

Fractionated Stereotactic Radiotherapy for Glioblastoma recurrence

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Case series

Demogeot et al. aimed to evaluate which factors lead to a lower [Karnofsky performance status](#) (KPS) score after [Fractionated Stereotactic Radiotherapy](#).

They retrospectively collected data from patients treated with fSRT for recurrent GBM at the Institut de Cancérologie de Lorraine between October 2010 and November 2017 and analyzed which factors were associated with a lower KPS score.

59 patients received a dose of 25 [Gy](#) in 5 sessions spread over 5-7 days (80% [isodose](#)). The median time from the end of primary [radiotherapy](#) to the initiation of fSRT was 10.7 months. The median follow-up after fSRT initiation was 8.8 months. The incidence of KPS and [activities of daily living](#) (ADL) impairment in all patients were 51.9% and 37.8% respectively with an adverse impact of Planning target volume (PTV) size on KPS (HR = 1.57 [95% CI 1.19-2.08], p = 0.028). Only two patients showed early grade 3 toxicity and none showed grade 4 or late toxicity. The median [Survival rate](#), median overall survival time after fSRT, median progression-free survival and institutionalization-free survival times were 25.8, 8.8, 3.9 and 7.7 months, respectively. Initial surgery was associated with better progression-free survival (Hazard ratio (HR) = 0.48 [95% CI 0.27-0.86], p = 0.013).

A larger Planning target volume should predicts lower KPS in the treatment of recurrent GBM using fSRT ¹⁾.

¹⁾

Demogeot N, Salleron J, Rech F, Taillandier L, Royer P, Vogin G. Impact of fractionated stereotactic radiotherapy on activity of daily living and performance status in progressive/recurrent glioblastoma: a retrospective study. Radiat Oncol. 2022 Dec 6;17(1):201. doi: 10.1186/s13014-022-02169-1. PMID: 36474245.

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