

# Intraventricular meningioma treatment

As is the case with other meningiomas, provided complete excision is possible, surgical excision is curative and therefore the treatment of choice.

## Surgery

### Intraventricular meningioma surgery

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A systematic review of the literature for primary stereotactic radiosurgery for intraventricular meningiomas was conducted. The retrospective series presented here comprised 33 patients who received primary stereotactic radiosurgery between 1999 and 2015 for a radiologically detected intraventricular meningioma. Demographic, diagnostic, and therapeutic data were extracted from medical records, imaging, and treatment-planning systems. Both standalone and pooled analysis were performed.

Results: The mean patient age was 53 years, and 24 patients (73%) were female. The median Karnofsky performance status pretreatment was 80 (range, 60-100). The majority of lesions were located in the lateral ventricles (n = 32; 97%). The mean tumor volume was 8.7 cm<sup>3</sup> (range, 0.6-44.55 cm<sup>3</sup>). The mean delivered dose was 1390.9 cGy. Complete imaging follow-up data were available for 21 patients (64%). Of those, 14 (67%) showed partial or marginal response, 7 (33%) had stable disease, and no patient progressed per Response Assessment in Neuro-Oncology criteria. On last follow-up, 32 patients (97%) had significant improvement in performance status and a decrease in pretreatment symptoms. No high-grade Common Terminology Criteria for Adverse Events (version 5.0) toxicity was observed with the dose range employed.

Conclusions: Primary stereotactic radiosurgery for intraventricular meningiomas shows excellent treatment efficacy and low toxicity in patients with a long follow-up period. The best therapeutic algorithm remains to be established leveraging further clinical investigation <sup>1)</sup>.

<sup>1)</sup>

Christ SM, Farhadi DS, Junzhao S, Mahadevan A, Thormann M, Lam FC, Yu X, Kasper EM. Efficacy and Safety of Primary Stereotactic Radiosurgery in Patients With Intraventricular Meningiomas. *Adv Radiat Oncol*. 2022 Oct 31;8(1):101098. doi: 10.1016/j.adro.2022.101098. PMID: 36407683; PMCID: PMC9666502.

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