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Glioblastoma in young adult patients: contemporary patterns of care and survival in the United States

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Aims and scope

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Abstract

Purpose

Glioblastoma (GBM) is a highly aggressive brain tumor with poor outcomes, most commonly affecting older adults. Young adults (YA; ages 18–39), though less frequently affected, demonstrate distinct clinical and biological characteristics that may influence treatment response and survival. This study aimed to evaluate treatment patterns and outcomes in YA GBM relative to older adults in a national dataset.

Methods

This retrospective cohort analysis of the National Cancer Database (NCDB) from 2004 to 2021 identified GBM patients aged 18 years and older. Baseline demographics, tumor characteristics, and treatment patterns were compared between YAs and patients aged \geq 40 years. Survival analysis was limited to isocitrate dehydrogenase (IDH)-wildtype GBM diagnosed in 2018 or later. Multivariable

Cox regression was used to identify factors associated with overall survival (OS).

Results

Of 179,854 GBM patients, 6,941 (4.2%) were YAs. Compared with older adults, YAs were more likely to be non-White (19.9% vs. 10.8%), uninsured (5.9% vs. 2.2%), and treated at academic centers (75.9% vs. 68.0%). YAs more frequently underwent gross total resection (30.0% vs. 25.1%) and received the Stupp regimen (58.8% vs. 46.0%). Median OS time was significantly longer in YAs (25.8 vs. 11.4 months, p < 0.001), with 5-year survival probabilities of 30.6% for YAs vs. 5.0% for older adults. Multivariable analysis confirmed that YA status was independently associated with improved OS (hazard ratio = 0.43, p < 0.001).

Conclusion

YA GBM patients experience better survival and receive more aggressive treatment than older adults. These findings support the need for age-adapted therapeutic strategies and highlight the importance of integrating molecular profiling and survivorship planning in YA GBM care.

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Data availability

Analyses generated during the current study are available from the corresponding author on reasonable request within 1 year of study publication.

References

1. Ballard CAP, Wang Y, Kruchko C, Barnholtz-Sloan JS, Li Y, Ostrom QT (2025) Characteristics of long-term glioblastoma survivors diagnosed from 2010 to 2016 in the united States. Cancer Epidemiol 97:102810

PubMed Google Scholar

2. Tan AC, Ashley DM, López GY, Malinzak M, Friedman HS, Khasraw M (2020) Management of glioblastoma: state of the Art and future directions. Cancer J Clin 70(4):299–312

Google Scholar

3. Haberberger JF, Pegram W, Britt N et al (2024) A retrospective genomic landscape of 661 young adult glioblastomas diagnosed using 2016 WHO guidelines for central nervous system tumors. Oncologist 29(1):e47–e58

PubMed Google Scholar

4. Price M, Neff C, Nagarajan N et al (2024) CBTRUS statistical report: American brain tumor association & NCI Neuro-Oncology branch adolescent and young adult primary brain and other central nervous system tumors diagnosed in the united States in 2016–2020. Neuro-Oncol 26(suppl 3):iii1–iii53

PubMed PubMed Central Google Scholar

5. Colopi A, Fuda S, Santi S et al (2023) Impact of age and gender on glioblastoma onset, progression, and management. Mech Ageing Dev 211:111801

PubMed Google Scholar

6. Bruno F, Pellerino A, Palmiero R et al (2022) Glioblastoma in the elderly: review of molecular and therapeutic aspects. Biomedicines 10(3):644

CAS PubMed PubMed Central Google Scholar

7. Bilimoria KY, Stewart AK, Winchester DP, Ko CY (2008) The National Cancer data base: a powerful initiative to improve cancer care in the united States. Ann Surg Oncol 15(3):683–690

PubMed PubMed Central Google Scholar

8. McBain C, Lawrie TA, Rogozińska E, Kernohan A, Robinson T, Jeffries S (2021) Treatment options for progression or recurrence of glioblastoma: a network meta-analysis. Cochrane Database Syst Rev 5(1):CD013579. https://doi.org/10.1002/14651858.CD013579.pub2

Article PubMed Google Scholar

9. Betensky RA (2015) Measures of follow-up in time-to-event studies: why provide them and what should they be? Clin Trials 12(4):403–408

PubMed PubMed Central Google Scholar

10. Walsh KM, Neff C, Bondy ML et al (2023) Influence of county-level geographic/ancestral origin on glioma incidence and outcomes in US Hispanics. Neuro Oncol 25(2):398–406

PubMed Google Scholar

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11. McCormack RM, Zhu P, Dono A et al (2021) Role of ethnicity and geographic location on glioblastoma IGH1/IDH2 mutations. World Neurosurg 149:e894–e912

PubMed Google Scholar

12. Sultan I, Amarin JZ, Mansour R, Sultan H, Al-Hussaini M (2021) Sex differences in cancerspecific survival are pronounced during adolescence and young adulthood: A SEER population-based study. Epidemiologica (Basel) 2(3):391–401

Google Scholar

13. Lim-Fat MJ, Bennett J, Ostrom Q et al (2025) Central nervous system tumors in adolescents and young adults: A society for Neuro-Oncology consensus review on diagnosis, management, and future directions. Neuro-Oncol 27(1):13–32

PubMed Google Scholar

14. Damihus RA, Wijnhoven BP, Plaisier PW et al (2012) Comparison of 30-day, 90-day and inhospital postoperative mortality for eight different cancer types. Br J Surg 99(8):1149–1154

Google Scholar

15. Bennett J, Nobre L, Sheth J et al (2022) The clinical and molecular landscape of gliomas in adolescents and young adults. Neuro Oncol 24(Suppl 1):i97

PubMed Central Google Scholar

16. Ferguson SD, Xiu J, Weathers SP et al (2016) GBM-associated mutations and altered protein expression are more common in young patients. Oncotarget 7(43):69466–69478

PubMed PubMed Central Google Scholar

17. Shi ZF, Li KK, Huang QJ et al (2022) Molecular landscape of IDH-wild-type, H3-wild-type glioblastomas of adolescents and young adults. Neuropathol Appl Neurobiol 48(4):e12802

CAS PubMed Google Scholar

18. Roh TH, Park HH, Kang SG et al (2017) Long-term outcomes of concomitant

chemoradiotherapy with Temozolomide for newly diagnosed glioblastoma patients: a single-center analysis. Med (Baltim) 96:e7422

CAS Google Scholar

19. Palmiscio P, Ferini G, Watanabe G et al (2022) Gliomas infiltrating the corpus callosum: a systematic review of literature. Cancers (Basel) 14(10):2507

Google Scholar

20. Roa W, Brasher PMA, Bauman G et al (2004) Abbreviated course of radiation therapy in older patients with glioblastoma multiforme: a prospective randomized clinical trial. J Clin Oncol 22:1583–1588

CAS PubMed Google Scholar

21. Roa W, Kepka L, Kumar N et al (2015) International atomic energy agency randomized phase III study of radiation therapy in elderly and/or frail patients with newly diagnosed glioblastoma multiforme. J Clin Oncol 33(35):4145–4150

PubMed Google Scholar

22. Wick W, Platten M, Meisner C et al (2012) Temozolomide chemotherapy alone versus radiotherapy alone for malignant Astrocytoma in the elderly: the NOA-08 randomized, phase 3 trial. Lancet Oncol 13(7):707–715

CAS PubMed Google Scholar

23. Malmström A, Henning Grønberg B, Marosi C (2012) Temozolomide versus standard 6-week radiotherapy versus hypofractionated radiotherapy in patients older than 60 years with glioblastoma: the nordic randomised, phase 3 trial. Lancet Oncol 13(9):P916–926

Google Scholar

24. Perry JR, Laperriere N, O'Callaghan CJ et al (2017) Short-course radiation plus Temozolomide in elderly patients with glioblastoma. N Engl J Med 16(11):1027–1037

Google Scholar

25. Bonosi L, Marrone S, Benigno UE et al (2023) Maximal safe resection in glioblastoma surgery: a systematic review of advanced intraoperative image-guided techniques. Brain Sci 13(2):216

CAS PubMed PubMed Central Google Scholar

26. Paldor I, Pearce FC, Drummond KJ, Kaye AH (2016) Frontal glioblastoma multiforme May be biologically distinct from non-frontal and multilobar tumors. J Clin Neurosci 34:128–132

CAS PubMed Google Scholar

27. Alemany M, Velasco R, Simó M, Bruna J (2020) Late effects of cancer treatment: consequences for long-term brain cancer survivors. Neurooncol Pract 16(1):18–30

Google Scholar

28. Gorenflo MP, Shen A, Murphy ES, Cullen J, Yu JS (2023) Area-level socioeconomic status is positively correlated with glioblastoma incidence and prognosis in the united States. Front Oncol 13:1110473

PubMed PubMed Central Google Scholar

29. Dressler EV, Liu M, Garcia CR et al (2018) Patterns and disparities of care in glioblastoma. Neurooncol Pract 6(1):37–46

PubMed PubMed Central Google Scholar

30. Wang T, Pham A, Yoo S et al (2020) Identifying disparities in care in treating glioblastoma: A retrospective cohort study of patients treated at a safety-net versus private hospital setting. World Neurosurg 137:e213–e220

PubMed PubMed Central Google Scholar

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Contributions

Conception or design of the work: Haisraely, Roth, De. Data collection: Haisraely, De. Data analysis and interpretation: Haisraely, De. Drafting the article: Haisraely, Roth, De. Critical revision of the article: All authors. Final approval of the version to be published: All authors.

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Competing interests

The authors declare no competing interests.

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Supplementary Material 1

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