

Craniopharyngioma treatment

Variable treatment modalities are available, including surgery, [radiation therapy](#), alternative surgeries, and intracystic therapies or combinations of them, their common goal is to reduce immediate and long-term morbidity while preserving these functions. Multiple attempts have been made to re-evaluate surgical and irradiation strategies in order to optimize their complication and morbidity profile. However, despite significant advances in “function-sparing” approaches, such as limited surgery and improved technologies of radiation therapies, achieving interdisciplinary consensus on the optimal treatment algorithm remains a challenge. Furthermore, there remains a significant span of improvement given the number of specialties involved as well as the complex and chronic nature of CP disease ¹⁾.

Children with craniopharyngiomas (CPs) typically suffer from a life-long chronic disease. The younger the child, the more vulnerable the maturing brain is to invasive therapies such as [craniopharyngioma surgery](#) or [craniopharyngioma radiotherapy](#). Therefore, treatment modalities facilitating avoidance or delay of [invasive](#) therapies are beneficial for these patients. In the last decade, intracystic injection of [interferon-alfa-2a](#) or [alfa-2b](#) evolved as a treatment of choice based on efficacy and minor [toxicity](#). However, the drug is no longer available internationally. After an extensive pharmacological review, peginterferon alfa-2a was identified as the agent with closest similarity.

Surgery

see [Craniopharyngioma surgery](#).

Radiotherapy

[Craniopharyngioma radiotherapy](#).

¹⁾
Lohkamp LN, Kasper EM, Pousa AE, Bartels UK. An update on multimodal management of craniopharyngioma in children. Front Oncol. 2023 May 5;13:1149428. doi: 10.3389/fonc.2023.1149428. PMID: 37213301; PMCID: PMC10196165.

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