

WHAT IS GLIOBLASTOMA (GBM)?

Glioblastomas are aggressive and malignant Grade IV brain tumors that originate in the brain's glial cells. They are the most invasive type of glial tumors; they grow rapidly and often spread to nearby brain tissue. It is rare for glioblastomas to spread outside of the brain.

There is no cure for glioblastoma. The current standard of care includes surgery, radiation therapy, and/or chemotherapy. These treatments are not effective long-term, and more research is needed to develop better therapies.

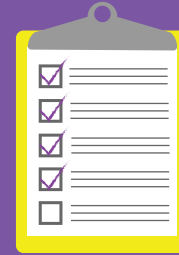


GBM is the most common primary brain tumor, accounting for more than 50% of primary brain tumors. Over 15,000 people in the United States are diagnosed with glioblastoma every year.



Common symptoms of GBM include*:

- headache
- seizures
- nausea
- vomiting
- drowsiness
- double/blurred vision



- weakness or sensory changes of face, arms, or legs
- difficulty balancing
- neurocognitive/memory issues

*these symptoms are not exclusive to GBM

The long-term prognosis for people with GBM is poor. People with GBM typically survive 15 months following diagnosis. There is a 50% mortality rate at 12 months post-diagnosis, and a 95% mortality rate at 5 years post-diagnosis.

15 months

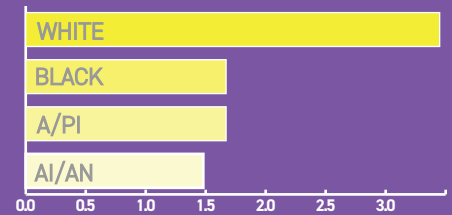
GBM is most prevalent in older adults. The median age of diagnosis is 64. However, it is being seen more often in adolescents and young adults (ages 19-39); more research is underway to determine the cause.



The incidence rate of GBM is nearly 1.7x higher in men than in women. It is believed that this may be linked to testosterone. Additionally, women tend to respond better to treatment and live longer after diagnosis.



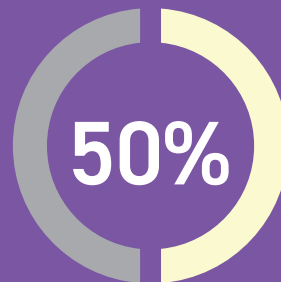
Whites have the highest incidence rate of GBM, followed by Blacks, Asian/Pacific Islanders, and American Indian/Alaskan Natives. Non-Hispanics also have a higher incidence rate than Hispanics.



Various molecular markers are associated with glioblastomas. The presence or absence of these markers can impact response to treatment and prognosis. Patients can exhibit multiple types of markers simultaneously.



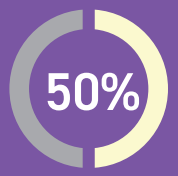
IDH-WILDTYPE



MGMT PROMOTER METHYLATED



EGFR AMPLIFIED



EGFR-VIII

Of all EGFR Amplified, 50% exhibit EGFR-VIII.



GLIOBLASTOMA FOUNDATION