Brain tumours (primary) and brain metastases: management options for people with newly diagnosed grade IV glioma (glioblastoma)

Karnofsky performance status of 70 or more

Aged around **70 or under**

Had maximal safe resection or biopsy if resection not possible

Offer

Radiotherapy
60 Gy in 30 fractions
with concomitant
temozolomide,
and up to 6 cycles
of adjuvant
temozolomide

Aged around 70 or over

MGMT methylation positive

Offer

Radiotherapy
40 Gy in 15 fractions
with concomitant
temozolomide,
and up to 12 cycles
of adjuvant
temozolomide

MGMT methylation negative or status unknown

Consider

Radiotherapy
40 Gy in 15 fractions
with concomitant
temozolomide,
and up to 12 cycles
of adjuvant
temozolomide

Karnofsky performance status of less than 70

Aged around **70 or over**

Any MGMT methylation status

Consider

Best supportive care alone

People not covered/ alternative options

Consider

Radiotherapy
60 Gy in 30 fractions
with concurrent
temozolomide,
and up to 6 cycles of
adjuvant
temozolomide

Radiotherapy alone 60 Gy in 30 fractions

Hypofractionated radiotherapy

Up to 6 cycles of temozolomide alone if the tumour has MGMT methylation and the person is aged around 70 or over

Best supportive care alone

This is a summary of the recommendations on management of newly diagnosed grade IV glioma (glioblastoma) from NICE's guideline on brain tumours (primary) and brain metastases. The guideline also covers clinical assessment and management, including antibiotic treatment.

See www.nice.org.uk/guidance/NG99

For guidance on using temozolomide for treating newly diagnosed grade IV glioma (glioblastoma), see the NICE technology appraisal on carmustine implants and temozolomide for the treatment of newly diagnosed high-grade glioma.

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