Objective: Glioblastoma multiforme (GBM), is the most common and most aggressive malignant primary brain tumor in humans. These tumors are typically associated with a dismal prognosis and poor quality of life. Our objective is to analyze both the overall survival (OS) and progression-free survival (PFS) based on different potentially prognostic and risk factors. 

Materials and Methods: We have analyzed 104 patients diagnosed with GBM in our center between 2006 and 2013. The standard scheme that we used was the STUPP scheme, of which 59 patients have benefited. Variables used include age, the diameter of the tumor at onset and the presence of necrosis, and have been evaluated in different treatment schemes. 

Results: In terms of age, it was statistically significant for both the OS (p = 0.0026) and the PFS (p = 0.0002). We did not see differences nor in the size of tumor at the diagnosis nor in the presence of necrosis. No differences were seen in OS or PFS with the degree of surgical resection according to STUPP scheme. Patients who have made a complete treatment with surgery, radiotherapy and chemotherapy, have presented an OS of 17.2 months, while PFS was 10.9 months. If we compare these patients with those who have only been operated, survival is statistically significant (p = 0.00015 and p = 0.0013 respectively). 

Conclusions: After analyzing our series, we see that the only prognostic factor is age, with strong statistical significance. In our 104 patients, there are no significant differences in regard to the size and the presence of necrosis at diagnosis. Regarding the treatment, the OS nearly 18 months that present our patients treated with STUPP scheme is superior than in other series. We need to expand our database to improve both diagnosis and treatment and the subsequent impact on OS and PFS.