Palliative Care Integration in Glioblastoma: A Retrospective Study from the departmental Ré.S.P. 13 Network

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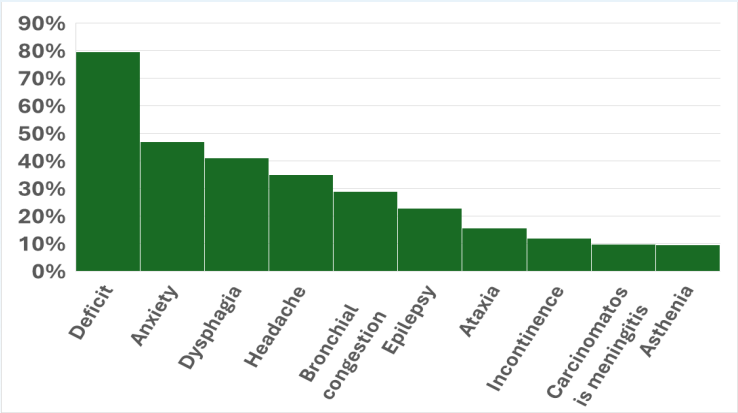
Introduction : Glioblastoma (GBM) is a severe, incurable, and rapidly progressive disease. The European Association for Neuro-Oncology (EANO) recommends early palliative care (PC) integration (1). However, in clinical practice, referrals are often late

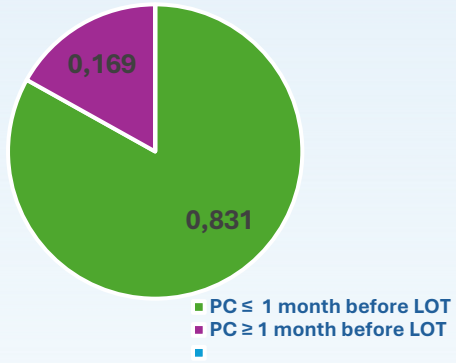
The objectives of our study are to assess PC integration practices for GBM patients followed in our reference center via Ré.S.P.13 network

Methods : This is a retrospective descriptive study. All patients with IDH-wildtype GBM who received PC through Ré.S.P.13 network were included. We compared Early PC (>1 month before Limit of Treatment (LOT) **vs.** Late PC

Main symptoms



Distribution of PC referral Timing



Results : Median age was 63 years. Median delay from diagnosis to PC was 15 months. The median time from LOT to death was 2 months. The Median time from PC inclusion to death was 1 month. No differences in treatment types or tumor biology between early PC and late PC.

Early PC was associated with a higher Karnofsky Index at inclusion 40% vs. 30%, p=0.001 ; a treatment-free interval before death was longer (median 74 vs. 56 days, p=0.002) and a fewer nurse visits (2/day vs. 3/day)

Variable	Category	n	%
Living alone	Yes	12	14.5
Primary caregiver at diagnosis	None	12	15.0
	Other	3	3.8
	Spouse	51	63.8
	Children and spouse	13	16.3
	Children	1	1.3
Dependent children	No	56	67.5
	1 or 2	10	12.1
	≥3	2	2.4
Primary caregiver at PC integration	None	5	6.0
	Other	10	12.0
	Spouse	44	53.0
	Children and spouse	20	24.1
	Children	4	4.8
Place of death	Home	50	63.3
	PC unit	28	35.4
	Rehabilitation unit	1	1.3
Symptom control medications	Morphine initiated	24	45.3
	Midazolam initiated	17	32.1
	Antisecretory treatment	23	28.0
	Benzodiazepines	12	14.6

Conclusion : Palliative care is often integrated late in GBM. Early referral is associated with better functional status and longer treatment-free periods. Following this preliminary study, we aim to conduct an interventional trial to formally assess the benefits of early palliative care referral.

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