

A longer and/or better life for the oldest old with glioblastoma

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Extract

Despite standard-of-care treatment with surgery, radiation, and chemotherapy, the prognosis of glioblastoma (GBM) remains dismal, with a median overall survival (OS) of only 9 months for older patients. Managing GBM in the elderly is challenging due to complex medical issues such as higher rates of age-related comorbidities, frailty, and polypharmacy, rendering them vulnerable to treatment-related toxicities. They may also have pre-existing neurocognitive dysfunction, which may affect their disease understanding and ability to fully participate in decision-making. Despite the increasing incidence of GBM in the elderly, there is a paucity of high-quality randomized data on the effectiveness and toxicities of treatment in those aged 80 years and above regarded as the “oldest old.”

Stadler and colleagues conducted a retrospective analysis of GBM patients aged 80 years old and above treated between 2005 and 2018 in 6 institutions across 2 European countries and described current practices and predictors for survival.¹ One-third of their 107 patients had best supportive care alone, mostly due to poor performance status and patient refusal of postsurgical therapy. Most (45/100, 45%) had surgical biopsy only. Patients received either radiation (RT) alone (36%), temozolomide (TMZ) alone (14%), or RT with concomitant TMZ (12%), with 2 patients receiving maintenance TMZ. The RT dose ranged from 34 to 60 Gy, with most receiving 40 Gy. Bevacizumab was also used as first-line treatment in 1 patient on a clinical trial. The median progression-free survival was 3.3 months, and the median OS was 4.2 months. Those treated with TMZ had clinically significant toxicities. Patients treated with chemoradiation had longer OS. On univariate analysis, Karnofsky Performance Status (KPS) was the most powerful predictor of survival, while pre-existing conditions did not affect prognosis. On multivariate analysis, a high KPS of more than 90 and treatment with TMZ in those with MGMT promoter methylation were associated with favorable outcomes. The study also revealed high hospital utilization in these patients, with a median cumulative time spent hospitalized from diagnosis until death of 30 days (range 4–168 days). Supportive care was highlighted as central to management. They also presented details on important aspects of care for the elderly, such as psycho-oncological support and place of end-of-life care.

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