LETTERS TO THE EDITOR

In Regard to Lassman et al.


The treatment of patients with anaplastic oligodendroglial tumors remains controversial. Initial treatment with radiation therapy associated or not with concomitant and/or sequential procarbazine, lomustine, and vincristine (PCV) chemotherapy is historically the most frequent approach to treat this disease. Radiation therapy has been reported for the treatment of the oligodendrogliomas since the 1960s and has been established as an effective treatment for increasing these patients’ probability of surviving 5 years after subtotal tumor resection since the 1980s.

From the RTOG 9402 and EORTC 26951 well-designed phase III trials, we have the information that patients presenting with anaplastic oligodendroglial tumors with 1p19q codeletion have better prognosis and response to treatment, either radiation or chemotherapy. The early addition of chemotherapy in these trials improved the progression-free survival but not overall survival. In addition, the neurologic function was not assessed; thus, the real impact of this approach was not fully evaluated.

The strength of this article is based on an impressive number of patients, with the retrospective analysis of >1000 patients with anaplastic oligodendroglial tumors. However, the 3 initial treatment groups (chemotherapy, radio-chemotherapy, and radiation therapy) were too heterogeneous. Most received combined radio-chemotherapy as the first treatment, demonstrating the preference of the clinicians for this approach. Seventy-three percent of the patients who received chemotherapy as the first treatment and had a known 1p19q status had a codeleted status, compared with <50% of patients from the other arms (40% chemotherapy and radiation therapy and 45% radiation therapy alone). Moreover, the majority of patients in the chemotherapy arm were treated during the 2000s (73%), implying in a better clinical support. In parallel, 61% of the patients in the chemotherapy and radiation therapy arm and only 43% of the radiation therapy arm were treated during the same period, suggesting that antique and inferior radiation therapy technique with a more heterogeneous dose prescription to the latter group might have influenced the outcome. The Karnofsky performance score is also somehow distinct among the groups, with ≥70% in the chemotherapy arm and >85% in the chemotherapy and radiation therapy arm, compared with <75% in the radiation therapy arm.

Assuming the limitations of this retrospective study, we may observe that there is significant bias in the presented data. Therefore, the authors must be cautious to suggest that “...initial treatment with chemotherapy alone may be a reasonable option for patients with 1p19q codeleted tumors...” Considering that this is not an evidence-based conclusion, they should not stimulate this approach to treatments off protocol.

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References


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