

Hormone therapy in meningioma

Meningiomas are associated with several **sex hormones**-related risk factors and demonstrate a predominance in **females**. These associations led to **investigations** of the role that **hormones** may have on meningioma growth and development. While it is now accepted that most meningiomas express **progesterone** and **somatostatin receptors**, the conclusion for other receptors has been less definitive.

Miyagishima et al. performed a **review** of what is known regarding the relationship between hormones and meningiomas in the published literature. Furthermore, they reviewed **clinical trials** related to hormonal agents in meningiomas using MEDLINE PubMed, Scopus, and the NIH clinical trials database.

They identified that all steroid-hormone trials lacked receptor identification or positive receptor status in the majority of patients. In contrast, four out of five studies involving **somatostatin analogs** used positive receptor status as part of the inclusion criteria.

Several clinical trials have recently been completed or are now underway using somatostatin analogs in combination with other therapies that appear promising, but a reevaluation of hormone-based monotherapy is warranted. Synthesizing this evidence, they clarified the remaining questions and present future directions for the study of the biological role and therapeutic potential of hormones in meningioma and discuss how the stratification of patients using features such as grade, receptor status, and somatic mutations, might be used for future trials to select patients most likely to benefit from specific therapies ¹⁾

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Miyagishima DF, Moliterno J, Claus E, Günel M. Hormone therapies in meningioma-where are we? J Neurooncol. 2022 Nov 23. doi: 10.1007/s11060-022-04187-1. Epub ahead of print. PMID: 36418843.

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