively less evidence evaluating targeted therapy (12.5%), immunotherapy (18.75%) and tumor treating fields (TTFs) therapy (6.25%). Less evidence was identified in elderly patients with recurrent GBM (6 RCTs), including 2 RCTs for immunotherapy and 4 RCTs for targeted therapy. Current RCTs revealed some beneficial treatment strategies. However, more are needed to optimize regimens of RT and chemo-radiotherapy, explore potential new therapies such as targeted therapy, immunotherapy and combination therapies, and identify biomarkers to guide appropriate patient and treatment selection.

Copyright © 2022. Published by Elsevier B.V.

DOI: 10.1016/j.critrevonc.2022.103645

PMID: 35227898

Conflict of interest statement: Conflict of interest The authors have declared no conflicts of interest.