The age difference among the regions was statistically significant (P < 0.001). MGMT promoter methylation was not significantly different (P = 0.009). The incidence of male (65%) and female (35%) patients was homogenous across all regions, regardless of MGMT and EGFR status. The highest percentage (35%) for cog...

387P Corticosteroids administration as a prognostic factor in glioblastoma patients: An Egyptian experience

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Background: Glioblastoma multiform (GBM) is the most common primary malignant brain tumors. Standard management is maximal safe resection followed by concurrent chemoradiotherapy then adjuvant chemotherapy with temozolomide TMZ.

Methods: Retrospective analysis was performed on 66 adult patients diagnosed with GBM by surgery or imaging criteria between January 2014 and December 2016. Data analysis was performed on October 2017 to assess the relation between corticosteroid dependence (defined as the failure to withdraw the corticosteroids after their initiation during the treatment with radiotherapy and TMZ) with OS and PFS. Patients were arranged in 2 arms according to steroid dependency. Arm (A) was steroid dependent (34 patients) and arm (B) was steroid non-dependent (32 patients).

Results: The median age of the entire cohort was 52.8 years (Range 25-72) with male predominance (68.1%) and 72.7% of the patients received radiotherapy as their main treatment. 59.1% of the whole cohort were treated by standard radiotherapy regimen of 60 Gy, while 13.6% were treated by hypo-fractionation radiotherapy with total dose of 45 Gy. 62.1% of the patients received TMZ concurrently with radiotherapy. Corticosteroids dependency was statistically significantly correlated to both OS with a median of 2.5 months in the corticosteroids dependent group vs. 13.1 months in the corticosteroids non-dependent group (p < 0.001), and also to PFS with a median of 2.3 in the corticosteroids dependent group vs. 9.4 months in the corticosteroid non-dependent group (p = 0.035).

Conclusions: This study from an Egyptian center shows that dependence on corticosteroids during the course of treatment of GBM patients may affect survival. Larger multicentric studies are needed to elaborate the influence of corticosteroids on the disease course.
Patients with Glioblastoma multiforme (GBM) have a poor prognosis. In recurrent glioblastoma multiforme (GBM), overall survival (OS) is significantly prolonged in patients with arterial hypertension (HT) and in those without corticosteroids (CCS). A no-early chemoradiation approach for patients who underwent surgery and completed concurrent ChRT with temozolamide has not been clearly established. Our aim was to investigate whether survival is influenced by the time to initiate concurrent chemoradiotherapy (ChRT) with temozolamide after surgery in glioblastoma multiforme (GBM) patients. A retrospective study of all patients treated in our center from January 2005 to December 2017, with a histologically diagnosed GBM, was conducted. A total of 62 patients were treated with Bv combinations, 36 (58%) received early ChRT (within 26 days), and 26 (42%) received late ChRT. Median PFS (PFS12m) and median OS (mOS) were calculated. Other relevant clinical factors were also analyzed.

**Results:**

- The most frequent allele (SNP variant) was G (72.58%) (Table). No statistical significant variance among groups (F
  = 0.124; p
  = 0.728). The best time to initiate concurrent ChRT was 26 days. No differences were found in OS (HR 1.136-2.931), PFS (HR 1.282-4.275), and PFS12m (HR 1.132-9.04) for R and B, respectively, and resection type remained significant variance (0.024, for R and B, respectively). HT and PU had a significant impact in PFS. OS was significantly related with prolonged PFS and OS. PU and the need for CCS also showed a significant impact in PFS. OS was significantly prolonged in patients with HT and in those without CCS at Bv. The time to initiation of ChRT significantly influenced OS and PFS. The time to initiation of ChRT was a significant factor for vascular endothelial cells. So far, 44 SNPs have been proposed as a predictive marker of clinical response in GBM as well as in other tumors with angiogenesis in recurrent GBM. The best time to initiate concurrent ChRT with temozolamide has not been clearly established in GBM patients. Arterial hypertension (HT), a well-described side effect of Bv, has been proposed as a predictive marker of clinical response in GBM as well as in other tumors with angiogenesis. The time to initiation of ChRT significantly influenced OS and PFS.

**Conclusions:**

In recurrent GBM patients treated with Bv combinations, HT was significantly related with prolonged PFS and OS. PU and the need for CCS also showed a significant impact in PFS. OS was significantly prolonged in patients with HT and in those without CCS at Bv. The time to initiation of ChRT significantly influenced OS and PFS. The time to initiation of ChRT was a significant factor for vascular endothelial cells. So far, 44 SNPs have been proposed as a predictive marker of clinical response in GBM as well as in other tumors with angiogenesis. The best time to initiate concurrent ChRT with temozolamide has not been clearly established in GBM patients. Arterial hypertension (HT), a well-described side effect of Bv, has been proposed as a predictive marker of clinical response in GBM as well as in other tumors with angiogenesis. The time to initiation of ChRT significantly influenced OS and PFS. The time to initiation of ChRT was a significant factor for vascular endothelial cells.

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