A diagnosis of a malignant brain tumor is devastating to patients and their families. The patients’ inevitable loss of independence, which can occur suddenly or gradually, is tragic, and the eventual complete dependence can be overwhelming to the family and caregivers. Glioblastoma multiforme (GBM) is the most common type of primary malignant brain tumor in adults and is associated with a disproportionately high mortality rate. The highly malignant tumor grows rapidly and has a tendency to recur through treatment. The brain itself presents a multitude of barriers to treatment, such as tumor location, accessibility for surgery, and the blood-brain barrier’s natural protection. Despite access to optimal multimodality treatment, patients diagnosed with GBM have a low survival rate. Patients and families need emotional and practical support throughout the continuum of this devastating disease. Astute neurologic assessment skills and immediate and appropriate interventions are required to maintain the patient’s functional status. This article provides an overview of the treatment of GBM and reviews how oncology nurses can intervene to positively improve the quality of life of patients and their families.

At a Glance
- Glioblastoma multiforme is a rare cancer with a poor prognosis.
- Treatment is multimodal, using surgery, radiation, chemotherapy, and targeted therapies, with the overall goal of extending survival while maintaining quality of life.
- Nursing interventions designed to address the unique supportive care needs of this population can positively impact patients and their families.

Clinical Presentation

Clinical presentation of glioblastoma multiforme (GBM) varies depending on the location of the tumor and the anatomic structures of the involved brain (Lobera, 2009). The most common symptoms at presentation are headache, seizure, motor weakness, and progressive neurologic deficit (Brandes et al., 2008). These symptoms typically develop over days.