Astrocytic gliomas WHO grades II and III.
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Abstract
World Health Organization grades II and III lower-grade astrocytomas are a challenging area in neuro-oncology. On the one hand, for proper diagnosis, the analysis of molecular factors, especially mutation status of isocitrate dehydrogenase and 1p/19q status in the tumor status needs to be done in addition to classical neuropathology. Further, the high clinical and prognostic value of a maximal safe resection requires a profound knowledge of presurgical diagnosis and surgical as well as imaging techniques to ensure optimal outcome for patients. Also medical treatment may be more intensive than previously believed, with randomized trials providing evidence for a benefit in overall survival by combined chemoradiation versus radiation alone. A critical problem concerns the considerable undesirable effects of therapeutic interventions on long-term health-related quality of life, cognitive and functional outcome as well as future developments in this still difficult disease that will need to be addressed in future trials.

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KEYWORDS: 1p/19q co-deletion; MGMT; TERT; awake craniotomy; isocitrate dehydrogenase (IDH); molecular classification

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