

# Malignant glioma: Neither money nor power can protect you

by Dr. Delia Chiramonte, [Baltimore Health Examiner](#)



Brain tumors are bad news. While there are some brain tumors that grow slowly and don't spread, most malignant gliomas are relentlessly aggressive. There are several types of gliomas, including astrocytomas and glioblastomas, which are differentiated by their appearance under the microscope. Factors such as age, tumor type, and general health status can affect the overall prognosis.

Brain tumors can grow undetected for some time. Many patients have no idea that their brain is under attack until they develop symptoms such as headaches, seizures, or personality changes.

The initial treatment for gliomas is surgical removal, but this isn't as simple as it might sound. There is some evidence that more extensive surgery may be associated with longer survival, but of course this is the brain we're talking about. The more aggressive the surgeon is, the greater the risk for brain injury. The removal of a malignant brain tumor is a frighteningly delicate balance between thoroughness and preservation of function. Sometimes surgeons actually operate while the patient is awake, so that they can assess important neurological functions such as speech before removing a hunk of brain. Unfortunately, malignant gliomas tend to have poorly defined tumor margins and are therefore hard to remove completely. Even when surgery appears to be successful, these tumors often recur.

Radiating the region of the removed tumor has been shown to increase survival. Recurrences tend to be within 2 cm of the original tumor site, so there is no need to risk the side effects of irradiating the whole brain. Imaging studies such as CT can help the radiation oncologist to focus the radiation on the tumor while avoiding most of the normal brain.

Even with surgery and radiation, malignant gliomas often return. Although there is no magic bullet, the addition of chemotherapy has been shown to improve survival. In addition to standard chemotherapy options, some physicians favor the use of the gliadel

wafer. This involves a chemotherapy drug embedded in a biodegradable matrix that is implanted directly into the brain. It allows the drug to be released near to the tumor, continuously over time. The gliadel wafer has shown some improvement in survival, but it can be associated with severe side effects such as brain swelling.

Despite these Herculean efforts to beat back this cancer, most patients will relapse.

The ideal therapy for malignant gliomas is still a mystery, and researchers continue to search for the magic bullet that has eluded them thus far. To find a clinical trial for yourself or a loved one, check out [www.clinicaltrials.gov](http://www.clinicaltrials.gov).

Senator Kennedy, like so many others with malignant brain tumors, is in a tough spot. There are people who survive gliomas for many years – maybe he will be one of them. Light a candle. Say a prayer. Send some healing energy. It can't hurt.

To all those out there who are battling brain cancer – we're pulling for you.

(AP photo)

Dr. Chiamonte is a private Health Advocate and the founder of Insight Medical Consultants. She has been quoted by CNN, The Wall Street Journal and USA Today as an expert on patient advocacy.

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