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### **Primary spinal cord glioma: a Surveillance, Epidemiology, and End Results database study.**

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To characterize the overall survival (OS) and cause specific survival (CSS), and variables affecting outcome, in patients with primary spinal cord astrocytoma (SCA) and ependymoma (SCE). About 664 patients with SCA and 1,057 patients with SCE were analyzed using the Surveillance, Epidemiology, and End Results database. For grade 1, 2, 3 and 4 SCA, the 5-year OS was 82, 70, 28 and 14%; the 5-year CSS was 89, 77, 36 and 20%. For SCA, lower grade, younger age, and undergoing resection significantly improved OS and CSS; treatment without radiotherapy was favorable for CSS. Smaller tumor size also improved survival. For grade 1, 2, and 3 SCE, the 5-year OS was 92, 97 and 58%; the 5-year CSS was 100, 98 and 64%. For SCE, lower grade, younger age, and undergoing resection significantly improved OS and CSS; treatment without radiotherapy was favorable for OS. Smaller tumor size did not confer a survival benefit. Patients with resected grade 2 spinal cord glioma who did not receive radiotherapy fared well with respect to OS and CSS. For patients with spinal cord glioma, the variables of histology, grade, age and undergoing resection are significant predictors of outcome. Though treatment with radiotherapy was associated with worse outcomes, this may reflect a bias in that patients who underwent radiotherapy were perhaps more likely to have had adverse risk factors. Given the retrospective nature of this study, specific recommendations about which situations warrant radiotherapy cannot be determined.

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