



Neurocirugía



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P0377 - MANAGEMENT OF HIGH GRADE GLIOMA IN ELDERLY

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Resumen

Objectives: There is conflicting evidence to support the use of aggressive treatment strategies in elderly patients with high grade glioma (HGG). The aim of this study was to audit the management and outcome of patients > 70 years with HGG.

Methods: A retrospective review of 95 consecutive HGG patients presenting to our hospital. Cases were identified from the Multi-disciplinary team patient pathway manager (PPM). Case notes and PPM annotations were reviewed and analysed for management, morbidity and survival.

Results: 3 patients were able to undergo optimal treatment as Near total resection (NTR) with definitive radiotherapy [RT (f)] and Chemotherapy (ChT), 9 patients had NTR+ palliative radiotherapy [RT (p)], 26 had NTR only, 2 had Partial resection (PR)+RT (p), 7 had RT (p) and 48 had best supportive care (BSC). Of these, 4 patients with RT (p) and 17 patients with BSC had a biopsy. Mean survival (months) was; Optimal treatment: 18, NTR+RT (p) - 8.02, NTR- 3.4, PR+Rt (p) - 6.0, RT (p) - 4.7, BSC- 2.38 There was no post-op morbidity associated with biopsy and PR. Of 39 patients with NTR, 5 patients deteriorated neurologically post-op.

Conclusions: Surgery alone did not have survival benefit and had significant morbidity (12.5%). RT with resection improved survival. 57% post-op patients, though eligible refused RT. Aggressive multimodality therapy further improved survival, but only 3% patients were able to undergo this treatment.