Anaplastic meningioma treatment

Achieving GTR is a favourable treatment strategy for patients with anaplastic meningioma (AM) and postoperative radiotherapy (PRT) after resection is essential ¹⁾.

Few medical options are available for progressive/recurrent and atypical/anaplastic meningiomas. New developments in chemotherapeutic options for meningiomas have been explored over the past decade.

Combination therapies affecting multiple molecular targets are currently opening up and present significant promise as adjuvant therapeutic options. However, there is an evident need for new molecular studies in order to better understand the biology of meningiomas and, thus, to identify new and more specific therapeutic targets ²⁾.

Radiotheraphy

For these high-grade lesions, conventional external beam radiation is delivered to either the residual tumor or the surgical resection margin. The optimal timing of radiation, either immediately following surgical resection or at the time of recurrence, is yet to be determined. Additionally, another method of radiation delivery, brachytherapy, can be administered locally at the time of surgery for recurrent lesions. Altogether, the complex nature of WHO grade II and III meningiomas requires careful treatment planning and delivery by a multidisciplinary team ³⁾.

Chemotheraphy

see Anaplastic Meningioma Chemotherapy.

1)

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2)

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3)

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