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EDITORIAL:
RADIOCHEMOTHERAPY FOR UNRESECTABLE GLIOBLASTOMA MULTIFORME: A MONO-INSTITUTIONAL EXPERIENCE"

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In the present issue, Colella et al[1] reported clinical outcome of a retrospective analysis on 24 patients affected by glioblastoma multiforme (GBM), who underwent biopsy only or partial resection, and subsequently treated with radical radiation therapy plus concomitant and adjuvant temozolomide. The authors reported, with a median follow-up of 12 months, a 2-year overall survival of 15%.

Treatment protocol is based on the European Organization for Research and Treatment of Cancer (EORTC) study, which was reported by Stupp et al[2] in the New England Journal f Medicine in 2005. Patients with histologically confirmed GBM were randomly assigned to receive radiotherapy alone (60 Gy in 30 fractions) or radiotherapy plus continuous daily temozolomide (75 mg per square meter), followed by six cycles of adjuvant temozolomide (150 to 200 mg per square meter for 5 days during each 28-day cycle). Seventeen percent of the enrolled patients underwent surgical biopsy only. This was a positive study: temozolomide improved 2-year OS of 16% (2-year survival of 26.5% with radiotherapy plus temozolomide vs. 10.4% with radiotherapy alone). Radiotherapy plus temozolomide was associated with significant improvement in overall survival in nearly subgroups of patients with the exception of the subgroup of patients who underwent biopsy only and of the subgroup with a poor performance status.

What does Colella's paper add to the present knowledge on therapeutic approach of GMB? Surely a retrospective review of only 24 patients published later than the EORTC study may add little. However, from Colella's study two considerations can be done. First, It can be affirmed that the EORTC protocol has been received by the scientific community and it is effectively applied in clinical practice. This reflects the well designed trial, its pragmatism and its simplicity in delivering the treatment schedule. Not all the positive trials have this true impact in the clinical daily practice. For instance, although many randomized trials have shown an overall survival advantage in patients affected by non-small cell lung cancer when treated with concomitant chemotherapy and radiotherapy[3,4], only few patients actually receive the concomitant treatment. Second, Colella's publication proves that the actual standard of care for GMB patients is based on a study published exactly 10 years ago. Ever since little has changed. Clinical trials are essentials to improve treatment in GMB patients, and "patients should be encouraged to participate in clinical studies".

Conflict of Interests:
The Authors declare that they have no conflict of interests.

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