

IT'S TIME TO PAINT A BETTER PICTURE OF HIGH GRADE GLIOMA^a

BUILDING A MULTIDISCIPLINARY APPROACH FOR TREATING HIGH GRADE GLIOMA



In a disease where the first-line standard of care involves surgery, radiation, and chemotherapy, the continued coordinated efforts of various healthcare professionals are critical factors in ensuring the best possible outcomes for patients throughout their treatment journey.

The current trend toward more effective collaboration may help improve patient care

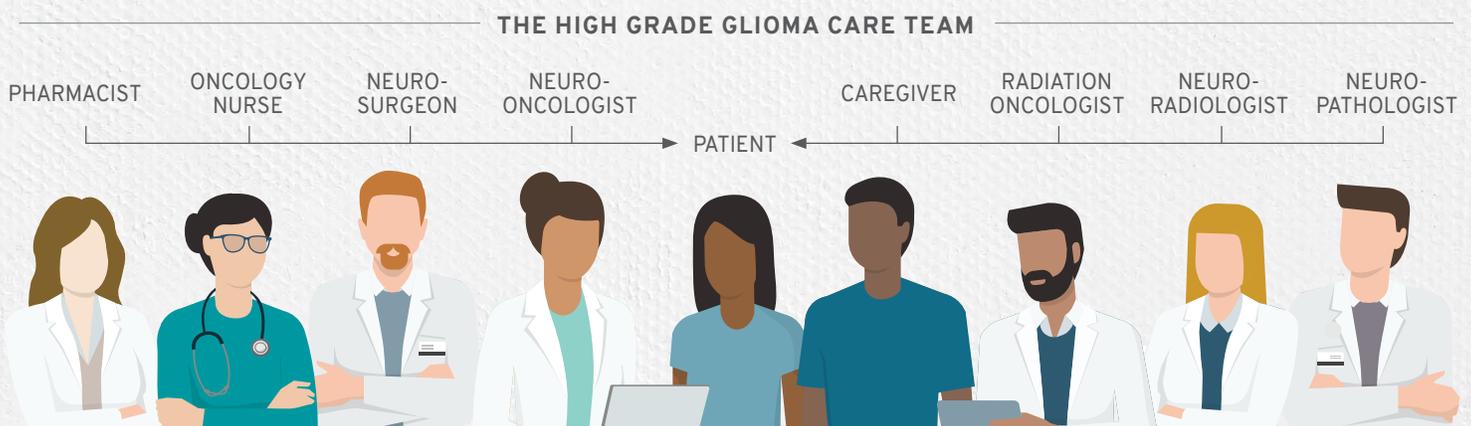
Incorporating a broad-based biological solution balanced with ongoing comprehensive expertise of a multidisciplinary team may help improve outcomes.¹

The European Society for Medical Oncology recognizes that efforts to manage high grade glioma in a multidisciplinary environment results in the best possible care.²

Current approaches including surgery, radiation, and chemotherapy provide better results when used together in a multidisciplinary approach

Referred to as the “Stupp Regimen,” named after one of its originators, Roger Stupp, the current standard of care consists of surgery followed by chemoradiation (external beam radiotherapy and temozolomide, and maintenance temozolomide).² This requires the coordinated efforts of multiple disciplines.

Guidelines recommend that patients be evaluated and the treatment plan determined by a specialized multidisciplinary team including not only neurosurgeons, and neuro and radiation oncologists, but also an expert neuropathologist and neuroradiologist.²



^aHigh grade glioma includes grade 3 (anaplastic astrocytoma, anaplastic oligodendroglioma, anaplastic ependymoma) and grade 4 (glioblastoma) gliomas, as defined by World Health Organization criteria.

A majority of patients are seen in centers with a high level of expertise and multidisciplinary teams

Recent data demonstrate a small number of centers care for a majority of patients. In fact, half of all surgeries for glioblastoma are conducted in only 58 centers, with the remaining 50% of patients undergoing surgery in one of 450 centers.³



Communication is critical for patient care

Most patients will be seen by multiple subspecialists during treatment and follow-up care, so close and regular communication among specialists across disciplines is essential. Multidisciplinary tumor boards are associated with improved quality and coordination of care and are a well-established indicator of quality in oncology care.⁴ It is recommended that these boards include experts in neuro-oncology, neurosurgery, radiation oncology, neuroradiology, and neuropathology. These boards are deemed necessary for the effective operation of a brain tumor center and high quality of patient care.⁴

Visit [FUTUREofGLIOMA.com](https://www.futureofglioma.com) to learn more

Overcoming the challenges associated with treating high grade glioma requires the continued multidisciplinary engagement of healthcare professionals from a variety of disciplines working together to share knowledge, a key element for patient care. Go to [FUTUREofGLIOMA.com](https://www.futureofglioma.com) for informative videos featuring prominent experts in neuro-oncology discussing the challenges of high grade glioma.

References: 1. Polivka J Jr, Polivka J, Holubec L, et al. *Anticancer Res.* 2017;37(1):21-33. 2. Stupp R, Brada M, van den Bent MJ, et al. *Ann Oncol.* 2014;25(suppl 3):iii93-iii101. 3. Symphony Health Report, 2018. Data on file, Tocagen. 4. Jordan JT, Sanders AE, Armstrong T, et al. *Neuro Oncol.* 2018;20(4):531-537.