2497. Glioblastoma Resection in Octogenarians and Beyond: Clinical Outcomes from a Single Institution.

DISCLOSURES

- Baldassari MP – no disclosures
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- Ye DY – no disclosures
- Cunningham E – no disclosures
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Surgery plays a well-defined role in the standard management of glioblastoma (GBM). However, poor long-term survival and heightened risks cloud its utility in vulnerable elderly populations.

While efforts have been made to study the impact of reducing chemotherapy and radiation therapy burden in older populations, the role of minimizing surgical risk is less studied.

Our study aims to describe our institutional experience resecting GBM in patients older than 80 years.
METHODS

- We retrospectively reviewed patients over the age of 80 years old who underwent a craniotomy for biopsy or resection of glioblastoma at a large single-center academic institution between January 2012 and December 2018.

- From a database of 538 patients, 38 met these criteria and were included in our study.

- Pre-operative factors and short-term postoperative outcomes and overall survival were assessed.

- We used Statistical Package for Social Science (SPSS) Version 20.0 (SPSS Inc.) for all statistical analysis.
Of 583 patients who underwent craniotomy for glioblastoma biopsy or resection, 6.5% (38/583) were aged 80 or higher (mean 83.5, SD 3.1, range 80-92).

No patients greater than 80 years old were positive for IDH1 mutations while MGMT methylation was identified in 71.4%.
Age greater than 80 years was not associated with increased 30-day mortality or recurrence rate (p > 0.05).
Despite longer in-hospital recovery and higher rates of 30-day readmissions for postoperative complications, rates of gross total resection were comparable between elderly and non-elderly patients without significantly increased perioperative mortality. This disparity in rates of GTR could potentially be due to reluctant resection of more anatomically complicated GBMs in patients > 80 years old.

Our results suggest resection of GBM in patients > 80 years is similar in risk profile and outcomes when compared to younger patients. However, LOS and 30-day readmission rates are higher in the older cohort.

This study is limited by its retrospective design and limited sample size. Future investigations should more comprehensively compare older adults.
GBM resection in patients older than 80 is more likely to achieve GTR

Patients older than 80 on average have longer lengths of stay and higher rates of 30-day readmission after GBM resection.

Mortality and GBM recurrence rates do not differ in patients older than 80 years.