

Version 1.2018

March 20, 2018

**NCCN Clinical Practice Guidelines in Oncology
(NCCN Guidelines®)**

Central Nervous System Cancers

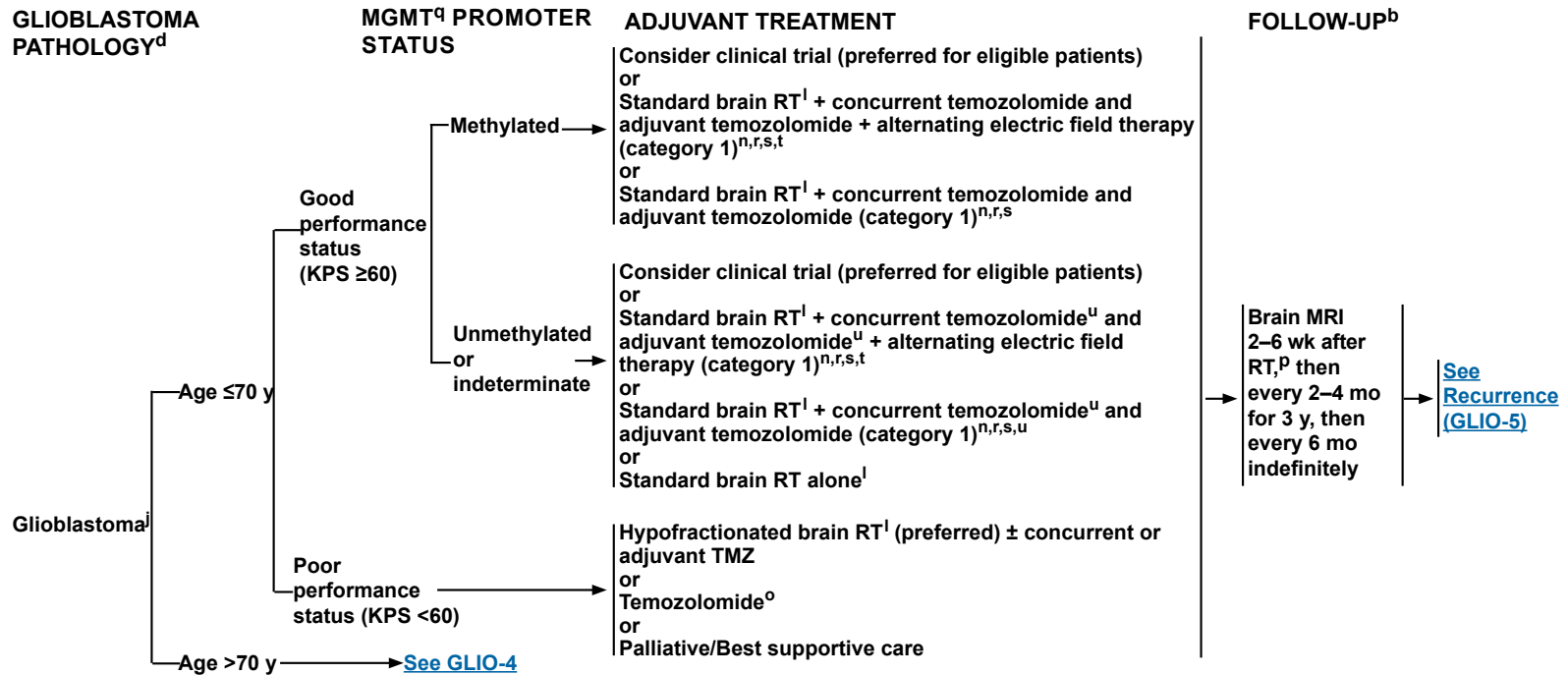
Overall management of Central Nervous System Cancers from diagnosis through recurrence is described in the full NCCN Guidelines® for Central Nervous System Cancers. Visit NCCN.org to view the complete library of NCCN Guidelines.

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Anaplastic Gliomas^a/Glioblastoma



^aThis pathway includes the classification of mixed AOA, AA, AO, and other rare anaplastic gliomas.

^b[See Principles of Brain and Spine Tumor Imaging \(BRAIN-A\).](#)

^d[See Principles of Brain Tumor Pathology \(BRAIN-F\).](#)

^jThis pathway also includes gliosarcoma.

^l[See Principles of Brain and Spinal Cord Tumor Radiation Therapy \(BRAIN-C\).](#)

ⁿ[See Principles of Brain and Spinal Cord Tumor Systemic Therapy \(BRAIN-D\).](#)

^oConsider temozolomide if tumor is MGMT promoter methylated.

^pWithin the first 3 months after completion of RT and concomitant temozolomide, diagnosis of recurrence can be indistinguishable from pseudoprogression on neuroimaging.

^qMGMT= O⁶-methylguanine-DNA methyltransferase.

^rCombination of agents may lead to increased toxicity or radiographic changes.

^sBenefit of treatment with temozolomide for glioblastomas beyond 6 months is unknown

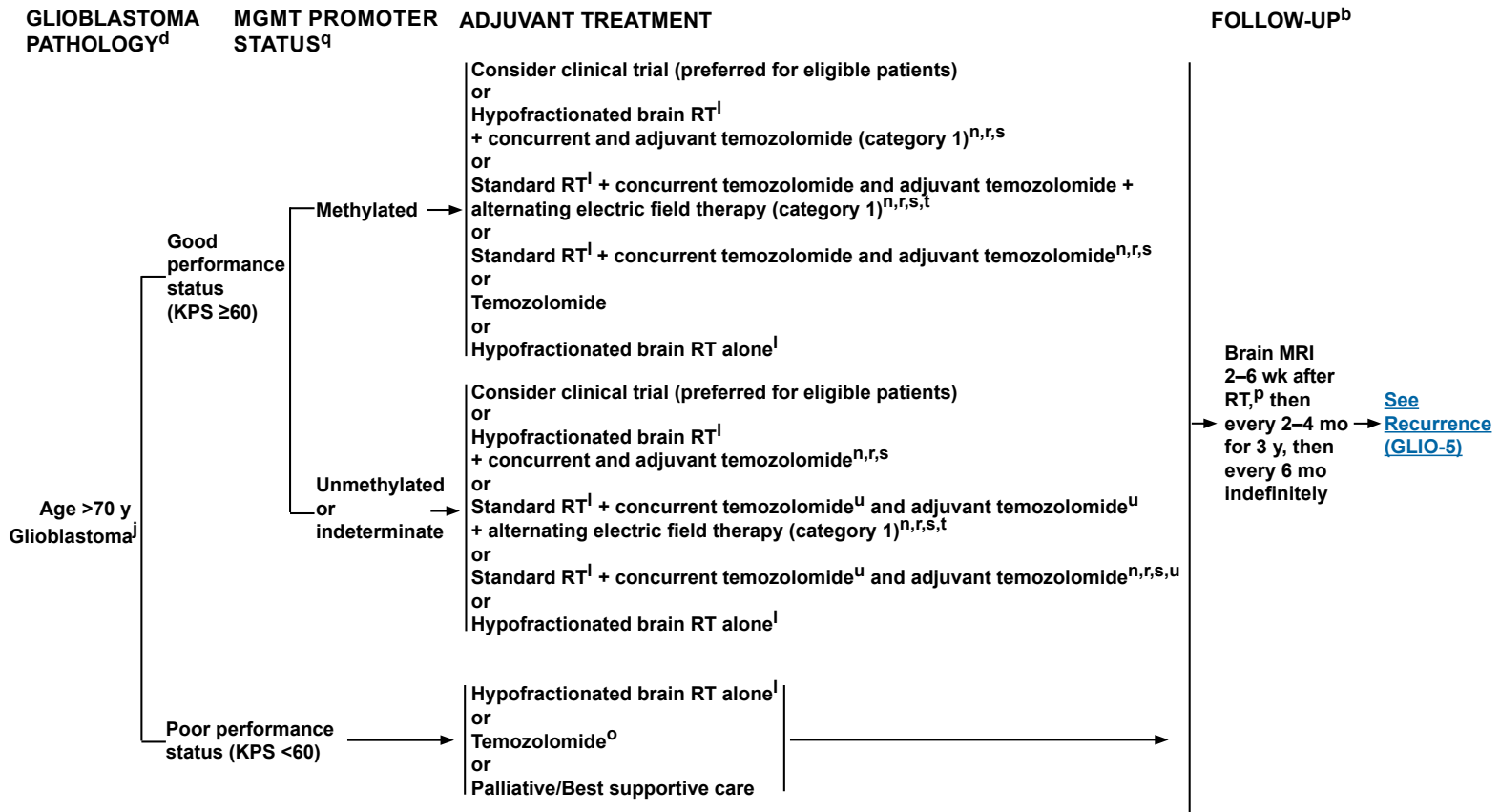
^tAlternating electric field therapy is only an option for patients with supratentorial disease.

^uClinical benefit from temozolomide is likely to be lower in patients whose tumors lack MGMT promoter methylation.

All recommendations are category 2A unless otherwise indicated.

Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

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See footnotes on [GLIO-4A](#)

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