

XXIII CONGRESSO
AIRO

Giardini Naxos - Taormina, 26 - 29 ottobre



**Radiochemotherapy with Temozolomide in elderly patients with
Glioblastoma.**

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IRCCS CROB

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INTRODUCTION

Neurol Clin 25 (2007) 867–890

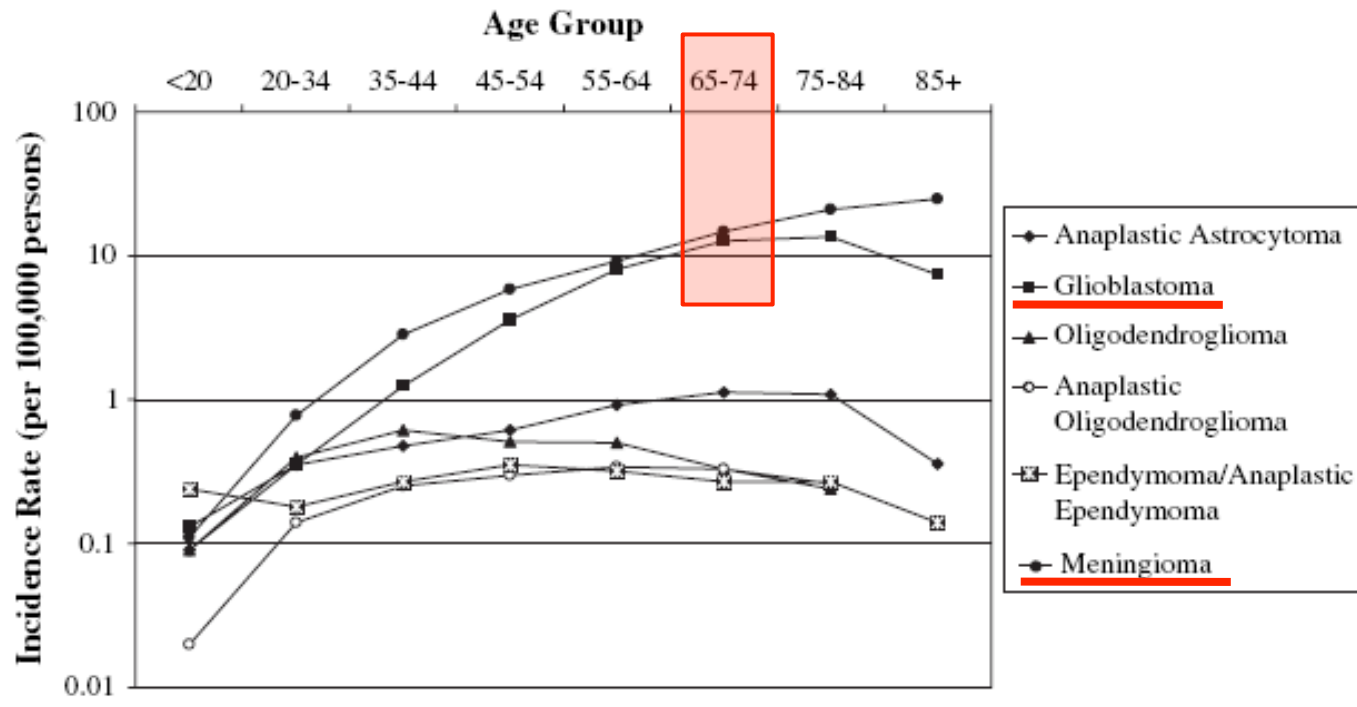
Epidemiology of Brain Tumors

James L. Fisher

NEUROLOGIC
 CLINICS

Table 1
 Number of cases, median ages at diagnosis, and age-adjusted average annual (1998–2002) incidence rates of primary brain tumors (major histologic groupings and selected histologic subtypes), according to gender

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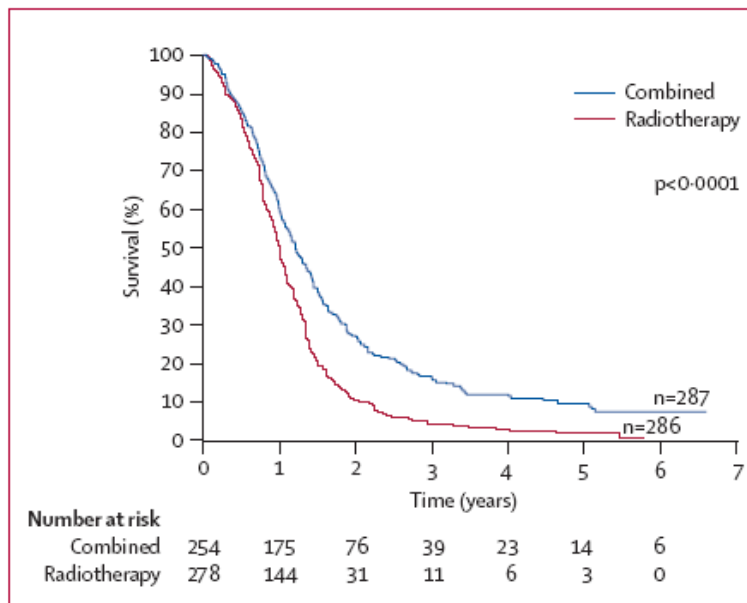


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INTRODUCTION

Effects of radiotherapy with concomitant and adjuvant temozolomide versus radiotherapy alone on survival in glioblastoma in a randomised phase III study: 5-year analysis of the EORTC-NCIC trial

www.thelancet.com/oncology Vol 10 May 2009

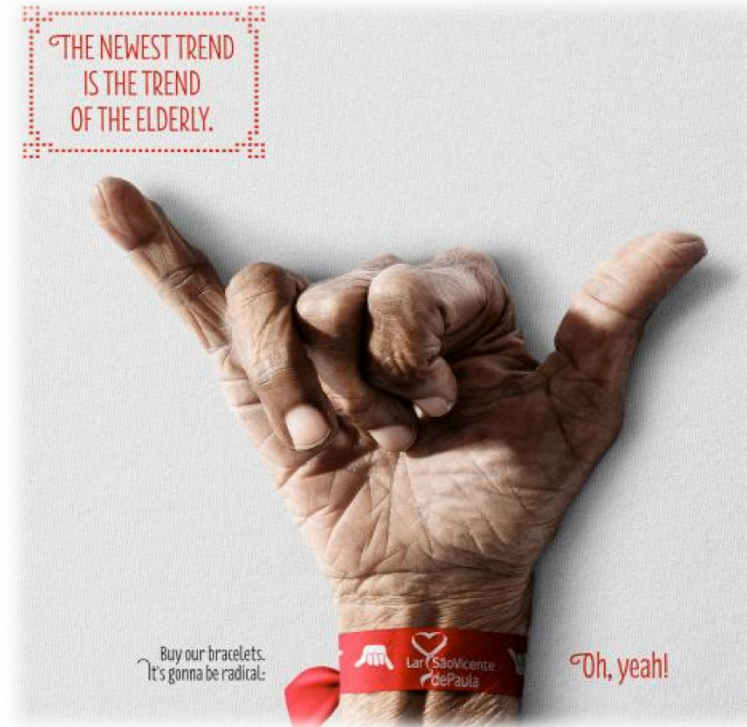


— Combined
 — Radiotherapy

EORTC-NCIC trial
enrolled patients under 70

INTRODUCTION

Who Are They?



Only Age?

INTRODUCTION

Radiotherapy Plus Concurrent or Sequential Temozolomide for Glioblastoma in the Elderly: A Meta- Analysis

PLoS ONE 8(9): e74242. doi:10.1371/journal.pone.0074242

Alba Fiorentino*¹,
Pasquale De Bonis²,
Silvia Chiesa³,
Mario Balducci³ and
Vincenzo Fusco¹

EXPERT
REVIEWS

Elderly patients with glioblastoma: the treatment challenge

Expert Rev. Neurother. 13(10), 1099–1105 (2013)

Controversies in the Treatment of Elderly Patients With Newly Diagnosed Glioblastoma

Matthias Holdhoff, MD, PhD,^a and Marc C. Chamberlain, MD^b

J Natl Compr Canc Netw 2013;11:1165-1173



Med Oncol (2012) 29:3478–3483
DOI 10.1007/s12032-012-0263-3

ORIGINAL PAPER

Impact of **age and co-morbidities** in patients with newly diagnosed glioblastoma: a pooled data analysis of three prospective mono-institutional phase II studies

Mario Balducci · Alba Fiorentino · Pasquale De Bonis · Silvia Chiesa · Stefania Manfrida · Giuseppe Roberto D'Agostino · Giovanna Mantini · Vincenzo Frascino · Gian Carlo Mattiucci · Berardino De Bari · Annunziato Mangiola · Francesco Miccichè · Maria Antonietta Gambacorta · Gabriella Colicchio · Alessio Giuseppe Morganti · Carmelo Anile · Vincenzo Valentini

Med Oncol (2012) 29:3467–3471
DOI 10.1007/s12032-012-0246-4

ORIGINAL PAPER

Comorbidity assessment and adjuvant radiochemotherapy in elderly affected by glioblastoma

Alba Fiorentino · Rocchina Caivano · Costanza Chiumento · Mariella Cozzolino · Stefania Clemente · Piernicola Pedicini · Vincenzo Fusco

^aFactors to consider include age,

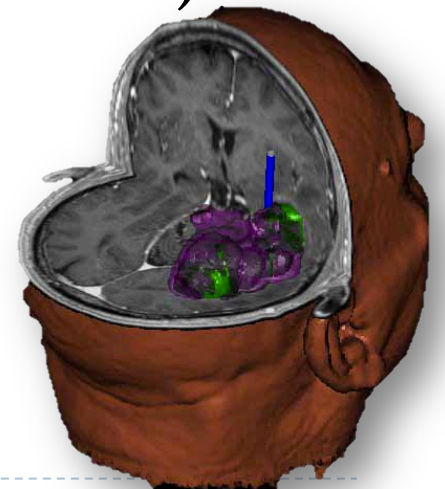
assessment and
intent:
enough to
on therapy?^a

es

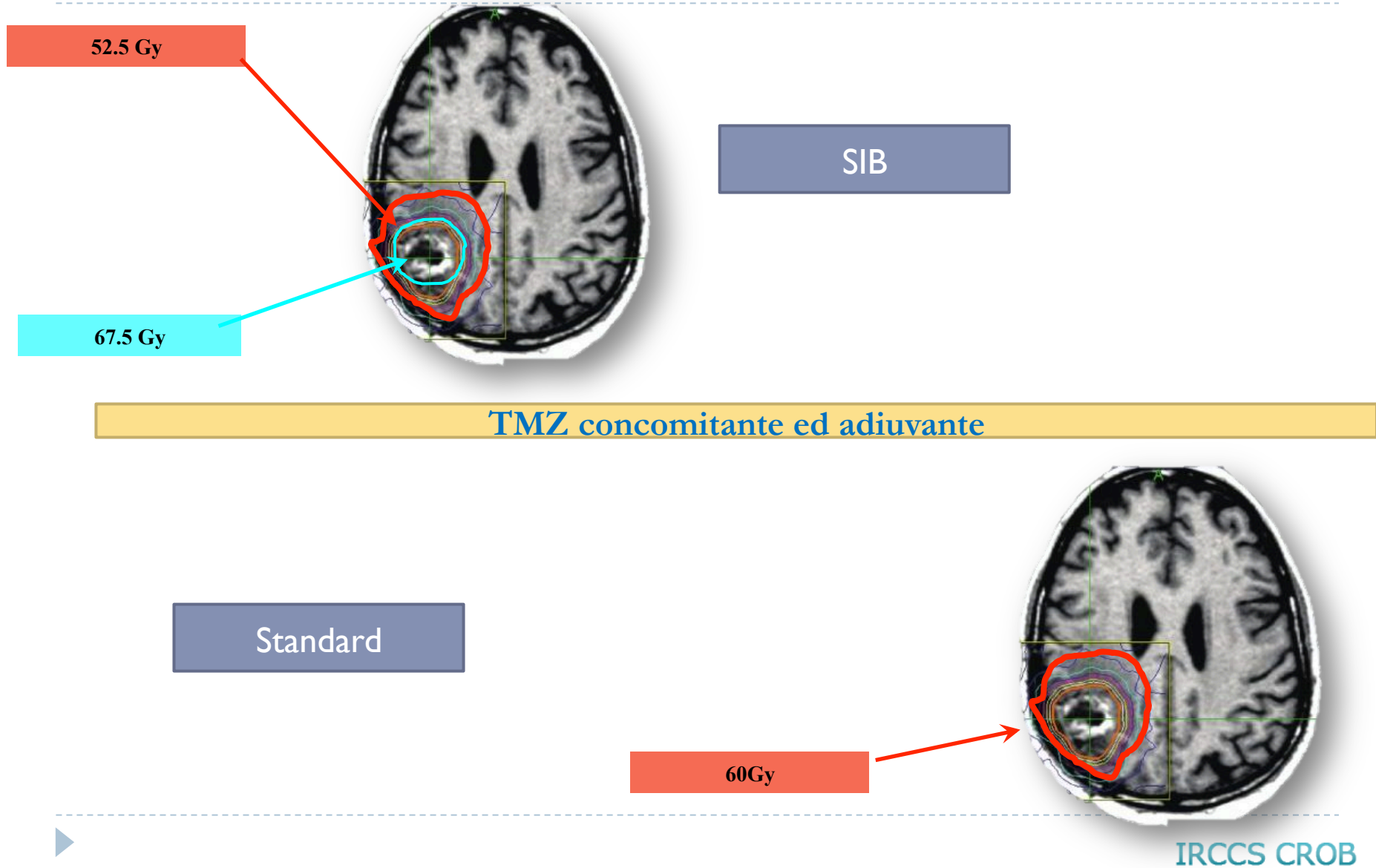


METHODS

- ▶ **Patients older than 65 affected by GBM**
- ▶ **Surgery plus radiochemotherapy and adjuvant Temozolomide**
- ▶ **RT total dose: 60Gy in 30 fractions (standard) or
67Gy in 15 fractions (AIRO IMRT-SIB protocol)**
- ▶ **Comorbidity evaluation (Charlson Comorbidity Index)**



METHODS



RESULTS

From April 2005 to December 2012	N (%)
Number of patients	50 (100)
Median age (range)	72 (65-81)
< 70	15 (30)
≥ 70	35 (70)
Complete surgery	16 (32)
Partial surgery	28 (56)
Biopsy	6 (12)
RT standard	47 (94)
RT SIB	3 (6)
Adjuvant TMZ	22 (44)
CCI < 3	20 (40)
CCI ≥ 3	30 (60)

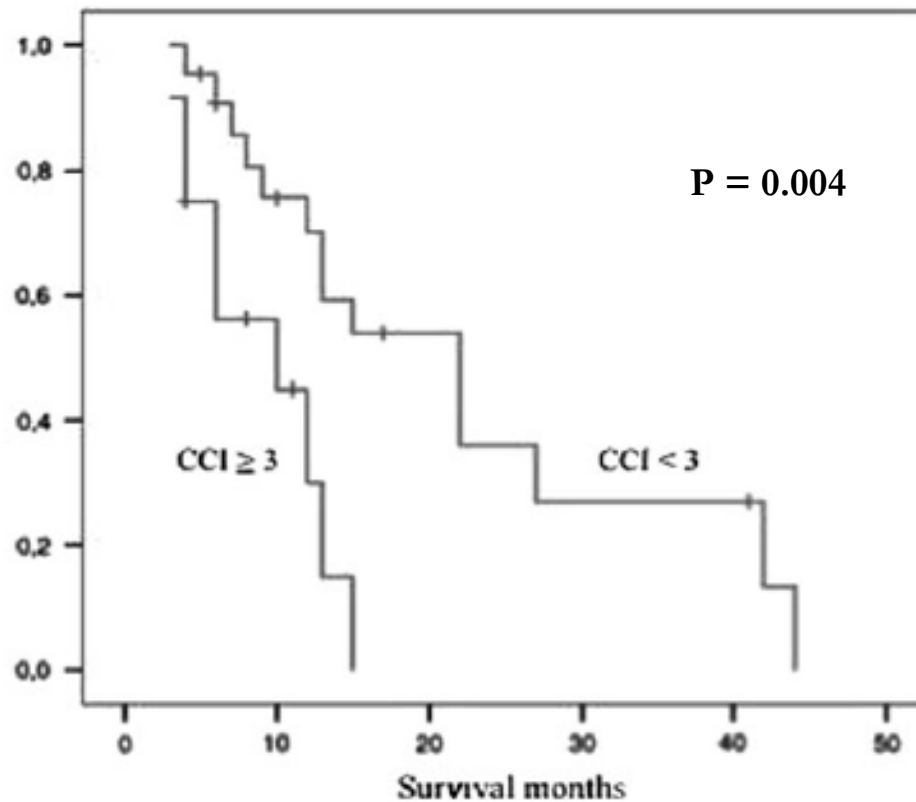
RESULTS: Compliance and toxicity



RT Compliance del 94%

Toxicity was mild:
G3-4 Thrombocytopenia in 6 patients,
G3 Neurological toxicity in 4 patients

RESULTS: Survival and Comorbidity



Median survival 13 months

Median PFS 8 months

CONCLUSION

▶ Radiochemotherapy and adjuvant Temozolomide *is a safe and effective*
treatment.

▶ Age is NOT the only factor to choose or not a treatment

▶ Comorbidity could be a feasible clinical tool to define fit and unfit elderly
patients.



Thanks for your attention

