

## **Multimodal treatment for high grade gliomas in elderly patients. Report on a single center experience.**

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### **ABSTRACT**

High grade gliomas (HHG) are malignant tumors with poor prognosis especially in the elderly. Treatment is based on surgery, if it is possible, followed by concomitant chemio-radiotherapy, which is standardized only for patients younger than 70. In the literature many types of adjuvant therapies used on elderly are reported: radiotherapy (RT) or chemotherapy alone, RT with concomitant or adjuvant chemotherapy or hypofractionated RT alone or with chemotherapy.

In our study, 75 patients older or equal than 70 with HHG surgically treated and undergone different adjuvant therapies were retrospective analyzed. Patients were divided in 5 groups in base of adjuvant therapies: A, RT plus concomitant temozolomide (TMZ) according Stupp; B, hypofractionated RT plus concomitant TMZ; C, RT only; D TMZ only; E, palliative cares.

The best median overall survival (11-13 months) had been shown by group A,B,C without significant difference among them; while group D and E had equally worse median overall survival (2 months).

Our results suggest that RT is fundamental as adjuvant therapy in elderly patients with HHG, while TMZ alone is not different from palliative cares.

In our opinion, the best adjuvant therapy in the elderly is hypofractionated RT plus concomitant TMZ (“mini stupp”), because it combines a less radiation with equal OS of standard RT and TMZ could create a sum effect, if it is concomitant, giving at the same time few adverse events.