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## Framework and Prospects for the Latin-American Neuro-Oncology Network, RedLANO

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# Framework and Prospects for the Latin-American Neuro-Oncology Network, RedLANO



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The Latin American Neuro-Oncology Network, RedLANO, is a non-profit organization developed with the mission to engage regional specialists in developing basic, translational, and clinical research on neuro-oncology, and to serve as a source of educational content. After completing 2 years of operation, the RedLANO has produced encouraging achievements regarding the number of participating members, which currently amounts to more than 320. There has been a 355-% growth in new users' participation and the official website, <http://www.redlano.org>, has received more than 119,000 visits since its set-up in 2010 (noticeable growth happening from September 2011 onwards). The RedLANO platform received 26,000 visits between December 2011 and January 2012, such traffic becoming concentrated after the publication of the preliminary programme for the next congress which will be held in August 2012 in Panama City. Compared to January 2011, the number of visits has increased by 80 %, thereby suggesting an exponential growth throughout this year.

Most RedLANO users come from Colombia, Ecuador, Peru, México, Costa Rica, Chile, Argentina, Bolivia, Spain, the USA, Panamá, Paraguay, Puerto Rico, Uruguay, and Venezuela. Our community has managed to run 2 successful congresses and many regional meetings, encouraging and promoting knowledge regarding neuro-oncology and its related areas. Since its establishment, and as a result of the joint work by many specialists, the news section has been strengthened by the images in neuro-oncology and the interactive presentation of conferences; this segment currently offers more than 60 readily addressed products and high-quality content which is being constantly renewed.

RedLANO has also promoted the formation of a monographic follow-up record for patients suffering from high-grade gliomas, currently including more than 220 patients. The preliminary results for 171 patients having a mean age of 56 years (range: 17–84), males predominating (56 %), were presented during the ASCO meeting 2011. 82 % of the patients had glioblastomas (most being primary ones); 59 % of them were treated by cytoreduction and a biopsy was performed on 23 % of them. 77 % of the patients completed the treatment scheme proposed by Stupp et al [1], involving a 58.2-Gy median radiation dose and an average of 5 ± 3 temozolomide cycles (excluding concomitance). Pseudoprogression was found in 20 % of the patients, median overall survival (OS) was 15.8 months (11.9–19.7 months; 95-% CI) and progression time

was 4.1 months (2.9–5.3 months, 95-% CI). The survival rates at one and 2 years were 69 % and 31 %, respectively; retrospective analysis revealed that patients aged less than 50 years ( $p = 0.0001$ ) had a more prolonged OS as they had a better postoperative functional state ( $p = 0.05$ ) and better stratification according to the RPA classification ( $p = 0.04$ ). Seventy-one patients (41 %) were treated with second-line treatment at the time of progression (combinations with bevacizumab [32], temozolomide in dense or metronomic doses [24], BCNU [14], or others [1]), achieving 66 % overall response by adding anti-angiogenic therapy and 76 % clinical benefit [1]. The state of the MGMT promoter methylation gene was evaluated in 93 patients, revealing a 15.8-month (9.0–22; 95-% CI) OS in the segment of positive patients compared to 7.6 months (5.5–9.6; 95-% CI) for those who proved negative. The latter difference was statistically significant ( $p = 0.001$ ) [2].

These achievements have shown RedLANO's transition towards maturity, encouraging the organisation to continue promoting advances in neuro-oncology through research and education. It is hoped that neuro-oncology will be able to integrate specialists in Latin-America during this year.

## References:

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2. Ortiz LD, Cardona AF, Fadul C, et al. Clinical outcome of concomitant chemoradiotherapy followed by adjuvant temozolomide (TMZ) therapy for high-grade gliomas (HGG) in Colombia (RedLANO registry). *J Clin Oncol* 2011; 29 (Suppl 15): # 2092.

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