Evidence-based management of adult patients with diffuse glioma

Authors’ reply
We appreciate the interest of our colleagues representing the European Low-Grade Glioma Network in the updated European Association for Neuro-Oncology (EANO) guidelines.1 Such guidelines often represent a multidisciplinary consensus that aims at providing guidance also in areas where evidence from conclusive clinical studies is limited or absent. Our colleagues miss a specific reference to the value of radiological growth rates. If we did not think that the assessment of tumour growth by neuroimaging was important, we would not have recommended regular MRI scanning to determine benefit from treatment and the need for re-intervention. However, no prospective systematic outcome study informs us on how to integrate radiological growth rates into clinical decision making, notably about timepoints of interventions. Furthermore, our colleagues are at odds with our assessment of the scientific literature on the role of surgery for adult patients with glioma. Yet, our assessment of the evidence, which is a result of multidisciplinary consensus involving leading neurosurgeons in Europe, is fully consistent with the current Cochrane review,2 which reinforces leading neurosurgeons in Europe, glioma. Yet, our assessment of the scientific literature on the role of surgery for adult patients with glioma has recently been addressed in a separate EANO guideline.3

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