GLIOBLASTOMA: A PATIENT’S GUIDE

What Is GLIOBLASTOMA?

Glioblastoma (also known as glioblastoma multiforme or GBM) is the highest grade glioma (grade IV) brain tumor. A Glioblastoma tumor is the most malignant form of astrocytoma (which are named for the star shaped cells which they grow from), and is the same as a grade IV glioma.

A tumor that arises from the glial or supportive tissue of the brain is called a “glioma.” One type of glioma is the astrocytoma. Grade IV tumors grow at a rapid rate and are highly malignant tumors.

Incidence

Glioblastoma brain tumors are most common in adults ages 45–65, and affect more men than women. Glioblastomas originate from normal brain tissue. There are two types of GBM tumors, Primary and Secondary. Primary GBM Tumors are most common in people age 55 and over, whereas Secondary GBM Tumors are most common in people age 45 and under. These secondary tumors usually begin as low-grade or mid-grade tumors which eventually transform into malignant tumors.

Symptoms

Headaches, seizures, memory loss and changes in behavior are the most common symptoms. Loss in movement or sensation on one side of the body, language dysfunction and cognitive impairments are also common. These impairments may present themselves as confusion with normal daily tasks. There may be other symptoms, depending on the size and location of the tumor.

Diagnosis

A neurological exam followed by an MRI or CT Scan will be done to confirm a diagnosis of GBM. The scan may be done with a contrast dye that will help the doctors to see the tumor more clearly. An MRI scan will assist your doctor in determining the location, size, and type of brain tumor. High grade glioma brain tumors, such as Glioblastomas show up as brightly colored areas, known also as “enhancement”. An MRS (Magnetic Resonance Spectroscopy) scan may also be done to determine if the tumor is benign or malignant. MRS Scans measure the mineral and chemical levels in a tumor.

Treatment Options

Due to the aggressive nature of GBM brain tumors, understanding all of the treatment options PRIOR to making any decisions is VITALLY important. These treatment options include Surgery, Radiation, Chemotherapy, Targeted Therapies, and Clinical Trials.

Surgery

The goal is to remove as much brain tumor tissue as possible during surgery and alleviate the symptoms caused by the brain tumor. The surgery is called a “resection” and the tumor tissue saved following this resection will aid in the diagnosis and treatment planning for the patient. Surgery to remove a brain tumor is carried out by making an opening in the skull over the tumor in what is known as a craniotomy. Due to the tentacle-like cells of an astrocytoma that grow into the surrounding tissue, these tumors cannot be completely removed. Sometimes the location of the tumor or the condition of the patient may not allow for surgery, in which case a biopsy will be performed instead. The tissue obtained during the biopsy will then be used to confirm the diagnosis.

Questions to Ask Regarding Surgery:

• Does the brain tumor center perform awake brain-mapping operations, use intra-operative imaging, image guided technology, have an intra-operative neuro-functional monitoring team, and have an on-site neuro-pathologist to review frozen section of brain tissue at time of surgery?

Radiation & Chemotherapy

In adults, standard of care for newly diagnosed GBM is 5-6 weeks of Temozolomide (Temodar) given concurrently with radiation. Chemotherapy may be used in infants and very young children to delay radiation therapy until the age of three or four. Clinical trials are investigating the most effective way to treat these brain tumors in infants and children. Temozolomide (Temodar) is an alkylating agent that can cross the blood-brain barrier. Most chemotherapy drugs fall into one of two groups: cytotoxic drugs and cytostatic drugs.

Questions to Ask About Radiation & Chemo:

• Will I experience Cognitive Decline due to radiation necrosis (brain tissue damaged by radiation)?
• What are the available Radiation Therapy options at your center and am I a candidate for these treatments? (CyberKnife, Gamma Knife, and Proton Radiation, Sterotactic radiosurgery.)
• How long can I expect to be on Temodar/chemotherapy?

Targeted Therapies:

Vaccine immunotherapy is an evolving and exciting type of treatment which is designed to trigger the body’s own immune system to fight and stop tumor growth. These treatments include cancer vaccines that attack cells by using genetically engineered dendritic cells to stimulate the immune system and create a response.

• Please request our Clinical Trials Fact Sheet
ABOUT CHRIS ELLIOTT FUND

The Chris Elliott Fund was founded in 2002 by Chris and Dellann Elliott, just 3 weeks prior to Chris losing his battle with a Glioblastoma Multiforme Brain Tumor. CEF is dedicated to providing brain tumor patients and their families with the information they need, as well as immediate access to advanced treatments and comprehensive support programs nationally.

For more information, please go to www.chriselliottfund.org or call 800-574-5703.

This publication is not intended as a substitute for professional medical advice and does not provide advice on treatments or conditions for individual patients. All health and treatment decisions must be made in consultation with your physician(s), utilizing your specific medical information. Inclusion in this publication is not a recommendation of any product, treatment, physician or hospital.

COPYRIGHT © 2013 ChrisElliottFund
REPRODUCTION WITHOUT PRIOR WRITTEN PERMISSION IS PROHIBITED
This brochure made possible through support from Genentech, a member of the Roche Group

6/17/13

This brochure provided by support from:

WeCare@EndBrainCancer.com

Chris Elliott Fund is here to offer help, hope, provide access, and guide you through this journey.

www.ChrisElliottFund.org

Visit us on Facebook at www.facebook.com/EndBrainCancer

On Twitter @EndBrainCancer

On Pinterest at www.pinterest.com/EndBrainCancer

ChrisElliottFund