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Topic: The Safety and Effect of Sub-Lobectomy on the Treatment of Glioblastoma Patients

Background: Surgical resection is critical for glioblastoma treatment, with recent studies advocating for extended resection beyond visible contrast enhancement (CE) margins to improve prognosis. Here, we introduce the concept of sub-lobectomy, which refers to resection of gliomas according to anatomical landmarks of cerebral lobes or more defined lobules supported by advanced neuronavigation and intraoperative mapping.

Methods: We analyzed data from 992 newly diagnosed adult glioblastoma patients treated by a single surgeon at Huashan Hospital, Fudan University, from 2010 to 2021. Patients were categorized into sub-lobectomy (128 cases) and non-sub-lobectomy groups (205 cases).

Results: The sub-lobectomy group showed significantly improved median OS and PFS (26.4 months and 17.2 months) compared to the non-sub-lobectomy group (18.4 months and 12.1 months). Additionally, sub-lobectomy did not lead to significant declines in postoperative quality of life or neurological function.

Conclusion: Sub-lobectomy, adhering to anatomical resection criteria, enhances survival outcomes for glioblastoma patients without compromising safety. This study provides critical evidence for incorporating sub-lobectomy in glioblastoma treatment protocols.