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Challenges and Opportunities for Clinical Trials in Patients With Glioma

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Diffuse infiltrating gliomas account for 81% of all adult malignant primary brain tumors.¹ Given the neurocognitive disability associated with their clinical course and treatment, as well as considering their invariably fatal outcome, gliomas account for a disproportionate fraction of morbidity and mortality among patients with cancer. In light of the limited efficacy of standard-of-care therapies, in 2018 the National Comprehensive Cancer Center guidelines listed enrollment in a clinical trial as the first choice for the treatment of patients with diffuse infiltrating gliomas, both at initial diagnosis and at disease progression. Despite this recommendation, the number of eligible patients with glioma enrolling in clinical trials remains low, with average estimates of enrollment ranging between 8% and 21%.² It is even lower (1.9%-2.2%) among underrepresented ethnic minority patients.³ These low enrollment levels are even more striking in the larger context of cancer clinical trials as over 50% of patients with cancer enroll when asked to participate in a clinical trial⁴ and taking into consideration that, unlike in glioma, a clinical trial may not be the first choice of treatment for other cancer types.





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