seizures; 2) treatment failure due to adverse effects; and 3) recurrent seizure. Maximum duration of follow-up was 36 months. RESULTS: Ninety patients, from an initial cohort of n=143 patients, received AED triple therapy after secondary epilepsy therapy treatment failure. LEV+VPA+CLB was prescribed to 43 (48%) and other AED triple therapy to 47 (52%) patients. The cumulative incidence of treatment failure for any reason of LEV+VPA+CLB did not significantly differ from other triple therapy combinations (12%). Among the 3 patients not receiving LEV+VPA+CLB treatment were 24.6% of VPA, 24.5% of LEV, 24.5% of CLB. The primary reason for the switch to other AED triple therapy was the presence of adverse effects (13.9% of CLB patients, 15.1% of LEV patients, 9.6% of VPA patients) and the presence of end-of-life signs and symptoms but also that their frequency differs from those in the rest of cancer patients. The complexity of glioblastoma symptoms makes the integration of a palliative care philosophy essential. OBJECTIVE: To identify the main signs and symptoms that occur in patients with glioblastoma in the last seven days of life. MATERIAL AND METHODS: This was a descriptive and retrospective study regarding the signs and symptoms in the last seven days of life of patients with glioblastoma who were admitted to the neurology ward of a national oncology research center. Patients were admitted after neuro-oncology consultations between 2019 and 2020. The data collection instrument used was based on the document “The Last Hours of Living”. Confidentiality of the participants was guaranteed, and authorization was obtained from the institution’s ethics committee. RESULTS: The sample had 17 patients (13 men and 4 women), with an average hospital stay of 17.3 days. The men and women had average ages of 61.8 and 6.3 years, respectively. Clinical and nursing records revealed that the most prevalent signs and symptoms were “decreased level of consciousness” (94%); “rare and unexpected events” (94%); “respiratory dysfunction” (88%); and “loss of ability to swallow” (76%). In the last seven days of life, the approximate times of presentation for these signs and symptoms were: decreased level of consciousness, 6 days; rare and unexpected events, 2 days; respiratory dysfunction, 3 days; and loss of ability to swallow, 6 days. Support was requested from the in-hospital palliative care support team for 76.4% of patients. CONCLUSION: The identification of reduced level of consciousness and alterations in swallowing as the most prevalent symptoms is consistent with the findings of previous studies. The prevalence of rare and unexpected events (such as fever, meningismus and seizures) aligns with previous studies that indicated a decrease in the signs and symptoms presented by patients with glioblastoma in the last days of life and patients with other oncological diseases. In this sense, the instrument used for data collection may not be the most appropriate for the population with primary central nervous system tumors. The decreased level of consciousness and impaired communication can complicate the assessment of signs and symptoms, such as pain, nausea, anxiety and depression. It is essential to conduct research studies with more representative samples. The recording of the signs and symptoms presented, as well as interventions and the evaluation of their effectiveness, are essential to ensure the quality of end-of-life.