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High grade gliomas in elderly patients: results of surgery and influence on Karnofsky's performance status

Introduction

The management of high grade gliomas (HGG) is complex and multidisciplinary. It has been demonstrated that the extent of resection, achieving gross total volume (GTR) has a relevant impact on progression free survival (PFS) and overall survival (OS).

Many strategies have been proven to be effective in achieving GTR such as neuronavigation, fluorescence and intra operative ultra sonography .

It is remarkable to say that in multicentric trials often elderly patients were excluded. Recently the interest in results of surgery in elderly patients has grown, and some studies proved the feasibility and advantages of a surgical resection of HGG in elderly patients. We retrospectively analyzed 73 elderly patients (age at diagnosis at least 70 years old) that were affected by HGG in non eloquent areas, therefore amenable to radical surgical excision, that underwent surgical resection in Our division from January 2008 to December 2012. KPS prior to surgery, post surgery and a month after was assessed.

Objective: assess the role of surgery on variation of KPS in elderly patients

Materials and methods

We retrospectively analyzed 73 patients, 42 males (57%), 32 (43%) females, age range 70-84, mean age 73.87 years old, that underwent surgical excision of newly diagnosed HGG in Our division from January 2008 to December 2012.

KPS assessment was performed prior to surgery, and a month after surgery, before adjuvant therapies administration.

Results

From data analysis, mean KPS pre-op was 82.5 (overall) ; mean KPS post operatory (1 month) was 84.5 (overall)

35/73 (47.9%) patients experienced no change in KPS. 24/73 (32 %) improved their KPS score , 14/72 (19%) worsened their KPS score.

Of the 14 patients which had a worsening in KPS, one month after surgery (before RT/CT), 8 patients recovered, improving their KPS score, which was similar to pre operatory evaluation.

The 35 patients that had stability of KPS after surgery , at 1 month after, did not worsen; the same was found for patients that took benefit from surgery.

Conclusions

From the data we collected, we observed that surgical intervention in this cohort of elderly patients , lead to a stability or improvement of KPS in 59/72 patients (81,9%). The worsening in KPS was observed in 14/72 patients (19.4%), of which 8/14 recovered after rehabilitative program. Thus, we suggest that surgery for HGG in elderly patients with good KPS should be taken into consideration as a viable option.