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Is surgical resection predict overall survival in frail patients with glioblastoma, IDH-wildtype?

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Abstract

Purpose: We assessed the impact of frailty on surgical outcomes, survival, and functional dependency in elderly patients harboring a glioblastoma, isocitrate dehydrogenase (IDH)-wildtype.

Methods: We retrospectively reviewed records of old and frail patients surgically treated at a single neurosurgical institution between January 2018 to May 2021. Inclusion criteria were: (1) neuropathological diagnosis of glioblastoma, IDH-wildtype; (2) patient ≥ 65 years at the time of surgery; (3) available data to assess the frailty index according to the 5-modified Frailty Index (5-mFI).

Results: A total of 47 patients were included. The 5-mFI was at 0 in 11 cases (23.4%), at 1 in 30 cases (63.8%), at 2 in two cases (4.2%), at 3 in two cases (4.2%), and at 4 in two cases (4.2%). A gross total resection was performed in 26 patients (55.3%), a subtotal resection was performed in 13 patients (27.6%), and a biopsy was performed in 8 patients (17.1%). The rate of 30-day postoperative complications was higher in the biopsy subgroup and in the 5-mFI=4 subgroup. Gross total resection and age ≤ 70 years were independent predictors of a longer overall survival. Sex, 5-mFI, postoperative complications, and preoperative Karnofsky Performance Status score did not influence overall survival and functional dependency.

Conclusion: In patients ≥ 65 years harboring a glioblastoma, IDH-wildtype, gross total resection remains an independent predictor of longer survival and good postoperative functional recovery. The frailty, assessed by the 5-mFI score, does not influence surgery and outcomes in this dataset. Further confirmatory analyses are required.

Keywords: 5-mFI score; Frailty; Functional outcome; Glioblastoma; Surgery; Survival.

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