In Reply: Reoperation for Recurrent High-Grade Glioma: Does Tumor Genetics Play a Role?

We appreciate the interest raised by our article and this thoughtful letter questioning the role that tumor genetics might play in determining which patients with high-grade glioma benefit from reoperation at recurrence.1 As the authors pointed out, many of the previously published studies assessing the role of reoperation lack proper controls and are fraught with at least some degree of selection bias. The goal of our review was to present a systematic analysis that might serve as a guide for clinical decision making.

No one will debate the value that cellular and molecular analysis has added to enhance both diagnosis and clinical stratification in patients with glioma. There are, however, no published reports examining the impact that tumor genetics and molecular characterization might have on survival outcomes following reoperation at the time of recurrence. As the authors point out, several studies have compared O6-methylguanine-DNA methyltransferase promoter methylation status change from first surgery for newly diagnosed glioblastoma and second surgery for recurrence: clinical implications. Neuro Oncol. 2010;12(3):283-288.


