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Hotspots in Neuro-Oncology

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Hotspots in Neuro-Oncology

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Cognitive Functions in Primary CNS Lymphoma after Single or Combined Modality Regimens

Correa DD, Shi W, Abrey LE, et al. Neuro Oncol 2012; 14: 101–8.

In the January issue, Correa and co-workers reported a comparison of cognitive function in patients with primary central nervous system lymphoma, looking at patients who were treated either with chemotherapy alone or with chemotherapy plus whole-brain radiotherapy. Not surprisingly, these 50 patients, examined in remission, revealed better cognitive function in chemotherapy-alone-treated patients, and the cognitive impairment in the irradiated patients often interfered significantly with quality of life. This study confirms many previous observations and provides also further support for the conclusion of the large randomised phase-III trial [Thiel E et al, Lancet Oncol 2010; 11: 1036–47] that proposed to withhold whole-brain radiotherapy from the primary treatment of primary central nervous system lymphoma.

Relevance of T2 Signal Changes in the Assessment of Progression of Glioblastoma According to the Response Assessment in Neurooncology Criteria

Radbruch A, Lutz K, Wiestler B, et al. Neuro Oncol 2012; 14: 222–9.

The RANO criteria were introduced to meet the concerns that the classical Macdonald criteria are no longer useful in the area of antiangiogenic treatment. In the February issue, Radbruch and colleagues from Heidelberg, Germany, examined the impact of using RANO criteria in the follow-up of glioblastoma patients. They observed initial T2 progression in 35 of 144 patients when they used an increase of 15 % of the T2 signal area as a cut-off for progressive disease. An increase in the T2 lesion predicted progression on T1 sequences with contrast enhancement. More diagnoses of progression were made when considering T2 sequences, but this was not related to the use or non-use of antiangiogenic therapy. Accordingly, progression without increasing contrast enhancement is likely to be part of the disease course unrelated to a specific type of treatment.

Consensus on the Role of Human Cytomegalovirus in Glioblastoma

Dziurzynski K, Chang SM, Heimberger AB, et al. Neuro Oncol 2012; 14: 246–55.

In the March issue, the editors decided to publish a symposium report addressing one of the more controversial issues in neuro-oncology, that is, the role of human cytomegalovirus (HCMV) in glioblastoma. Several groups have reported the expression of HCMV nucleic acids and proteins in glioma tissues. Clinical trials exploring potential anti-CMV agents as well as vaccination approaches against CMV have been discussed based on these findings. Yet, many issues regarding these reports of an association of CMV with glioblastoma have remained quite controversial. Specifically, infectious virus particles have never been harvested from glioblastoma tissues. While CMV may induce a number of alterations in human cells that are also seen in various types of cancer, not only glioblastoma, the claim of "oncomodulation," as made in this conference report, seems somewhat premature. Nevertheless, this consensus conference report is an interesting summary of thoughts of colleagues who believe in a relevant biologic role of this virus in the aetiology or pathogenesis of glioblastoma. It will be interesting to evaluate in a few years from now what is left of the consensus and expectations that were reached at this conference.

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