



Immunotherapy for Quality of Life and Palliative Care in Neuro-oncology

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INTRODUCTION

Immunotherapy has become a groundbreaking approach in the treatment of various cancers, including brain tumors. While its primary focus is often on prolonging survival, the impact of immunotherapy on the quality of life and palliative care in neuro-oncology is increasingly recognized as an essential aspect of patient management. This article explores how immunotherapy contributes to enhancing the quality of life and provides palliative care benefits for patients with brain tumors. Immunotherapy leverages the body's immune system to target and destroy cancer cells. These treatments aim to improve the prognosis for patients with aggressive brain tumors such as glioblastoma multiforme. Immunotherapy can help manage and reduce symptoms associated with brain tumors. For instance, oncolytic viruses not only target cancer cells but can also stimulate an immune response that alleviates tumor-related symptoms such as headaches, seizures, and neurological deficits. By reducing the tumor burden, patients often experience a significant improvement in their daily functioning and overall well-being.

DESCRIPTION

Cognitive impairment is a common issue for brain tumor patients, severely affecting their quality of life. Immunotherapies that effectively target and shrink tumors can help preserve cognitive functions. Moreover, research is ongoing into immunotherapeutic strategies that specifically protect or restore cognitive abilities impacted by both the tumor and its treatment. The psychological burden of living with a brain tumor can be overwhelming. Successful immunotherapy treatments can provide patients with a sense of hope and control over their disease, leading to improved mental health. Additionally, some immunotherapy approaches are associated with fewer side effects compared to conventional treatments like chemotherapy and radiation, further contributing to better

psychological well-being. Pain is a significant concern for many brain tumor patients. Immunotherapy can reduce tumor size and associated inflammation, leading to decreased pain. For example, checkpoint inhibitors and CAR T-cell therapies that achieve partial or complete tumor responses can directly impact pain levels, providing substantial relief and reducing the need for narcotic pain medications. Traditional cancer treatments often come with debilitating side effects that can diminish the quality of life. Immunotherapy, particularly when tailored to the patient's specific tumor profile, tends to have a more favorable side effect profile. This reduction in adverse effects means patients can maintain a better quality of life during treatment. While extending survival is a primary goal, it is equally important that this extended time is of good quality. Immunotherapy has shown promise in not only prolonging life but doing so in a manner that allows patients to enjoy more meaningful and productive time with their families and friends. Treatments that minimize hospitalizations and allow patients to continue with their daily activities contribute significantly to the quality of life [1-4].

CONCLUSION

Immunotherapy in neuro-oncology offers more than just hope for extended survival; it significantly impacts the quality of life and palliative care. By managing symptoms, preserving cognitive function, and improving psychological well-being, immunotherapy provides a holistic benefit to brain tumor patients. As research advances and personalized approaches become standard, the integration of immunotherapy into palliative care will likely continue to evolve, offering patients a better quality of life during their treatment journey. Continued research into combining immunotherapy with other modalities, such as targeted therapies, radiation, and supportive care strategies, holds promise for even better outcomes. These combinations may offer synergistic benefits that enhance both

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the efficacy of the treatment and the quality of life for patients.

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CONFLICT OF INTEREST

The author declares there is no conflict of interest in publishing this article.

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