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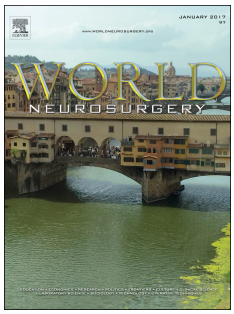

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Vikram C. Prabhu, Kevin P. Barton, Susan Walsh, Ewa Borys, Edward Melian

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Recurrent Malignant Gliomas: Treatment Options and their Effect on Patient's Quality of Life

Vikram C. Prabhu[1], Kevin P. Barton[2], Susan Walsh[3], Ewa Borys[4], and Edward Melian[5]

Department of Neurological Surgery[1], Internal Medicine (Oncology)[2], Behavioral Health[3], Pathology[4], Radiation Oncology[1,5]

Loyola University Medical Center / Stritch School of Medicine

Maywood, IL

Introduction

The quality of life (QoL) of patients suffering from malignancy involving the central nervous system (CNS) is impacted by both the disease process and subsequent treatment. It is a composite of numerous factors such as social, financial, cognitive, physical, emotional, and communal scores that are not addressed by singular variables such as progression-free survival (PFS) or overall survival (OS) which are used to assess outcome in most studies. It is also frequently underestimated by clinicians involved in the care of these patients. Ironically, it perhaps has the most impact on a patient's perception of the disease process and their willingness to weather the treatments - or the ability of caregivers to support them through this process. It should be a primary factor in all decision making processes and an index in studies evaluating the impact of treatments on patients with malignant gliomas.

Malignant Gliomas

Malignant gliomas are the most common primary intracranial neoplasm. They occur with an incidence of 4-6/100,000 individuals with approximately 20,000 newly diagnosed cases each year, are more common in males, usually occur in the 5th and 6th decades of life, and have a propensity to occur in the frontal, temporal, and parietal lobes, although other parts of the cerebral cortex and brainstem may also harbor these tumors (1). They are diffusely infiltrative, poorly circumscribed tumors with internal zones of hemorrhage and necrosis and they are surrounded by vasogenic edema and inflammation (1). The term malignant glioma comprises anaplastic astrocytomas and oligodendrogliomas (WHO grade III) and glioblastoma (GBM;