Review Curr Opin Oncol. 2025 Nov 1;37(6):589-594. doi: 10.1097/CCO.0000000000001193.
Epub 2025 Sep 12.

Open questions on vorasidenib

Antoine Seyve [1], François Ducray [1 2]

Affiliations
PMID: 41029964 DOI: 10.1097/CCO.0000000000001193

Abstract

Purpose of review: Vorasidenib has demonstrated efficacy in isocitrate dehydrogenase (IDH)-mutant grade 2 gliomas that do not require immediate oncological treatment. Here, we summarize open questions regarding its long-term benefit, its optimal use in IDH-mutant grade 2 gliomas as well as its potential use in grade 3 and 4 IDH-mutant gliomas.

Recent findings: In IDH-mutant grade 2 gliomas, vorasidenib may act as a differentiation therapy. Updated results from the INDIGO trial suggest an additional effect on seizure control. Volumetric analysis and amino acid PET imaging may improve response assessment. However, long-term follow-up and new clinical trials will be needed to determine whether first-line vorasidenib preserves cognition, quality of life and improves overall survival. Since contrast-enhancement rather than histological grade appears to be more closely associated with disease control, selected grade 3 IDH-mutant gliomas might also benefit from first-line vorasidenib. Ongoing trials are evaluating vorasidenib as maintenance therapy after radiochemotherapy, and in association with chemotherapy and different immunotherapies.

Summary: While vorasidenib is becoming the first-line treatment in the majority of IDH-mutant grade 2 gliomas, we are progressively learning how it works, how it should be used and in which contexts beyond grade 2 IDH-mutant gliomas it could be beneficial.

Keywords: astrocytoma; glioma; isocitrate dehydrogenase 1; isocitrate dehydrogenase 2; oligodendroglioma; vorasidenib.