# 膠芽腫においては切除範囲が生存率に関連する（Abstract e13500）

## 膠芽腫の切除範囲が生存率と増悪に関連する

Extent of resection in glioblastoma associated with likelihood of survival and disease progression

膠芽腫患者においては切除範囲が生存率と増悪に関連する、と*JAMA Oncology*オンライン版に掲載され、併せて一部が2016 Annual Meeting of the American Society of Clinical Oncologyで抄録として公開された。研究者らは37のスタディ（患者計41,117人）のメタ解析において、全摘出（GTR）と部分摘出（STR）、または生検を全生存率および無増悪生存期間について比較した。その結果、GTRはSTRに比べ1年生存率を61%上昇させ、2年生存率を19%上昇させる可能性がある、と報告された。

## Full Text

The extent of resection in patients with glioblastoma, an aggressive and often fatal brain tumor, was associated with the likelihood of survival and disease progression, according to a new study published online by *JAMA Oncology* and published in part as an abstract in conjunction with the 2016 Annual Meeting of the American Society of Clinical Oncology.

Glioblastoma multiforme (GBM) is the most common malignant brain tumor in adults. The optimal combination of medical, surgical and radiation therapy has not been defined. The surgical component can range from minimally invasive biopsy to a craniotomy with the goal of gross total resection (GTR). But not every patient receives an aggressive resection. The anatomy of the brain and concern about injury to important surrounding structures with resulting impairment mean the goal of GTR can be difficult to attain.

Michael Glantz, M.D., of the Penn State Milton S. Hershey Medical Center, Hershey, Penn., and coauthors compared GTR with subtotal resection (STR) or biopsy with overall and progression-free survival in a meta-analysis of 37 studies (41,117 patients).

The study reports a lower relative risk of death at one and two years. The authors suggest GTR may increase the likelihood of 1-year survival compared with STR by about 61 percent and may increase the likelihood of two-year survival by about 19 percent. The one-year risk for mortality for STR compared with biopsy was reduced and the risk for mortality was less for any resection compared with biopsy at years one and two, according to the results.

Overall, a reduction in mortality was associated with an increasing extent of resection. GTR also was associated with decreased disease progression over one year.

The authors note the results should be interpreted in the context of important caveats, including that GTR and STR groups differed on a number of factors and that the extent of tumor resection was defined by authors in studies, often imprecisely.

"Although the available studies are retrospective and mostly carry a high risk for bias and confounding, an overwhelming consistency of the evidence (including three class 2 studies) supports the superiority of GTR over STR and biopsy. … Therefore, when clinically feasible, the body of literature favors GTR in all patients with newly diagnosed GBM," the authors conclude.

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