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INDI-NO-GO: A Recommendation for Caution with Use of Isocitrate Dehydrogenase Inhibitors for High-Risk, Low-Grade Gliomas

Because the patient meets high-risk criteria given an age >40 years and subtotal resection per the Radiation Therapy Oncology Group 9802, we would recommend postoperative proton therapy to 54 Gy/30 fractions with a 1 cm margin from the postoperative fluid-attenuated inversion recovery changes anatomically tailored, followed by adjuvant procarbazine, lomustine (also called CCNU), and vincristine therapy.[1,2]

Our recommendation would not change given the patient meeting high-risk criteria based on his age. Other clinical factors that lean us toward this recommendation would be bulky disease, symptomatic presentation, and astrocytoma histology.

To assess imaging characteristics concerning for high-grade transormation, one can consider amino acid positron emission tomography imaging such as fluoroethyl-l-tyrosine (18F).[3] If no avid disease was noted, given the patient's young age, then we could recommend vorasadenib as per the INDIGO trial with close magnetic resonance imaging brain surveillance quarterly (every 3 months), with a recommendation for early salvage radiation therapy (RT) with similar dosing as noted above at the time of radiographic progression on vorasidenib.

We do not recommend the use of upfront vorasidenib for patients meeting high-risk criteria given the lack of durable response. For young patients who elect for observation after initial gross total resection and have asymptomatic subtle radiographic progression, we believe that vorasidenib merits consideration versus discussion of treatment as per the Radiation Therapy Oncology Group 9802, with the caveat that this requires extensive patient counseling on the lack of prolonged response and the need for close radiographic surveillance with RT at the time of further progression. However, in patients with symptomatic recurrence, we would recommend RT with or without surgery as indicated given the importance of long-term local control.

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