SNFs
ST-kurs i NEURO-ONKOLOGI
8 maj 2017 GÖTEBORG

13.00-13.30 Samling
Introduktion

13.30-15.00 **Gruppdiskussioner inkl kaffe** (4 rum)

Patientfall
Lågmaligna gliom och högmaligna gliom

15.00-17.00 **Gemensam genomgång** av patientfallen

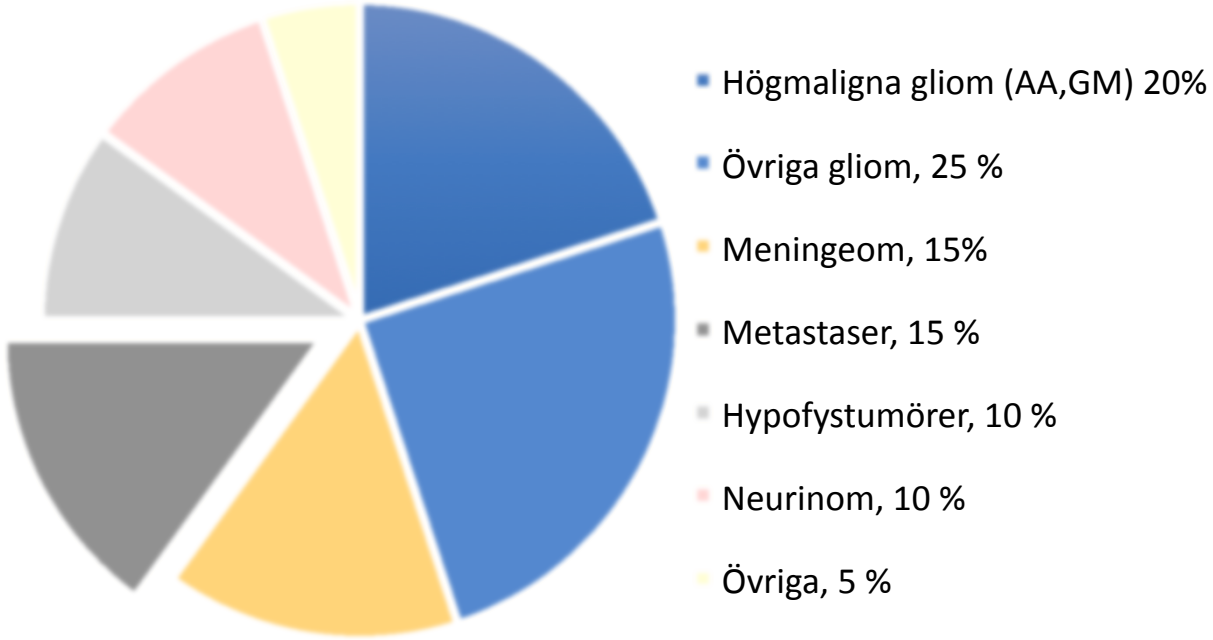
Anja Smits	neurolog
Asgeir Jakola	neurokirurg
Katja Werlenius	onkolog

Kort om tumörer i CNS

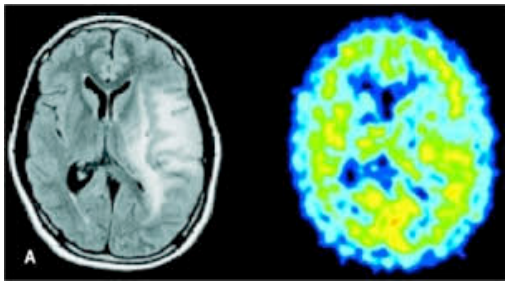
- 1200 patienter/år med primär hjärntumör i Sverige
- Strax över 100 primära intraspinala tumörer

- Elfte vanligaste cancerformen hos vuxna, cirka 2.5 % av alla cancer som diagnostiseras
- Näst vanligaste cancerform hos barn, utgör ca 30% av all barncancer (80 barn per år)

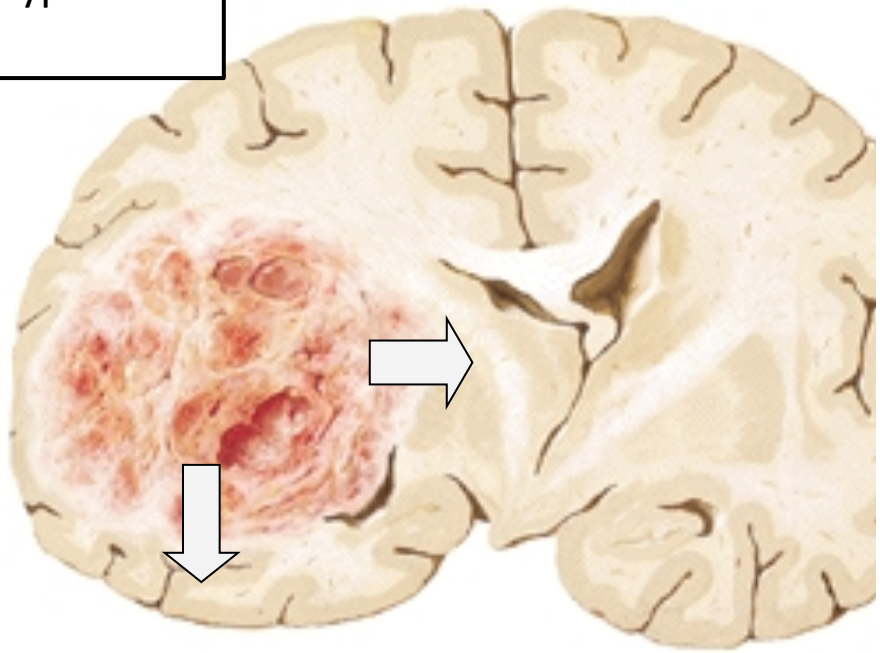
Intrakraniella tumörer hos vuxna, fördelning



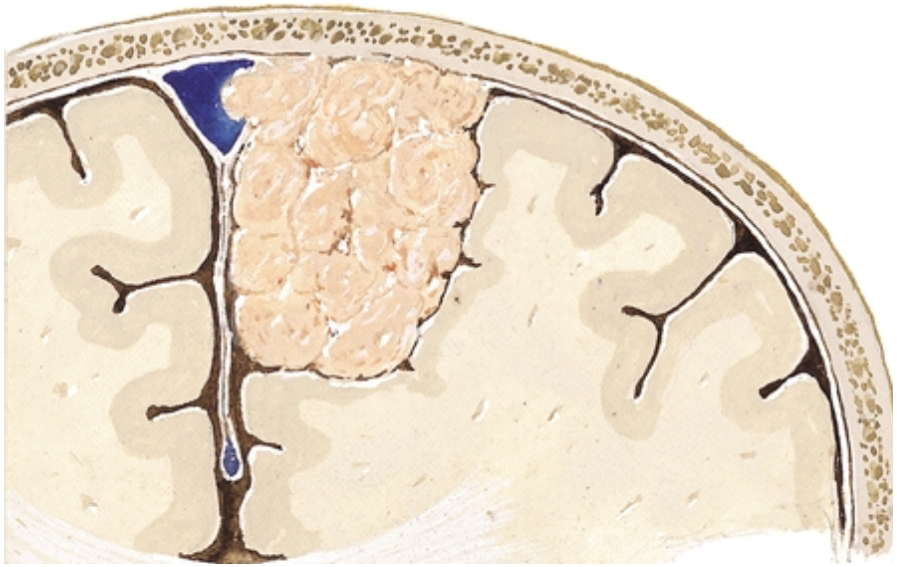
Gliom hos vuxna har typiskt infiltrativt växtsätt



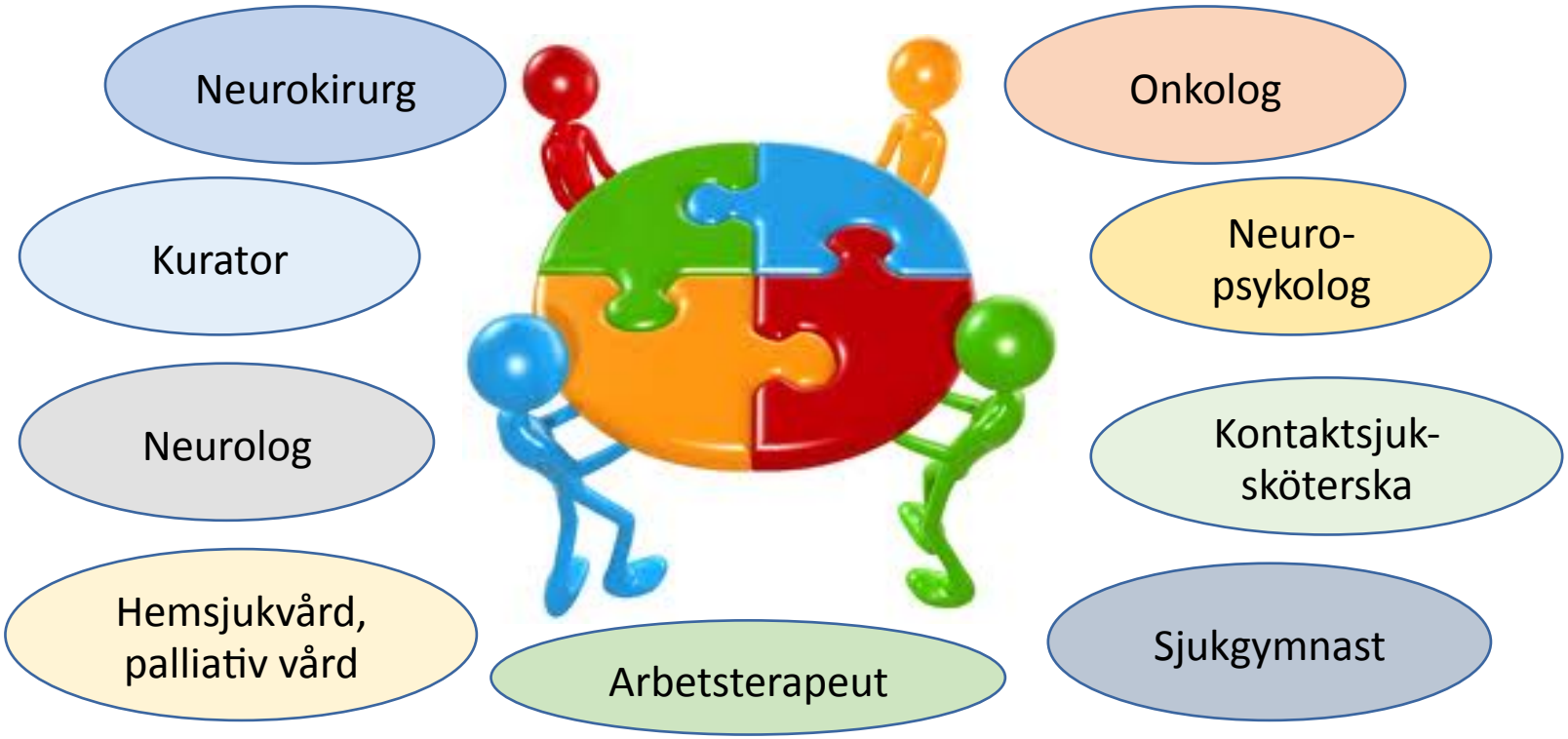
Även långsamt växande, lågmaligna gliom kan vi inte bota idag!



Meningiom (grad I) respekterar anatomiska gränser



NEUROLOGENS roll?

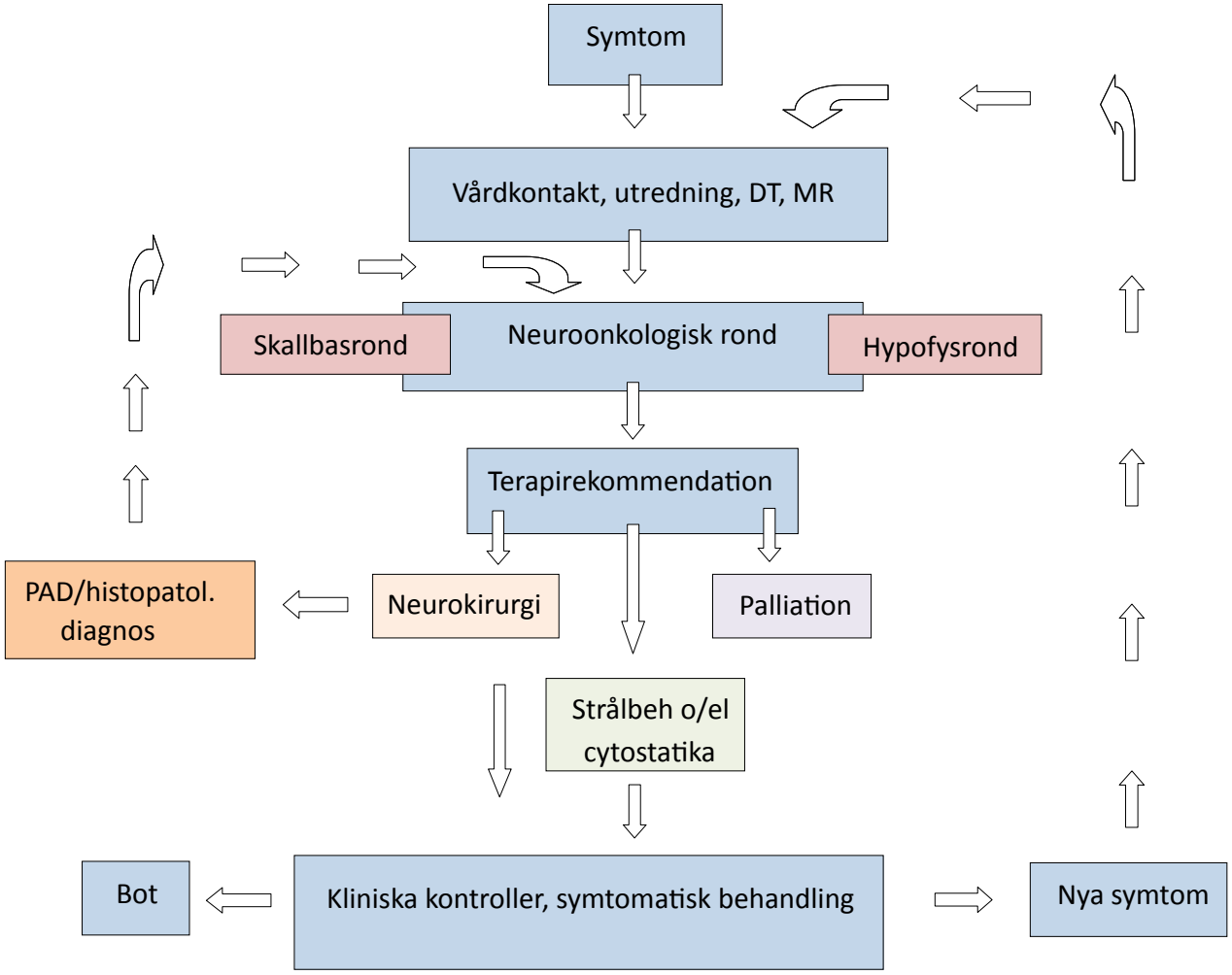


- Multidisciplinär, tvärprofessionell samverkan

Regionala vårdprogram..
Nationella vårdprogram..
Standard vårdförlopp..
Hjärntumörregistret..
Cancerregistret..

REGIONALT
CANCERCENTRUM
UPPSALA ÖREBRO

multidisciplinär neuro-onkologisk rond

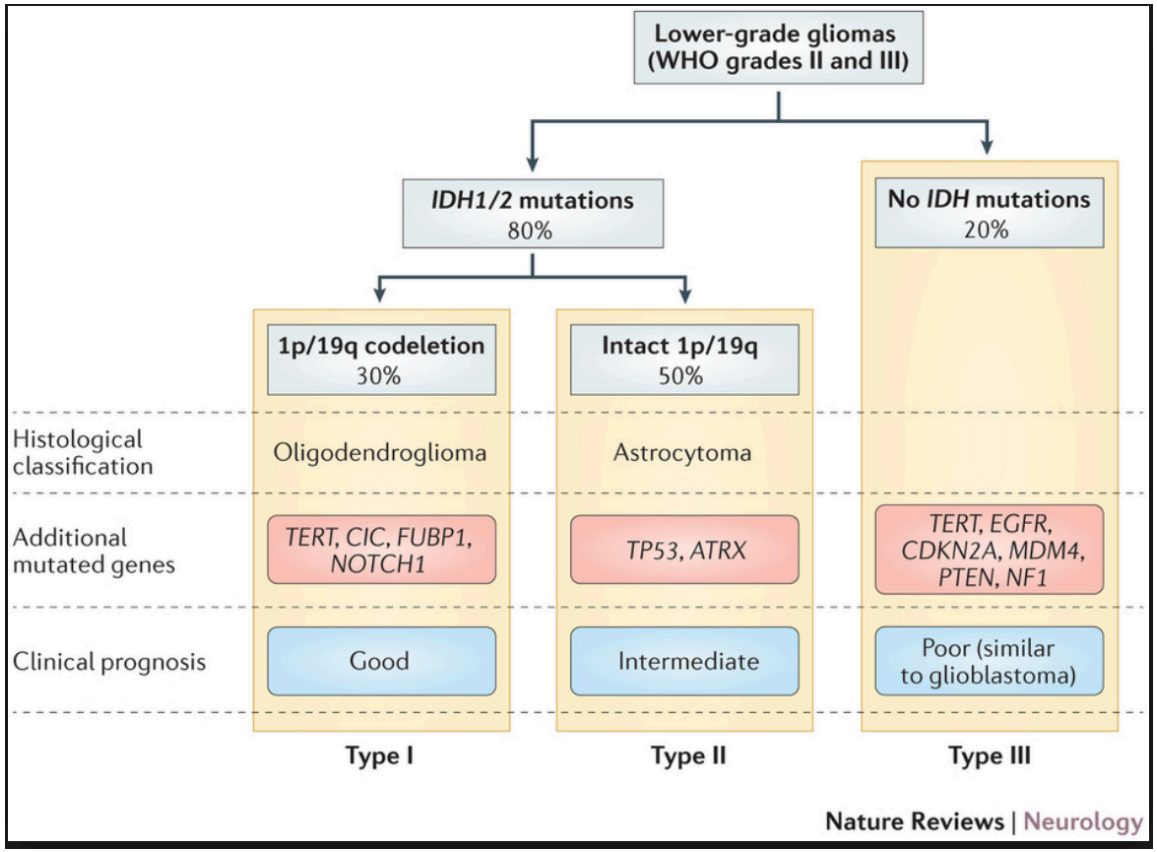


Dagens målsättningar

- Belysa multidisciplinärt omhändertagande av gliom
- Väcka intresse för patientgruppen
- Uppmana att delta i neuro-onkologisk verksamhet på hemkliniken, att ta ansvar för egna patienter och följa dem över tid

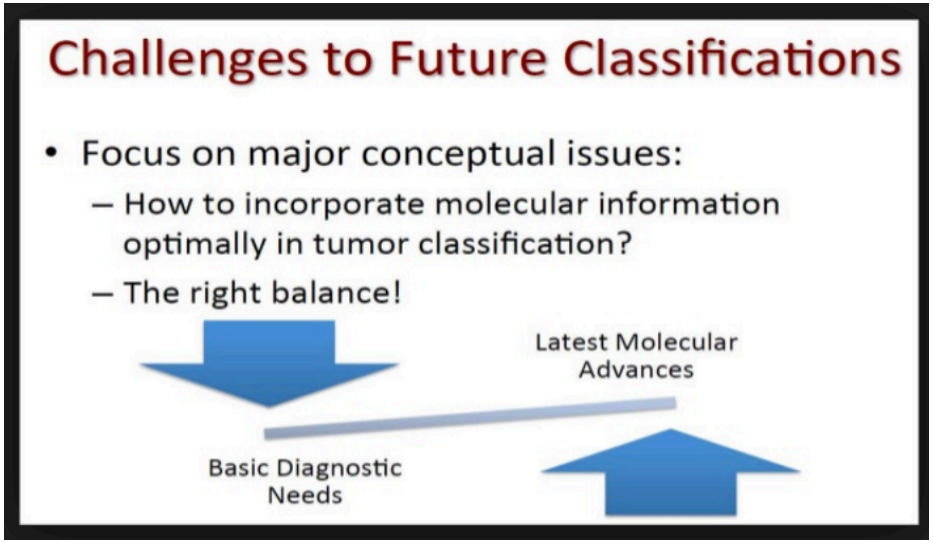
Neuro-onkologi i framtiden…

mot en alltmer individ-anpassad behandling

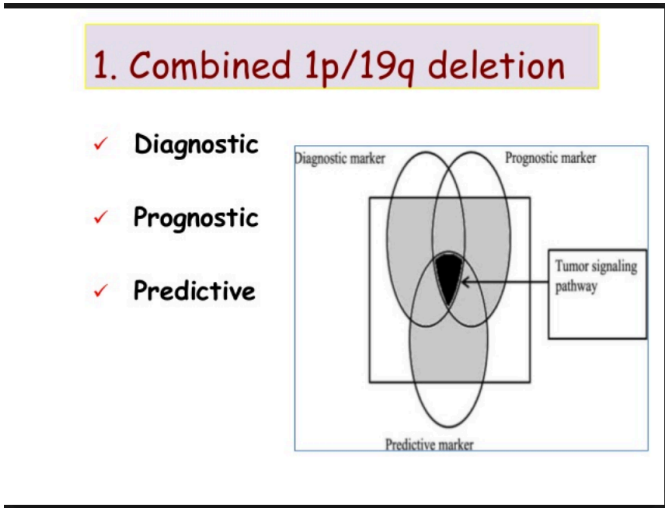


Vetenskapliga utmaningar…

att förstå den kliniska relevansen av alla nya markörer

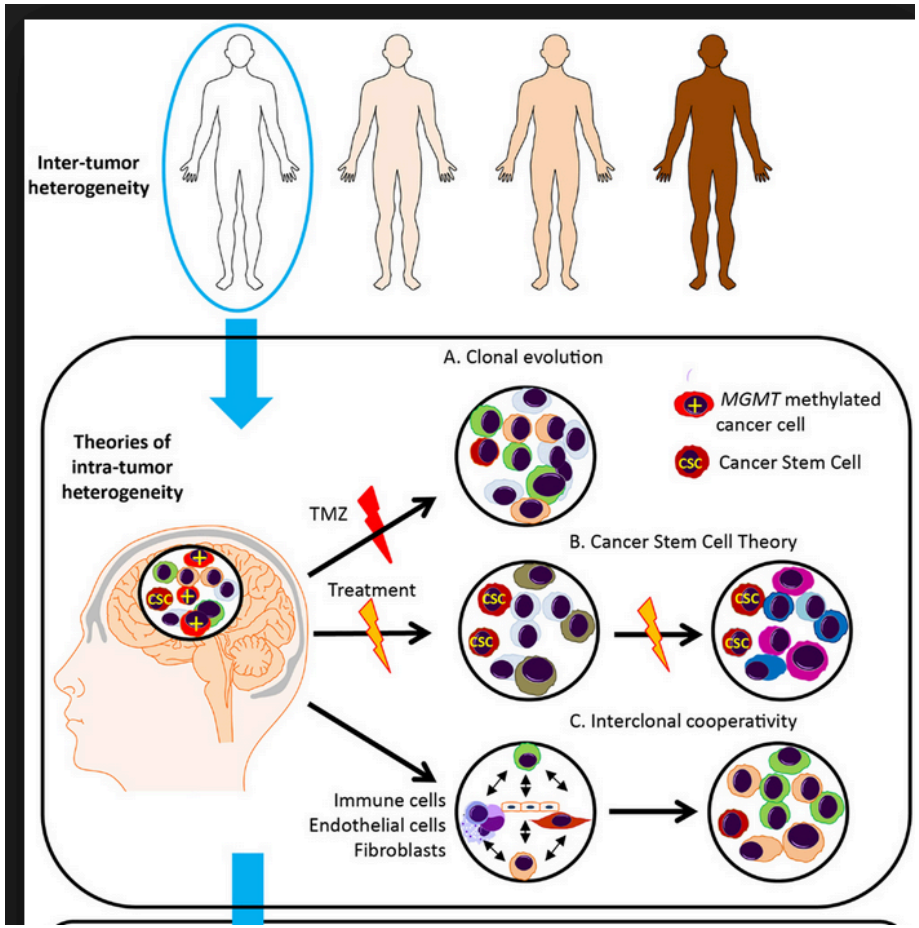


Till exempel…



Vetenskapliga utmaningar...

att förstå mekanismerna bakom tumörens kliniska heterogenitet



Kliniska utmaningar...

att väga in det som är viktigt!

ett exempel: Äldre patienter med glioblastom….

N Engl J Med. 2017 Mar 16;376(11):1027-1037. doi: 10.1056/NEJMoa1611977.

Short-Course Radiation plus Temozolomide in Elderly Patients with Glioblastoma.

Perry JR[1], Laperriere N[1], O'Callaghan CJ[1], Brandes AA[1], Menten J[1], Phillips C[1], Fay M[1], Nishikawa R[1], Cairncross JG[1], Roa W[1], Osoba D[1], Rossiter JP[1], Sahgal A[1], Hirte H[1], Laigle-Donadey F[1], Franceschi E[1], Chinot O[1], Golfinopoulos V[1], Fariselli L[1], Wick A[1], Feuvret L[1], Back M[1], Tills M[1], Winch C[1], Baumert BG[1], Wick W[1], Ding K[1], Mason WP[1]; Trial Investigators.

⊕ Collaborators (47)

⊕ Author information

Abstract

BACKGROUND: Glioblastoma is associated with a poor prognosis in the elderly. Survival has been shown to increase among patients 70 years of age or younger when temozolomide chemotherapy is added to standard radiotherapy (60 Gy over a period of 6 weeks). In elderly patients, more convenient shorter courses of radiotherapy are commonly used, but the benefit of adding temozolomide to a shorter course of radiotherapy is unknown.

METHODS: We conducted a trial involving patients 65 years of age or older with newly diagnosed glioblastoma. Patients were randomly assigned to receive either radiotherapy alone (40 Gy in 15 fractions) or radiotherapy with concomitant and adjuvant temozolomide.

RESULTS: A total of 562 patients underwent randomization, 281 to each group. The median age was 73 years (range, 65 to 90). The median overall survival was longer with radiotherapy plus temozolomide than with radiotherapy alone (9.3 months vs. 7.6 months; hazard ratio for death, 0.67; 95% confidence interval [CI], 0.56 to 0.80; P<0.001), as was the median progression-free survival (5.3 months vs. 3.9 months; hazard ratio for disease progression or death, 0.50; 95% CI, 0.41 to 0.60; P<0.001). Among 165 patients with methylated O^6-methylguanine-DNA methyltransferase (MGMT) status, the median overall survival was 13.5 months with radiotherapy plus temozolomide and 7.7 months with radiotherapy alone (hazard ratio for death, 0.53; 95% CI, 0.38 to 0.73; P<0.001). Among 189 patients with unmethylated MGMT status, the median overall survival was 10.0 months with radiotherapy plus temozolomide and 7.9 months with radiotherapy alone (hazard ratio for death, 0.75; 95% CI, 0.56 to 1.01; P=0.055; P=0.08 for interaction). Quality of life was similar in the two trial groups.

CONCLUSIONS: In elderly patients with glioblastoma, the addition of temozolomide to short-course radiotherapy resulted in longer survival than short-course radiotherapy alone. (Funded by the Canadian Cancer Society Research Institute and others; ClinicalTrials.gov number, NCT00482677 .).