Overview:

Tumour Group:
Glioma

WHO Grade:
Oligoastrocytomas (Grade II) are considered low-grade tumours. They generally grow at a slower rate than anaplastic oligoastrocytomas (Grade III), which are malignant.

Oligoastrocytomas may evolve over time into anaplastic oligoastrocytomas.

Prevalence/Incidence:
Approx. 40% of primary brain tumours are gliomas. Mixed gliomas, primarily oligoastrocytomas, account for 5-10% of gliomas and 1% of all brain tumours.

Typical Age Range:
Oligoastrocytomas develop in young and middle-aged adults (ages 30 to 50). Very few children are diagnosed with oligoastrocytoma.

Description of Tumour:
Oligoastrocytomas belong to a group of brain tumours called gliomas. Gliomas are tumours that come from the glial, or supportive, cells of the brain. There are several different types of gliomas. An oligoastrocytoma is a “mixed glioma” tumour, which contains both abnormal oligodendroglioma and astrocytoma cells.

These tumours can be found anywhere within the cerebral hemispheres of the brain, although the frontal and temporal lobes are the most common locations.

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Additional support, information and education offered by Brain Tumour Foundation of Canada:

- Adult, Pediatric and Non-Malignant Brain Tumour Handbooks available in English and French.
- "A Friend in Hope" children’s storybook available in English and French.
- 20+ Adult Support Groups across Canada (in-person and virtual)
- Toll-free information and support line
- BrainWAVE Pediatric Support Program
- Print BrainStorm Newsletter
- Email Newsletters: • E-BrainStorm • Peace of Mind
- “Grey Matters” Blog

Symptoms:
Common symptoms include, but are not necessarily limited to:
• Seizures
• Headaches
• Personality changes

Treatment/Standard of Care:
If the tumour is accessible, standard treatment for oligoastrocytoma is surgical removal of as much of the tumour tissue as possible. Following surgery, treatment options can depend on the molecular profile. In selected patients observation may be appropriate, for other chemotherapy alone and in patients with aggressive physical and biological factors then radiation with or without chemotherapy may be required.

Prognosis:
When your doctor talks with you about prognosis, he/she will take into account your age, the location of the tumour, grade of the tumour cells, whether your tumour has deletion of 1p and 19q, and the amount of tumour removed during surgery. Oligoastrocytoma growth generally depends on the percent of astrocytoma as astrocytomas tend to grow more rapidly than oligodendrogliomas.

For more details, please refer to braintumour.ca.

All patient resources are available free-of-charge in Canada. Call 1-800-265-5106 or visit www.BrainTumour.ca for additional details and information.

you are not alone

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