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P11.52.A LONG-TERM SURVIVORS OF GLIOBLASTOMA: A SINGLE-CENTRE RETROSPECTIVE STUDY

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BACKGROUND: Glioblastoma (GBM) is the most common primary malignant brain tumor in adults, yet, despite advancements in understanding its biology, it remains an incurable disease with a high mortality rate. Less than 5% of patients survive beyond 5 years, making identification of factors associated with long-term survival critical in improving outcomes for

patients with glioblastoma. MATERIAL AND METHODS: In this retrospective study, we conducted a descriptive analysis of patients who were diagnosed with glioblastoma and survived for 19 months or longer after their initial diagnosis. We included patients discussed on the multidisciplinary tumour board from September 2020 to June 2022. RESULTS: We evaluated 43 patients, 9 of these had a survival rate of more than 19 months, with a median survival of 25.53 months. The date of diagnosis ranged from May 2017 to August 2021. The majority were male (n=7). The median age at diagnosis was 58 years (minimum 35, maximum 73). Most had good performance status (PS): 4 had ECOG 0 and 4 had ECOG 1. Concerning tumor characteristics, most presented in the parietal lobe (n=7) and 6 were IDH wild type. Other genetic alterations were not evaluated. Four patients underwent macroscopic total resection, 3 underwent partial resection, 1 partial resection and subsequent total excision and 1 biopsy. All patients completed the STUPP protocol, with half of the patients on corticoids during the protocol. Of the 9 patients, 7 relapsed. After relapse, 2 patients underwent bevacizumab, 2 patients underwent total resection one with adjuvant STUPP protocol and one with adjuvant lomustine, 1 patient had radiotherapy and bevacizumab, 1 patient had bevacizumab and lomustine and 1 patient had temozolamide in monotherapy. Out of these, 6 patients had disease progression and only 4 received a second line of treatment. All 4 patients progressed and received treatment. Of these, 3 progressed and only 1 patient received therapy. At the end of follow-up, early April 2023, 4 patients were still alive. CONCLUSION: With all these data profiles of long-term survivors of GBM and the pooled evidence from the literature, this extremely favorable prognostic group is still difficult to define. However, clinical and tumour characteristics of long-term survivors may differ from those of shorter-term survivors. In our series, long-term survivors were found to be IDH wild-type in the majority, young male, with good PS at the time of diagnosis and had GBM located in the parietal lobe. Larger series of patients and longer follow-up periods are needed to draw more robust conclusions about prognostic and predictive factors.