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Prognostic impact of hemoglobin level and other factors on outcome of elderly Egyptian patients with glioblastoma multiforme

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Background: Overall survival in glioblastoma multiforme (GBM) is usually less than 12 months and long-term survival is rare. The incidence is increasing among elderly patients. In Egypt, CNS tumors ranked as the 4th most common following liver, breast and bladder cancers. The importance of prognostic factors has grown because they could guide the treatment decision, especially for elderly patients. This retrospective study aimed to assess the impact of serum hemoglobin level among other factors on the survival of elderly GBM patients treated with radiotherapy.

Methods: The medical records of 118 elderly GBM patients (≥ 60) years treated in NEMROCK Center from January 2010 to July 2016 were reviewed for the patient's characteristics, treatments modalities and survival rate.

Results: The median age at diagnosis was 63 years (range 60- 75). Baseline hemoglobin level >12 g/dl was recorded in 62 (52.5%) patients. After a median follow-up of 6.5 months (range 2-18), the 6, 12 and 18- month survival rates were 66%, 12% and 5%, respectively. On multivariate analysis, biopsy alone ($P=.031$), pre-radiotherapy hemoglobin level <12 g/dl ($P=.013$), not receiving adjuvant chemotherapy ($P=.001$), and age >65 years ($P= 0.005$) were independent predictors of reduced overall survival.

Conclusions: The current retrospective study demonstrated statistically significant negative impact of elderly age and pre-radiotherapy low hemoglobin level on outcomes of GBM elderly patients.

Biography

Hanan Selim is currently working as Assistant Professor of Clinical Oncology at Cairo University, Egypt. Her research experience includes various programs, contributions and participation at different countries for diverse fields of study. Her research interests reflect in her wide range of publications in various national and international journals. Her research fields of interest include Oncology, Clinical Oncology, etc.

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