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EANS-EANO Guidelines on the extent of resection in gliomas

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Abstract

Intense efforts are employed to optimize neurosurgical resection of gliomas in different clinical scenarios. However, the level of evidence employed towards personalised treatment decisions is still moderate. Therefore, a joint task force was created by the European Association for Neurosurgical Societies (EANS) and the European Association of Neuro-Oncology (EANO) in order to provide interdisciplinary guidance on the extent of resection (EOR) in glioma surgery. This task force assessed the data on the EOR in gliomas, evaluated the level of evidence and composed recommendations. The EOR is determined routinely by postoperative magnetic resonance imaging (MRI). Since EOR may be associated with survival and may have an impact on epilepsy, neurocognition, quality of life, neurological status and also on planning of radiation and pharmacotherapy (evidence classes I-IV), recommendations of different levels can be made for the resection of newly diagnosed glioblastomas (level A), recurrent glioblastomas (level C), newly diagnosed (level B) and recurrent (good practice point) IDH mutant gliomas, ependymomas in children (level B) and adults (good practice point) as well as World Health Organization (WHO) CNS grade 1 tumors (good practice point). We hereby report the outcome of this collaborative effort by the joint task force between EANS and EANO.

Keywords: Glioma; glioblastoma; prognosis; resection; surgery; survival.

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