EANO Neuro-Oncology “Highlights“

In October, we have been to Germany to attend the 12th European Association of Neuro-Oncology (EANO) meeting. In this three day conference, the presentations and works highlighted by Dr. Maldaun were:

1- **Patrick Roth**  
Ratifies the role of the molecular markers, after new glioma classification

- **IDH 1** can be used for diagnosis and prognosis, but it still doesn't have a defined role on therapeutic decision making.
- **1p19q** is mandatory to establish oligodendrogloma diagnosis, has a prognostic value and also a decisive value in the response of PCV use after radiotherapy for anaplastic lesions. Also, in patients with with anaplastic tumors without codelation, presented a phase III study with a significant response on overall survival of patients using temodal adjuvant to radiotherapy.
- **MGMT** does not have diagnostic purposes, it does have prognosis and can be used as marker of good response to Temodal in wild type IDH cases (EORTC 26981); on the CCTGCE.6 study showed benefit of TMZ plus radio hipofraccionated for elderly, especially metilated patients; for non-metilated also demonstrated benefit, but more discrete.
- Mutated **BRAF** has diagnostic purposes especially when it is presented in pilocitic astrocitoma, but BRAF v600 alteration, which eventually can be a target with the use of antagonist like vemurafenibe; it occurs in 66% of the xanto astrocitomas, 18% of the gangliogloma and 9% of the pylocitic astrocitomas.

2- **Svi Ram**

- Showed preliminar results of the study, phase III IA, EF 14 study.
- **EF 14** prospective randomized study with patients with GBM recently diagnosed arm temodal after radiotherapy X arm temodal + New TTF (transcranial application of electric fields with intermittent frequencies causing interruption of the mitosis cycle of the tumor cell, leading to apoptosis). All selected cases had at least 80% resection and no progression after radiotherapy. Significant improvement was evidenced during the disease’s free time PFS p=0,001, and median overall survival 20,5 months X 15,6 months (p=0,004) proving significant benefit with the use of the New TTF; There was no description of significant complications, but 44% mild-moderated skin irritation, with no increase in neurological complications or crisis; In the tumor recurrence patients that maintained the use of the New TTF associated to bevacizumabe evolved compared to those that received bevacizumabe alone. The final results of the study will be presented at the SNO Conference next month and probably the combination of both New TTF and Temozolamide will become a first class standard treatment for GBM.
3- Mathias Preusser and Michael Weller

- Refer to the importance of better understanding the use of immunotherapy in gliomas. They highlight that the immunomodulator marker PD1 is present, in 88% and 77% of recently diagnosed GBMs and recurrent ones, respectively.
- The known performance of target therapy (like Nivolumabe and Pembrolizumabe) in cancers like melanomas and lung cancer that express PD1 alteration, with response also in brain metastasis, creates interesting perspective for the use of such target therapy in gliomas, there are already some studies evaluating this treatment in high grade gliomas. We can highlight the Checkmate 548 comparing nivolumab combined to Temodal with placebo associated to Temodal and the IVY Consortium evaluating the effect of combining pembrolizumabe to the use of bevacizumabe. The preliminary results of this study will also be presented during the SNO Conference next month.