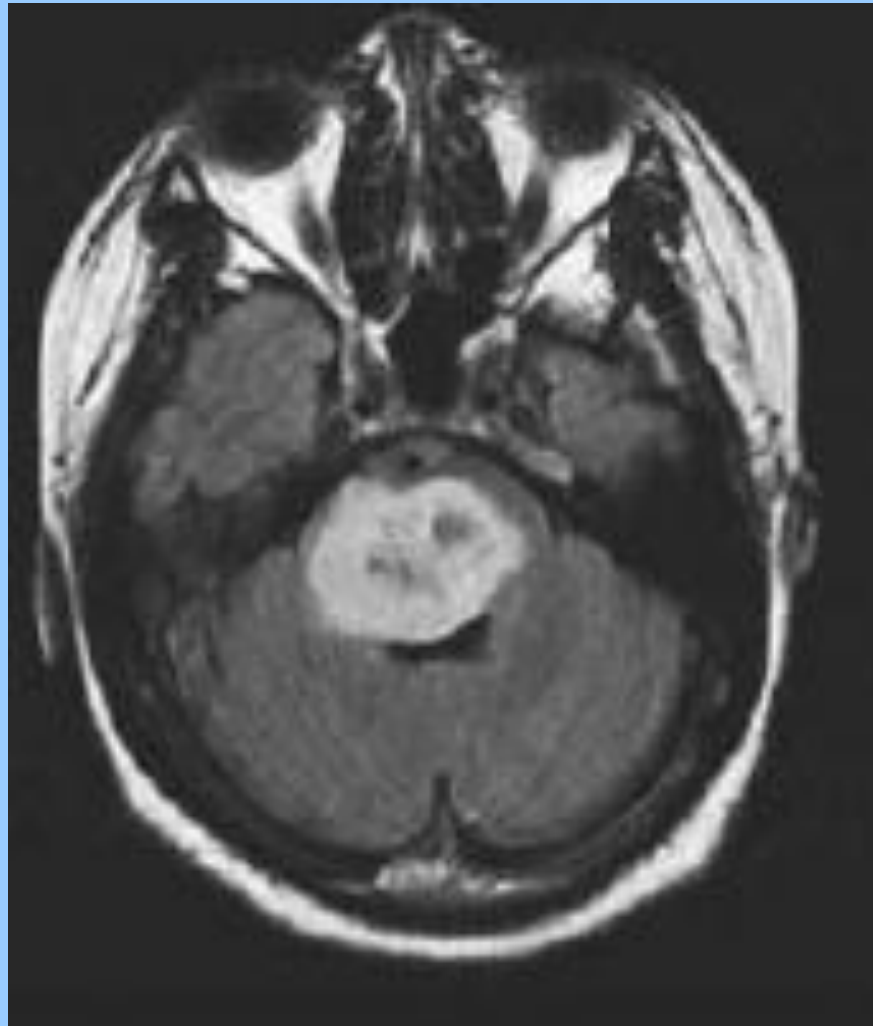


<b>Soha Ahmed</b> Egypt	Hypofractionated radiotherapy for pediatric diffuse intrinsic pontine glioma (DIPG): A prospective controlled randomized trial	413PD
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**Neuro-oncology poster discussion**

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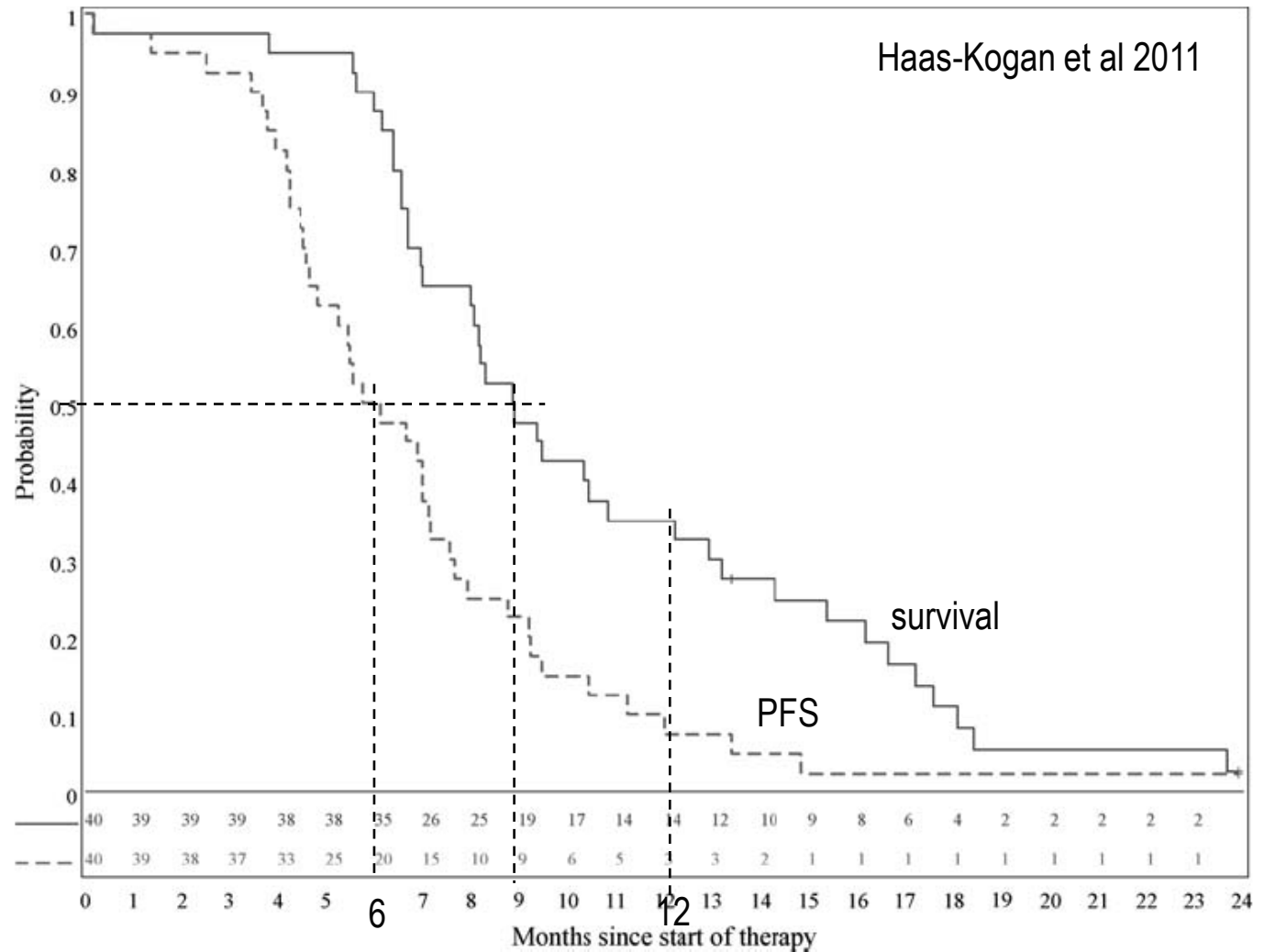
**Neuro-oncology poster discussion**



**Children's Cancer Hospital, Egypt**

**Diffuse intrinsic pontine glioma**

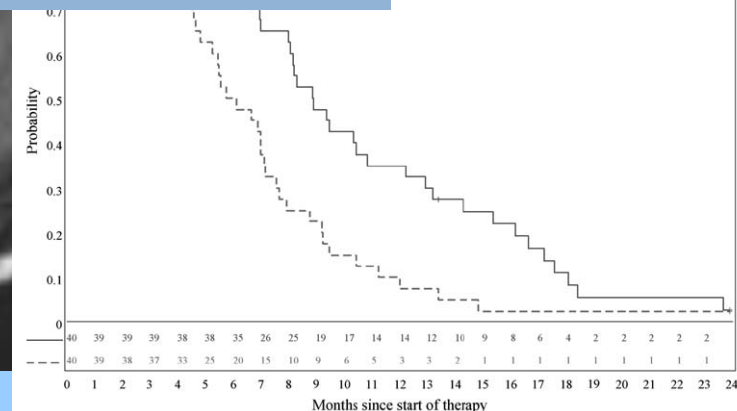
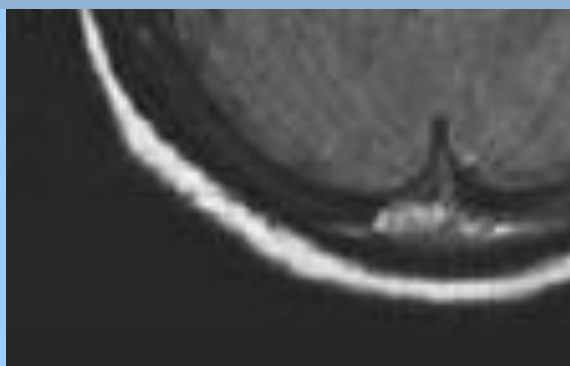
radiot  
media  
1 yr s  
2 yr s  
media  
clinic



**Diffuse intrinsic pontine glioma**

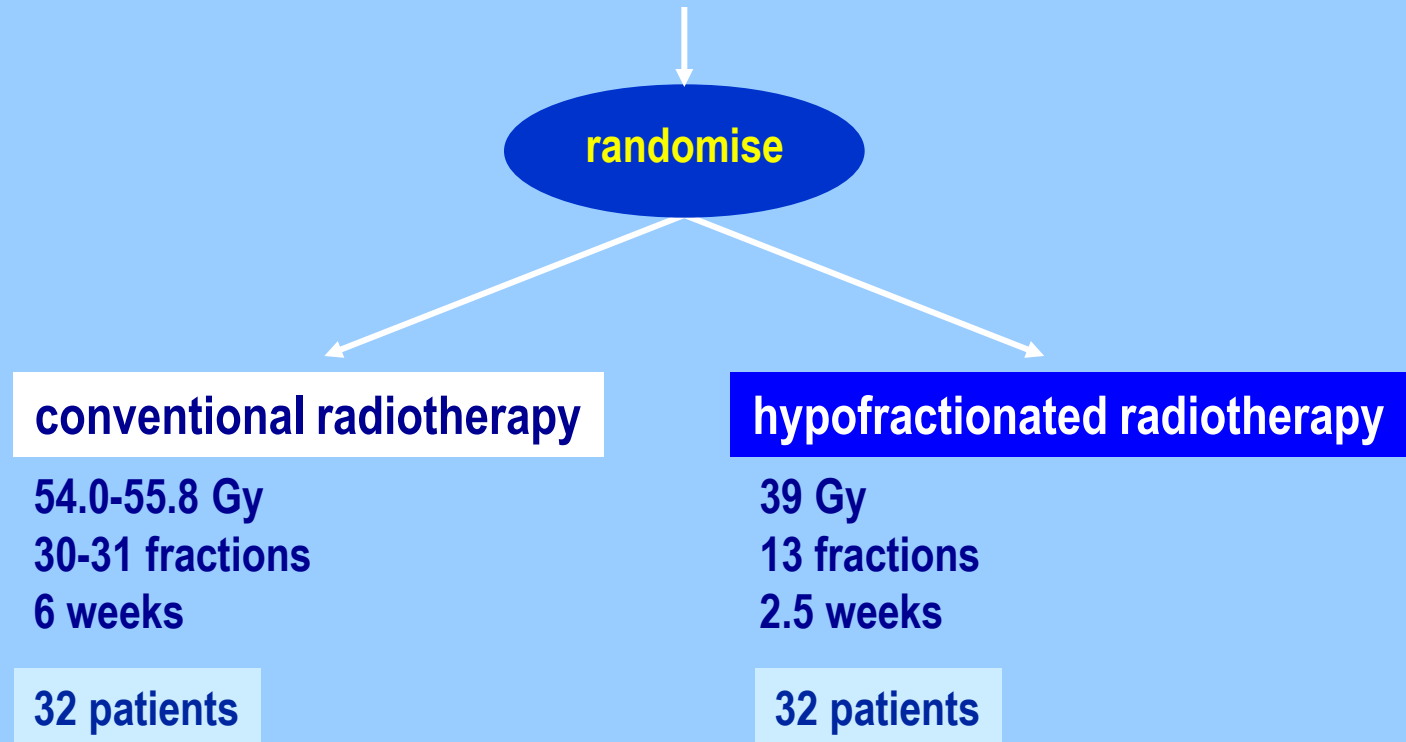


radiotherapy +/- other Rx	2006 review	2012 review
median survival	7 - 11 months	4 - 17 months
1 yr survival	25 - 55%	14 - 70%
2 yr survival	5 - 25%	0 - 25%
median PFS	5 - 9 months	3 - 10 months
clinical response rate	75 - 85%	
	Hargrave et al	Jansen et al



## Diffuse intrinsic pontine glioma

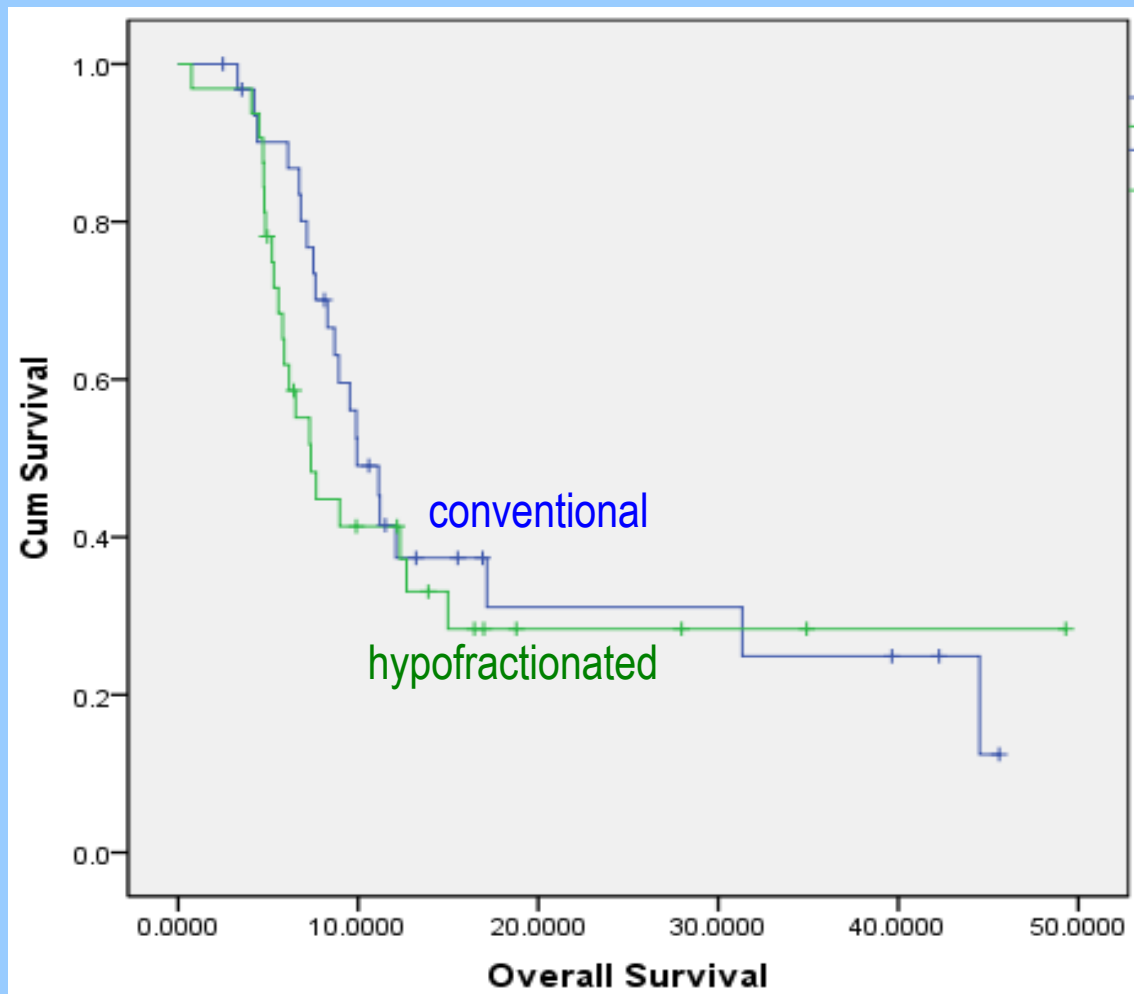
## diffuse intrinsic pontine glioma



Diffuse intrinsic pontine glioma

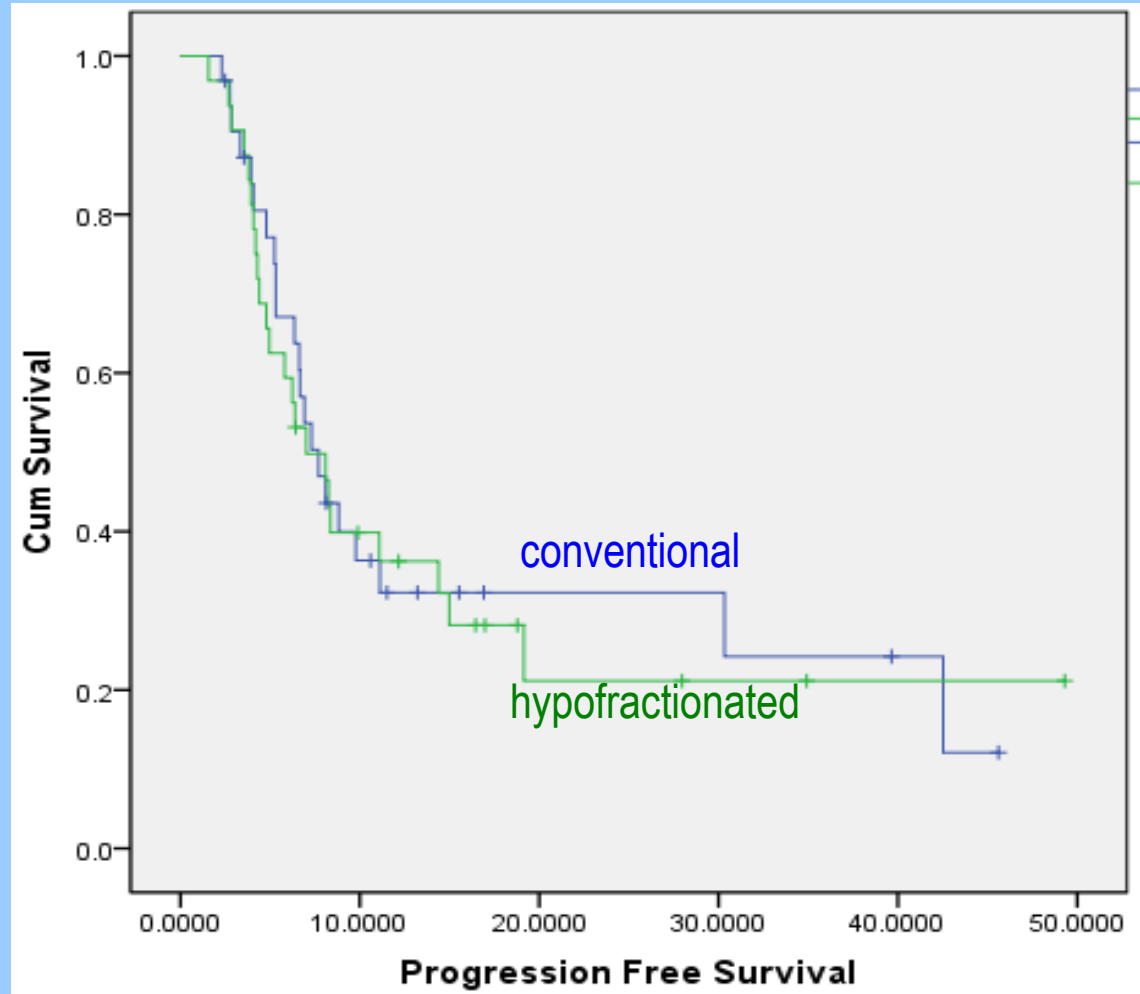
survival

Dr Soha Ahmed  
Egypt



Diffuse intrinsic pontine glioma

## progression free survival



Diffuse intrinsic pontine glioma



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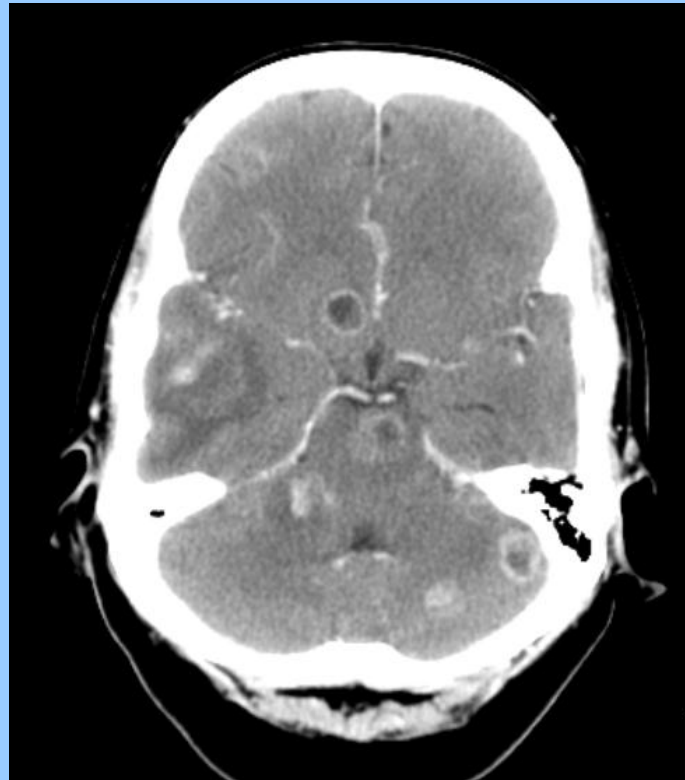
**Neuro-oncology poster discussion**

# Is brain only metastatic breast cancer a distinct entity?

Anna Berghoff  
Austria



COMPREHENSIVE  
CANCER  
CENTER VIENNA



**Brain only metastases in breast cancer**



# Is brain only metastatic breast cancer a distinct entity?

retrospective review

222 breast cancer patients with brain metastases  
1990 - 2011

17% (38) brain only metastatic disease  
(absence of extracranial metastases during the entire course of the disease)

**Brain only metastases in breast cancer**

## Graded prognostic assessment (GPA)

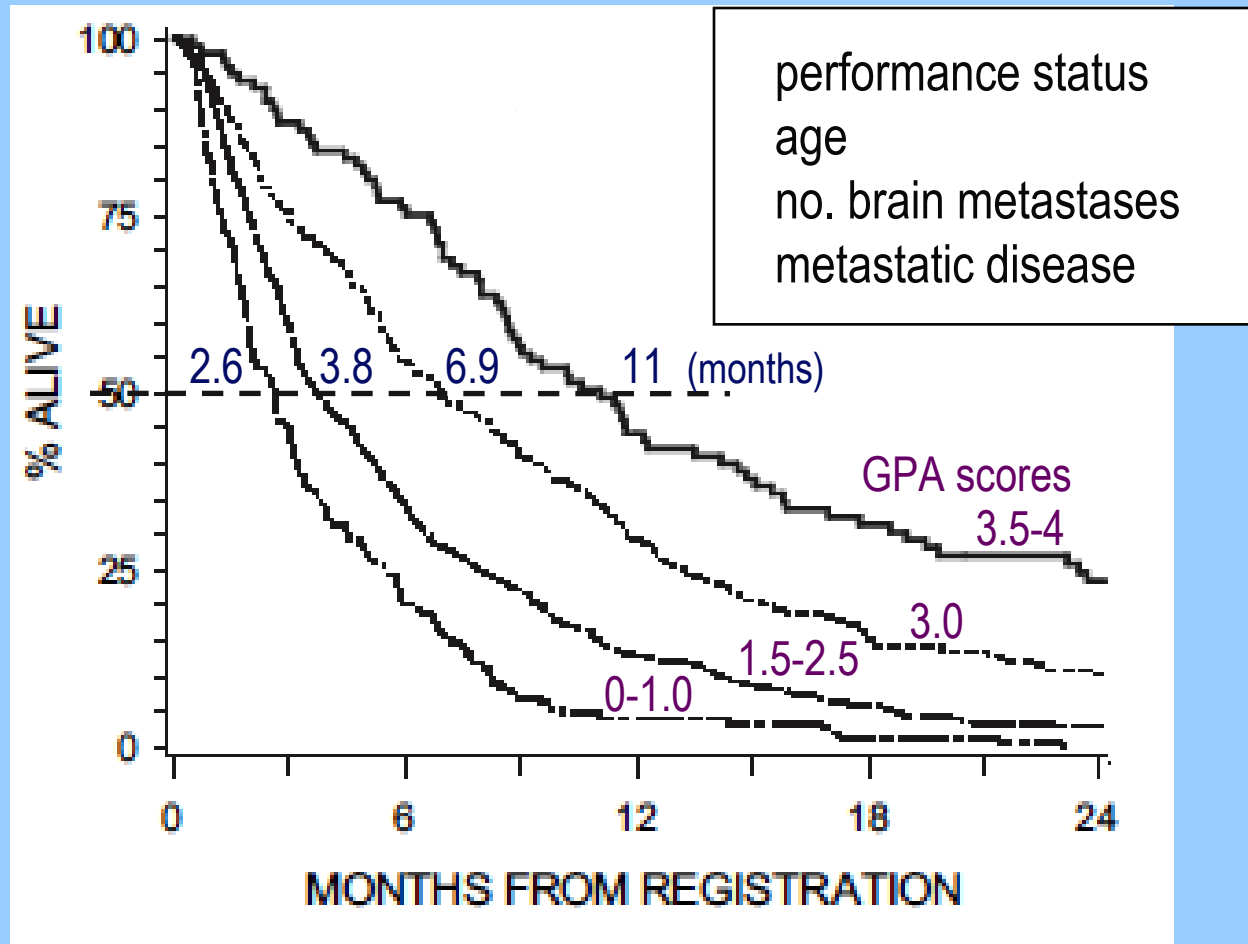
score	0	0.5	1.0
performance status (KPS)	<70	70-80	90-100
age (years)	>60	50-59	<50
no. brain mets	>3	2-3	1
metastatic disease	present	--	absent

GPA prognostic prognostic groups

0-1, 1.5-2.5, 3.0, 3.5-4

**Prognosis in patients with brain metastases**

## Graded prognostic assessment (GPA)

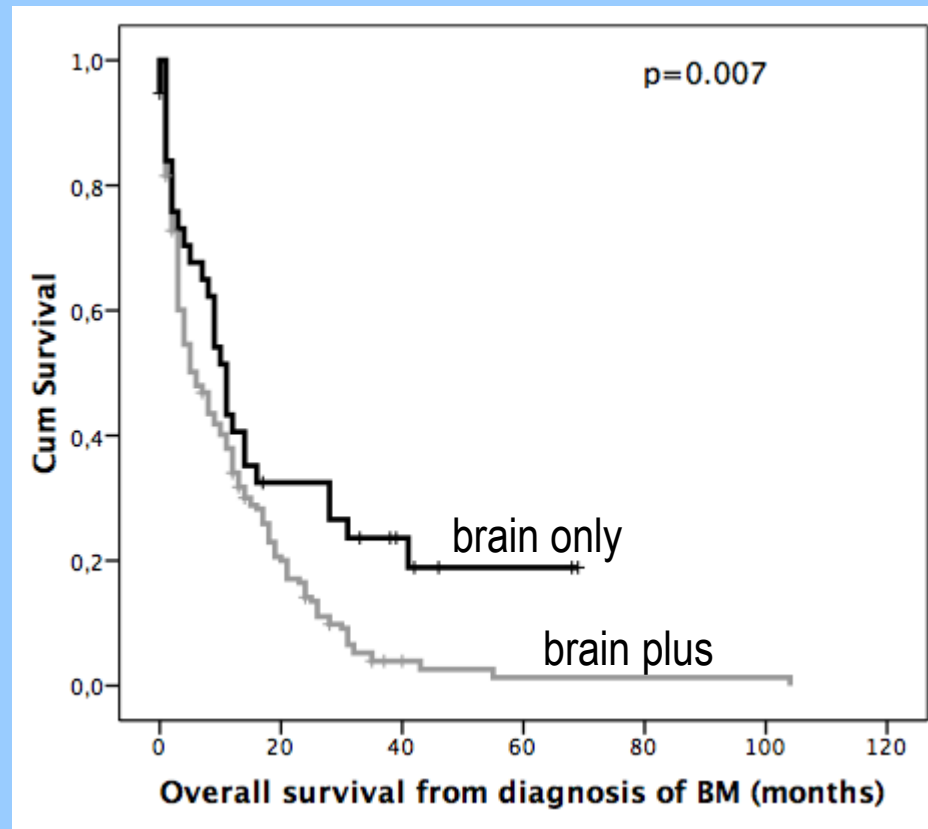


**Prognosis in patients with brain metastases**

Characteristic	BM and extracranial metastases (n=184)		Brain-only (n=38)		Chi square test/T test
	n	%	n	%	
Age at first diagnosis of BM (years)					
Median	52.5		54.5		0.48
Range	26-81		36-83		
Breast cancer subtype					
Luminal	45	24.5	13	34.2	0.19
Her2 positive	92	50.0	13	34.2	
Triple negative	47	25.5	12	31.6	
Number of BM					
Mean	3		2		0.36
Range	1-20		1-9		
DS-GPA					
Class I	43	23.4	6	15.8	0.78
Class II	81	44.0	18	47.4	
Class III	51	27.7	12	31.6	
Class IV	9	4.9	2	5.3	
1st line treatment for BM					
Radiosurgery	19	10.3	3	7.9	0.002
Chemotherapy	1	0.5	1	2.6	
Surgery	71	38.6	27	71.1	
WBRT	88	47.8	7	18.4	
Best supportive care	5	2.7	0	0	
Chemotherapy after diagnosis of BM					
Yes	77	41.8	8	21.1	0.016
No	107	58.2	30	78.9	
BM progression					
Yes	62	33.7	14	36.8	0.71
No	122	66.3	24	63.2	
OS from diagnosis of BM (months)					
Median	6		11		0.007
Range	0-104		0-69		
survival beyond 3 years					
Yes	5	2.7	7	18.4	<0.001
No	179	97.3	31	81.6	

es in breast cancer

# Is brain-only metastatic breast cancer a distinct entity?



Brain only metastases in breast cancer

# **Is brain only metastatic breast cancer a distinct entity?**

## **Conclusion:**

**favourable prognosis group**

**warrants aggressive treatment**

**Brain only metastases in breast cancer**



# Graded prognostic assessment (GPA)

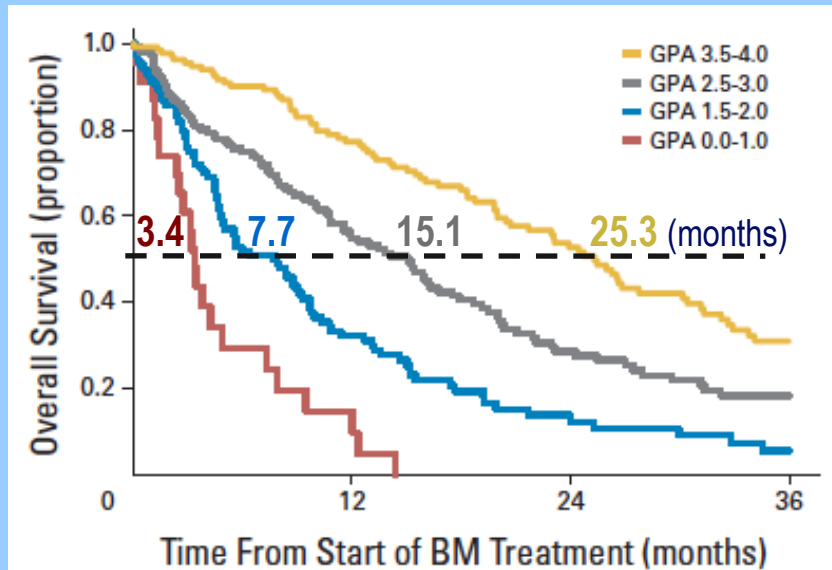
## Prognostic factors by tumour type

	<i>KPS</i>	<i>Age</i>	<i>Number of mets</i>	<i>Extra - cranial mets</i>	<i>Tumour subtype</i>
Lung	✓	✓	✓	✓	-
Breast	✓	✓	-	-	✓
Melanoma	✓	-	✓	-	-
Renal	✓	-	✓	-	-
GI	✓	-	-	-	-

**Prognosis in patients with brain metastases**

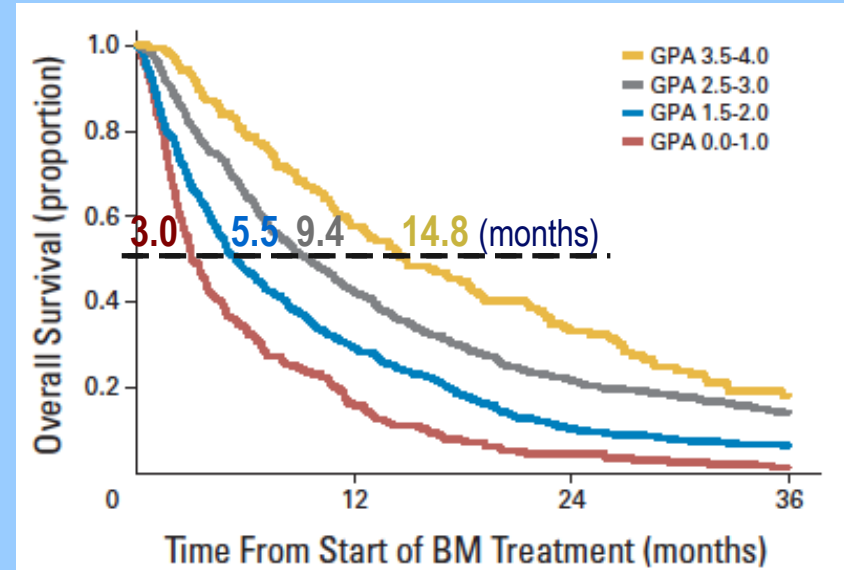
# Graded prognostic assessment (GPA)

## Breast



performance status  
age  
tumour subtype

## NSCLC



performance status  
age  
no. brain mets  
metastatic disease

**Prognosis in patients with brain metastases**

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**Neuro-oncology poster discussion**

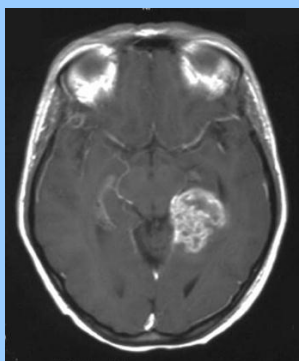
# The caregivers' perspective on the end-of-life phase of glioblastoma patients

Birgit Flechl, Michael Ackerl, Cornelia Sax, Stefan Oberndorfer, Bernadette Calabek, Eefje Sizoo, Jaap Reijneveld, Richard Crevenna, Mohammad Keilani, Alexander Gaiger, Karin Dieckmann, Matthias Preusser, Martin J.B. Taphoorn, Christine Marosi

Medical University of Vienna, Austria

Kaiser-Franz-Josef Hospital, Vienna, Austria

VU Medical Centre, Amsterdam, The Netherlands



Birgit Flechl  
Austria

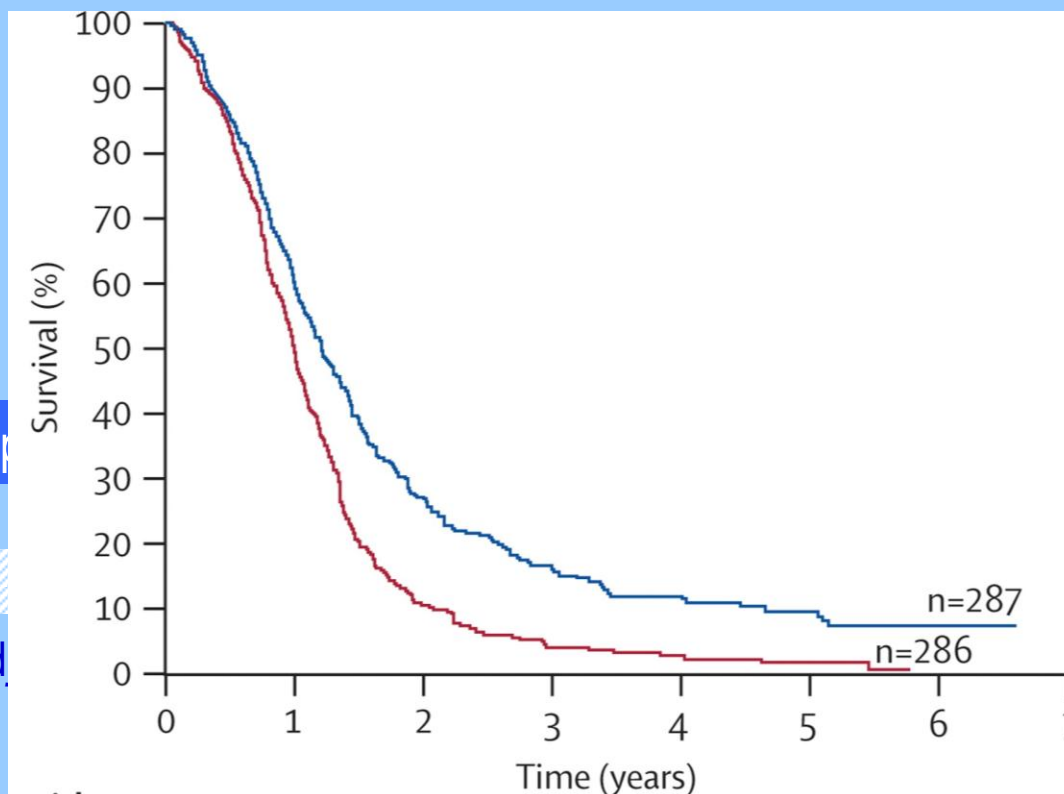
Diagnosis

initial therapy

Surgery

RT

Ad



Progression

Recurrence

Caregivers' perspective in end stage glioblastoma

**52 family caregivers of deceased GBM patients  
treated in 2 centres of Vienna, Austria**

**Questionnaire developed by  
VU Medical Centre, Amsterdam**

**1: questions regarding patients**

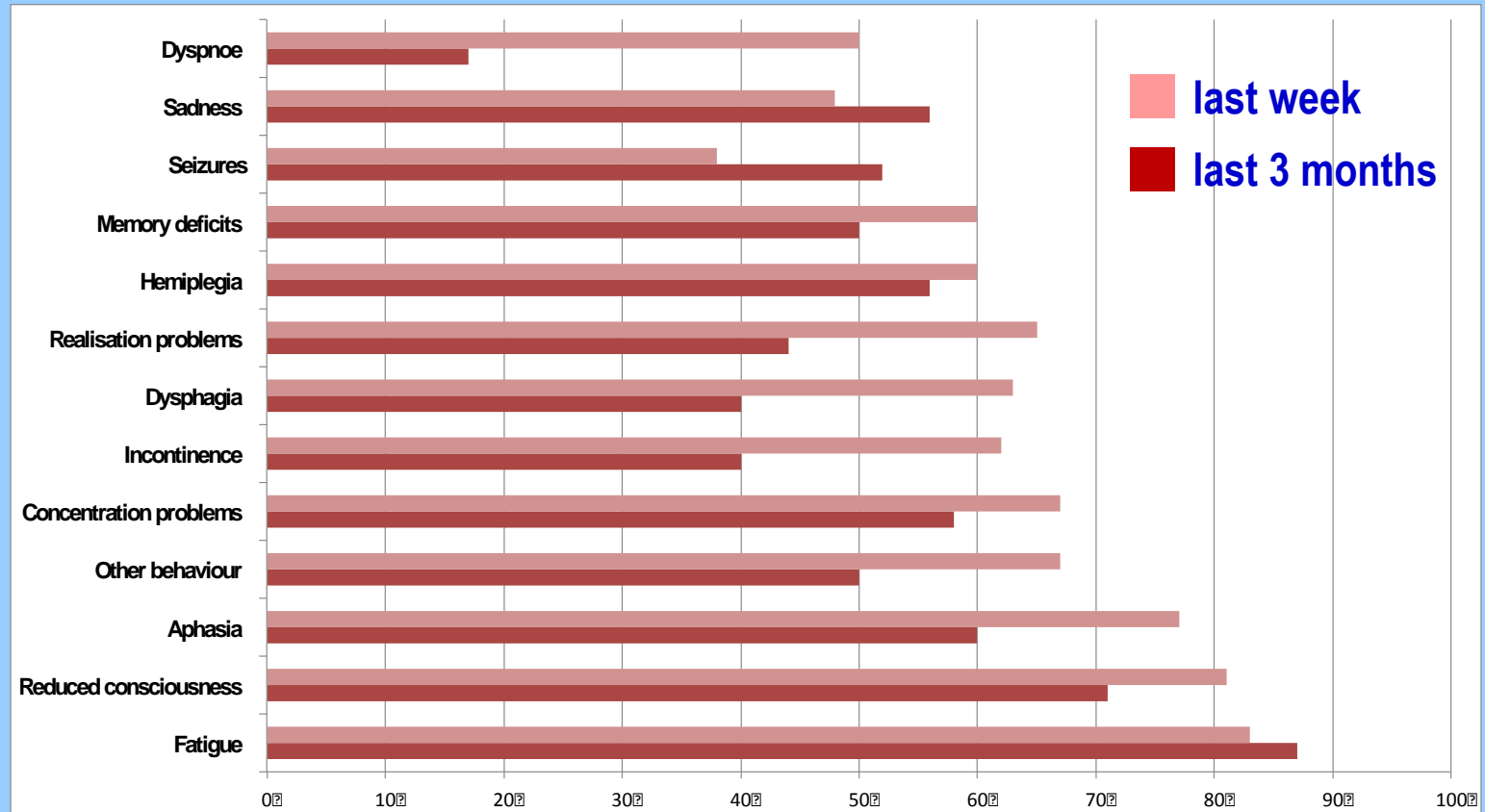
**2: questions regarding caregiver**

**Caregivers' perspective in end stage glioblastoma**

# Patients

Birgit Flechl  
Austria

Moderate & severe EOL symptoms reported by caregivers  
2 time points - last 3 months & last 1 week of life



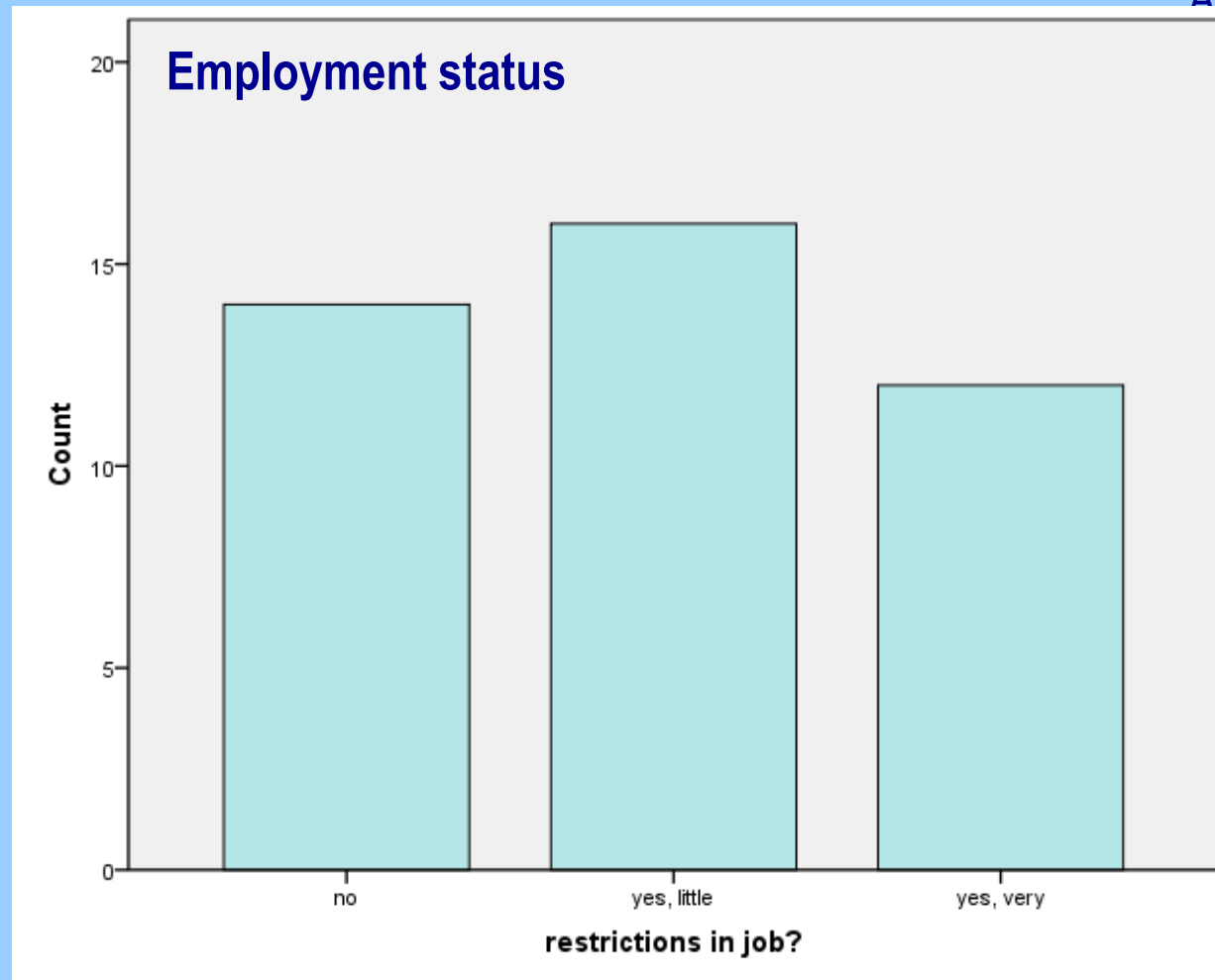
Caregivers' perspective in end stage glioblastoma

## Psychological status

Symptoms last 3 months	% family caregivers
Sadness	90
Fear	69
Burn out	6
Less interest in others	54
Irritable	42
insufficient information	31

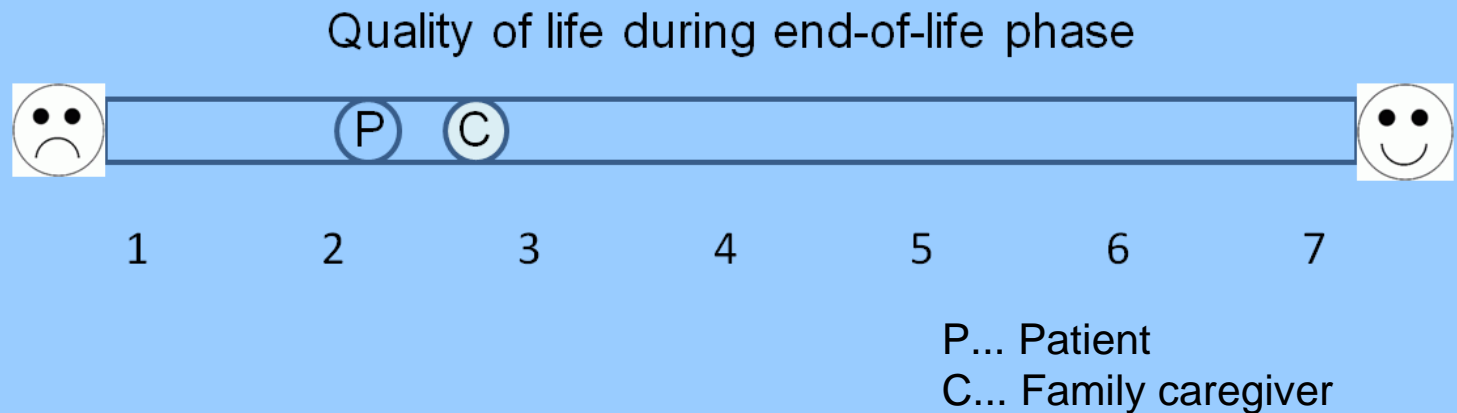
**Caregivers' perspective in end stage glioblastoma**





**Caregivers' perspective in end stage glioblastoma**

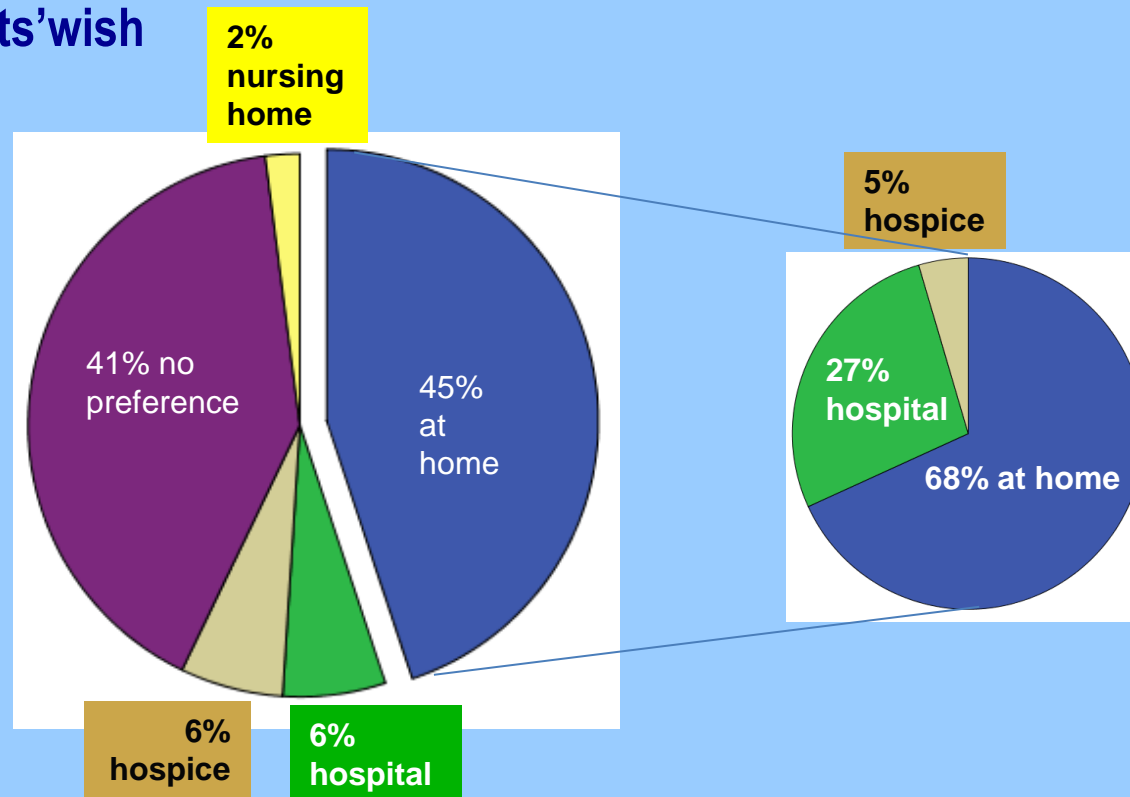
## Quality of life



Caregivers' perspective in end stage glioblastoma

## Place of death

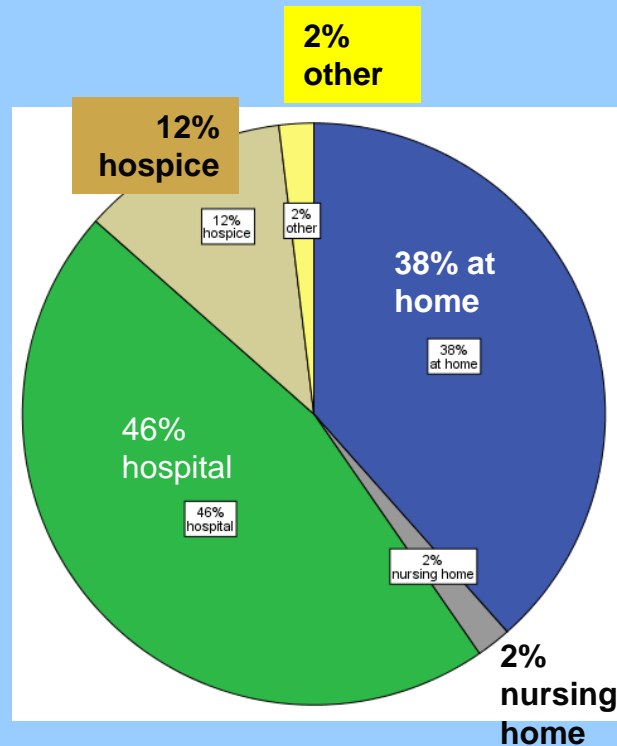
### patients' wish



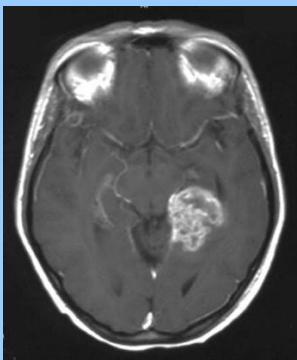
Caregivers' perspective in end stage glioblastoma

## Place of death

reality

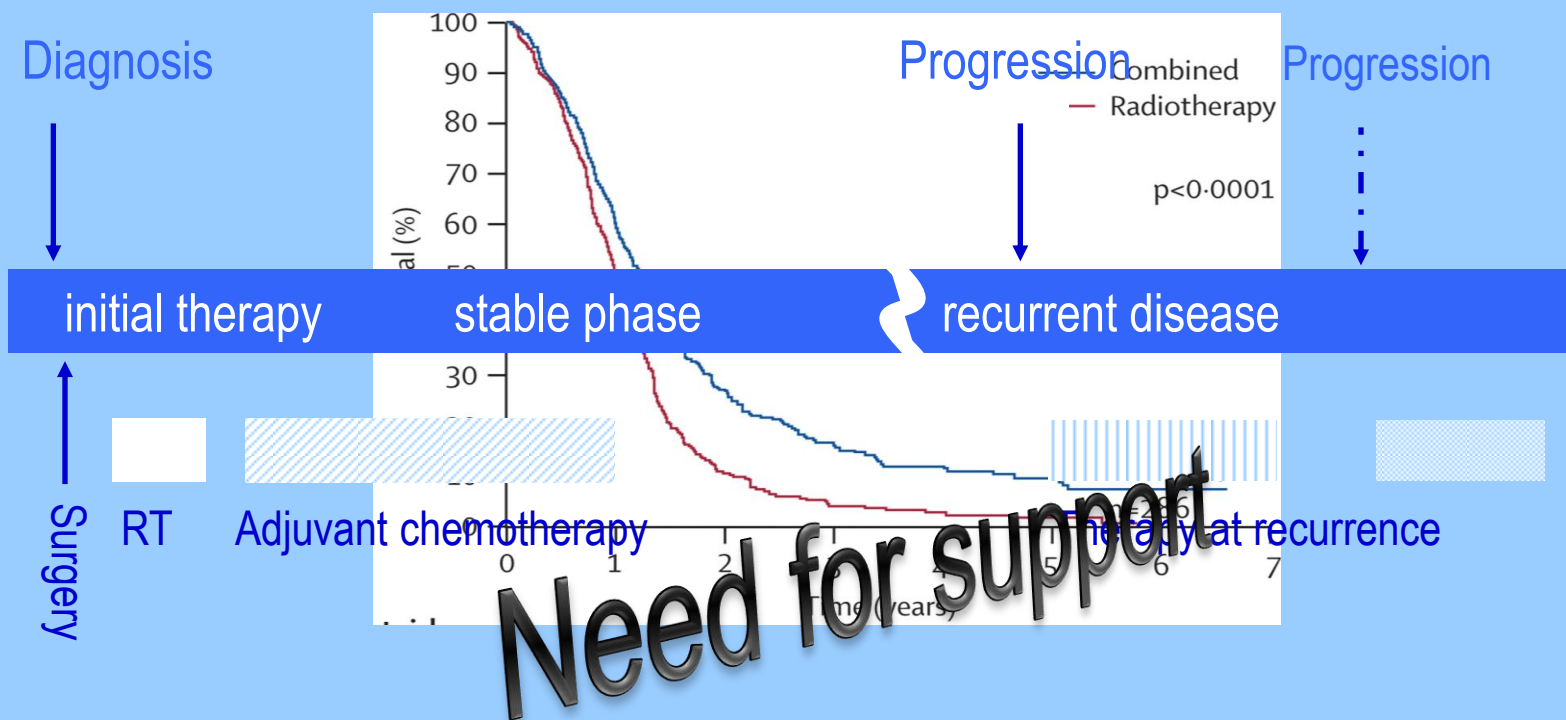


Caregivers' perspective in end stage glioblastoma



# Conclusion

Birgit Flechl  
Austria



Caregivers' perspective in end stage glioblastoma