

Chordoma treatment

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Surgical [resection](#) with adjuvant [radiotherapy](#) is the first-choice [treatment](#) modality.

Chordoma has a high rate of local [recurrence](#) after surgery. The best treatment paradigm is still being evaluated.

Studies reporting the use of conventional radiotherapy (CRT), [stereotactic radiotherapy](#) (SRT), [proton therapy](#), and carbon-ion therapy were identified in several databases. A fixed-effects model was used to perform a [metaanalysis](#) of 3-, 5-, and 10-year overall survival. The χ^2 test was used to compare pooled estimates for each treatment type.

Twenty-five studies were included in this meta-analysis. The results showed that the 3-, 5-, and 10-year overall survival rates were higher for SRT, proton therapy, and carbon-ion therapy than for CRT. The 10-year overall survival was higher for proton therapy than for SRT.

Zhou et al., revealed that particle therapy was more effective following surgery for chordoma than CRT. After 10 years, proton therapy was more beneficial than SRT. However, future studies should include more studies to enable accurate meta-analysis and better exploration of prognosis ¹⁾.

In 2014 the most novel finding was the identification of [brachyury](#) in the disease process ²⁾.

¹⁾

Zhou J, Yang B, Wang X, Jing Z. Comparison of the effectiveness of radiotherapy with photons and particles for chordoma after surgery: a meta-analysis. World Neurosurg. 2018 Jun 4. pii: S1878-8750(18)31163-X. doi: 10.1016/j.wneu.2018.05.209. [Epub ahead of print] Review. PubMed PMID: 29879512.

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Yakkioui Y, van Overbeeke JJ, Santegoeds R, van Engeland M, Temel Y. The origin of chordoma. Biochim Biophys Acta. 2014 Sep 2. pii: S0304-419X(14)00065-1. doi: 10.1016/j.bbcan.2014.07.012. [Epub ahead of print] Review. PubMed PMID: 25193090.

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