**Purpose**
This activity is intended to provide healthcare professionals with clinical information that will contribute to improving competence in the treatment or management of adult patients with glioblastoma.

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**The Cancer Institute of New Jersey**

*Lecture Location:*
Clinical Academic Building at University of Medicine and Dentistry of New Jersey • Robert Wood Johnson Medical School
Room 1302
125 Patterson Street
New Brunswick, NJ 08901

**Thursday, November 5, 2009**
5:30 PM - Registration/Dinner • 6:00 PM - Lecture

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**RSVP by Thursday, October 29, 2009**

**SPEAKER**
Andrew B. Lassman, MD
*Assistant Member, Department of Neurology*
*Training Program Director, Neuro-Oncology Fellowship*
Memorial Sloan-Kettering Cancer Center
New York, New York

**REGISTER BY CONTACTING NURSING EDUCATION:**
E-mail: nursinged-cinj@umdnj.edu • Phone: 732-235-8784

**TENTATIVE MEETING AGENDA**
Program Overview ..................... 5 minutes
Presentation .............................. 45 minutes
Q & A Session ............................ 10 minutes
**Target Audience**
This activity is designed to meet the educational needs of medical oncologists, radiation oncologists, neuro-oncologists, neurologists, neurosurgeons, pharmacists, oncology nurses, and registered nurses involved in the care of adult patients with glioblastoma.

**Statement of Need**
Glioblastomas account for roughly 50% of all primary brain and central nervous system tumors. These types of brain tumors appear to be associated with genetic alterations of several critical signaling and tumor suppressor pathways. Symptoms of glioblastoma can vary, and a precise diagnosis often cannot be made until after resection; nevertheless, healthcare professionals should be aware of new imaging technologies that can offer more preliminary information about tumor characteristics before a management strategy is selected.

Chemotherapy continues to be used as an adjunct to surgery and irradiation, but treatments are still generally noncurative; more than 50% of patients with glioblastoma die within 18 months of diagnosis. There is hope for improving these outcomes, however, if healthcare professionals gain a better understanding of chromosomal risk factors, new radiation therapy techniques, and strategies to overcome obstacles related to blood–brain barrier penetration.


**Educational Objectives**
After completing this activity, the participant should be better able to:

- Describe the epidemiology of adult glioblastoma
- Outline the role of surgery, radiation therapy, and chemotherapy in the initial treatment of adult glioblastoma
- Review treatment options for recurrent glioblastoma
- Identify treatment challenges in special patient populations
- Review emerging therapies for adult glioblastoma