

# SIOG 2017 - Abstract Submission

*Track 1: Solid tumours in the elderly and basic science*

*Other*

O19

## **RADIOTHERAPY FOR ELDERLY PATIENTS WITH GLIOBLASTOMA MULTIFORME, PATIENT OUTCOMES IN ROUTINE CLINICAL PRACTICE.**

E. Smith <sup>1,\*</sup>, S. Iqbal <sup>1</sup>, E. Lethbridge <sup>1</sup>, S. Lawless <sup>2</sup>, N. Wadd <sup>2</sup>, J. Lewis <sup>1</sup>

<sup>1</sup>Clinical Oncology, Northern Centre for Cancer care, Newcastle, <sup>2</sup>Clinical Oncology, James Cook Hospital, Middlesbrough, United Kingdom

**Please indicate how you prefer to present your work if it is accepted:** Poster Presentation only

**I submit my abstract to be considered for the following award:** None

**Introduction:** Clinical trials evaluating management of Glioblastoma multiforme (GBM) commonly exclude elderly patients. We reviewed patients 70 or older, with a diagnosis of GBM, who were treated with radiotherapy.

**Objectives:** The aim was to compare our routine clinical practice outcomes for elderly patients with a diagnosis of GBM compared to that in clinical trials. We compared our outcomes with the Nordic randomised phase 3 trial in elderly patients with GBM.[1]

**Methods:** Northern Centre for Cancer Care and James Cook University Hospital are the two cancer centres for patients with brain tumours in the North East of England, catering for a population of 3 million people. Patients were identified through an electronic referral for radiotherapy. Data from electronic and medical records was obtained

**Results:** 87 patients were treated between January 2009 and June 2014. Median age was 74 (Range 70-85). 71% had palliative radiotherapy with 30Gy in six fractions being the commonest schedule. 24% of palliative patients had a radiological diagnosis only. 9/61 patients did not complete palliative radiotherapy due to clinical deterioration or disease progression. 3 palliative patients had further treatment on disease progression, one patient had further surgery and 2 patients had palliative temozolamide.

29% (25 patients) were treated with 60Gy in 30 fractions, 7 patients had concurrent temozolamide. All radical treated patients had a histological diagnosis and were performance status 0 or 1. All patients treated with radical intent completed the radiotherapy course as planned. Average time from diagnosis to start of radiotherapy was 44 days (range 28-67).

Median survival for palliative radiotherapy and radical radiotherapy was 6 months and 17 respectively. In the Nordic study median overall survival was 7 months, for hypofractionated radiotherapy, and 5.2 months for standard radiotherapy.<sup>1</sup>

**Conclusion:** Patient selection is the critical factor in achieving survival benefit in elderly patients. All patients treated were good performance status 0-2 in concordance with trial criteria. Our survival outcome for patients with palliative treatment is similar to that in the trial population although 14% did not complete the prescribed treatment. Our review shows that elderly patients can be treated with radical intent with good survival however numbers are small.

**References:** [1] Temozolamide versus standard 6-week radiotherapy versus hypofractionated radiotherapy in patients older than 60 years with glioblastoma: the Nordic randomised, phase 3 trial, Annika et al. **The Lancet Oncology** Volume 13 Issue 9 916 – 926

**Disclosure of Interest:** None Declared

**Keywords:** Brain tumour, Radiotherapy