

daily life, and symptom burden following this treatment approach. Analysis using MD Anderson Symptom inventory (MDASI) scores also revealed reduction of pain severity and significant improvement in their general activities following this treatment approach. With a median survival of 16.7 months as expected for this patient population, evaluation of these PROs is a critical assessment tool to gain information about the efficacy of such technical advances in surgery and radiosurgery.

Among various strategies explored to minimize well known effects of radiotherapy-induced neurocognitive decline and resultant impact on health-related QoL in brain tumor patients, several drug-related approaches have been examined that may mitigate these effects. Naughton *et al* report the QoL component of the phase III randomized trial of pharmaceutical intervention strategy using donepezil in brain tumor patients. Although the trial had not shown any significant improvement in the chosen primary endpoint of neurocognition, the present analysis did show significant improvement in social and emotional well-being, other concerns/brain, and the overall FACT-Br scores within the 12-week evaluation window. Interestingly, the benefit of donepezil was particularly and significantly more obvious in patients with considerable baseline symptoms. Patients with fewer baseline symptoms on the other hand randomized to receive donepezil as compared to placebo reported significantly lower functional well-being at 12 and 24 weeks post-evaluation along with greater fatigue at 24 weeks. These are likely to be important findings, which if proven in appropriately designed prospective studies, can help us to utilize donepezil judiciously in carefully selected patient populations.

Armstrong *et al* provide us unique insights into identification of patients with gliomas likely to have moderate to severe fatigue, a commonly reported and distressing symptom. The study was based on a retrospective evaluation of occurrence of fatigue in 176 consecutive patients (median age of 47 years) with newly diagnosed malignant glioma. Apart from previously known factors such as age and poor performance status, unique single-nucleotide polymorphisms (SNPs) were also identified that significantly correlate with occurrence and severity of fatigue. This encouraging preliminary study adds credence to the possible potential predictor association of unique genetic susceptibility of patients to the development of fatigue because of disease and treatment. A well-designed study is warranted to confirm these promising findings, and this may well prove to be a useful tool in identifying appropriate patient populations while designing various clinical trials, with a possible impact on routine practice as well.

The final paper in the issue reports important findings in identifying potential factors that may influence compliance during collection of PROs in clinical neuro-oncology setups. The chief reasons for declining participation or dropping out during follow-up in this study included patients diagnosed with glioblastoma as compared to other gliomas, the presence of motor dysfunctions, low KPS, and poor physical and motor functioning. Within some limitations, the study highlights aspects of patient and clinical factors impacting compliance towards collection of PROs in brain tumor patients that will be useful to consider during the design of clinical trials in terms of study sample size and other parameters.

## Corrigenda

### Residual enhancing disease after surgery for glioblastoma: evaluation of practice in the United Kingdom

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