

# THE ROLE OF HIPOFRACTIONATED RADIOTHERAPY IN GLIOBLASTOMAS

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**G**lioblastomas are the most common central nervous system tumors in adults. Despite the therapeutic advances, it is still characterized as a severe disease and aging is the main factor related to worse survival. In this scenario, hypofractionated radiotherapy is more appropriate considering the patients' clinical factors and the limitations, in addition to being consistent with the expediency of the service. A narrative review of the literature was performed using the terms glioblastoma, radiotherapy and hypofractionated and short course, radiotherapy and glioblastoma. Articles published in English were selected without limitation of dates. For newly diagnosed glioblastomas, prospective and randomized articles were selected. For recurrent glioblastomas, retrospective and prospective articles were selected. We excluded review studies and case reports. Phase III prospective studies have shown that the 40 Gy dose in 15 fractions is safe and as effective as 60 Gy in 30 fractions in terms of disease control and overall survival, being strongly indicated for patients over 70 years, KPS  $\geq 50\%$  with newly diagnosed glioblastomas. In terms of relapse, there is no consensus about the best dose or best approach. Doses between 30-36 Gy are the most described in retrospective studies and prospective phase I or II series.

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