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- Brain tumor treatment
 - RANO criteria for response assessment of brain metastases based on amino acid PET imaging
 - Fusion-Brain-Net: A Novel Deep Fusion Model for Brain Tumor Classification
 - Employing Consensus-Based Reasoning with Locally Deployed LLMs for Enabling Structured Data Extraction from Surgical Pathology Reports
 - Unique Presentation of Glioblastoma With Acute Onset Symptomatology and Disease Recurrence
 - Transient Response to Liberation Maneuvers in Central Positional Nystagmus Due to Cerebral Metastases Mimicking Benign Paroxysmal Positional Vertigo- A Case Report
 - Safflower Yellow Pigment Alleviates Cerebral Ischemia-Reperfusion Injury via Protein Nitration and Oxidative Modulation
 - Cryptotanshinone promotes ferroptosis in glioblastoma via KEAP1/NRF2/HMOX1 signaling pathway
 - Brain tumor classification using MRI images and deep learning techniques

Conventional brain tumor treatment includes surgery, radiotherapy, and chemotherapy. However, resistance to treatment remains a problem with recurrence shortly following. The resistance to treatment may be caused by cancer stem cells (CSCs), a subset of brain tumor cells with the affinity for self-renewal and differentiation into multiple cell lineages.

Physicians treating patients with brain tumors face a subgroup of well-educated people aiming to independently verify and possibly supplement and/or modify their prescribed care. With the steadily increasing use of internet resources, this approach can be expected to expand. Physicians should be prepared to deal appropriately with this subgroup of patients and their relatives to ensure that self-help activities support but do not endanger optimal care ¹⁾.

Dexamethasone for brain tumor treatment

Dexamethasone for brain tumor treatment

Brain tumor surgery

The recommended first-line treatment for most brain tumors is undelayed aggressive resection²).

see brain tumor surgery.

People diagnosed with brain tumours enter new and unfamiliar worlds in which they must make complex and previously unimaginable decisions about care, treatment and how to live their lives.

While decisions are increasingly based around care pathways, these are embedded in values that often fail to accord with those of patients. In this article, we examine the cases of people with a brain tumour and how they, their families and healthcare professionals navigate and intervene in the course of life-threatening disease. We use ethnographic data (2014-16) and modified social theory to highlight: (1) patients' interpretations of disease and care and how they might differ from dominant biomedical logics; (2) complexity and contingency in care decisions; (3) rapid and unanticipated change owing to disease and bodily change; and (4) how people find ways through a world that is continually in motion and which comes into being through the combined action of human and non-human agencies. Our modified 'healthscapes' approach provides an analytic that emphasises the constant precariousness of life with a brain tumour. It helps to explain the times when patients' feel bumped off the pathway and moments when they themselves step away to make new spaces for choice ³.

Lovastatin for brain tumor treatment

Lovastatin for brain tumor treatment.

CAR-T cell Therapy for brain tumor treatment

Tremendous success using CAR-T cell Therapy in hematological malignancies has garnered significant interest in developing such treatments for solid tumors, including brain tumors. This success, however, has yet to be mirrored in solid organ neoplasms. CAR-T cell function has shown limited efficacy against brain tumors due to several factors including the immunosuppressive tumor microenvironment, blood-brain barrier, and tumor-antigen heterogeneity. Despite these considerations, CAR T-cell therapy has the potential to be implemented as a treatment modality for brain tumors. Here, we review adult and pediatric brain tumors, including glioblastoma, diffuse midline gliomas, and medulloblastomas that continue to portend a grim prognosis. We describe insights gained from different preclinical models using CAR T therapy against various brain tumors and results gathered from ongoing clinical trials. Furthermore, we outline the challenges limiting CAR T therapy success against brain tumors and summarize advancements made to overcome these obstacles.

Glioblastoma CAR-T cell therapy

1)

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2)

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