Recurrent malignant gliomas.
Kirkpatrick JP¹, Sampson JH².

Author information
¹Department of Radiation Oncology, Duke Cancer Institute, Durham, NC; Department of Surgery, Duke Cancer Institute, Durham, NC. Electronic address: john.kirkpatrick@dm.duke.edu.
²Department of Radiation Oncology, Duke Cancer Institute, Durham, NC; Department of Surgery, Duke Cancer Institute, Durham, NC.

Abstract
In almost all patients, malignant glioma recurs following initial treatment with maximal safe resection, conformal radiotherapy, and temozolomide. This review describes the many options for treatment of recurrent malignant gliomas, including reoperation, alternating electric field therapy, chemotherapy, stereotactic radiotherapy or radiosurgery, or some combination of these modalities, presenting the evidence for each approach. No standard of care has been established, though the antiangiogenic agent, bevacizumab; stereotactic radiotherapy or radiosurgery; and, perhaps, combined treatment with these 2 modalities appear to offer modest benefits over other approaches. Clearly, randomized trials of these options would be advantageous, and novel, more efficacious approaches are urgently needed.

Copyright © 2014 Elsevier Inc. All rights reserved.

PMID: 25219814 [PubMed - in process]