

**7.7.1.  
Neurologische  
oncologie**

Low-grade infiltratief supratentorieel astrocytoom/oligodendroglioma  
(uitgezonderd pilocytair astrocytoom).

Intracranieel ependymoma

Anaplastisch astrocytoom/anaplastisch oligodendroglioom/glioblastoom multiforme.

Beperkte (1 – 3) metastasen.

Multipiele (>3) metastasen.

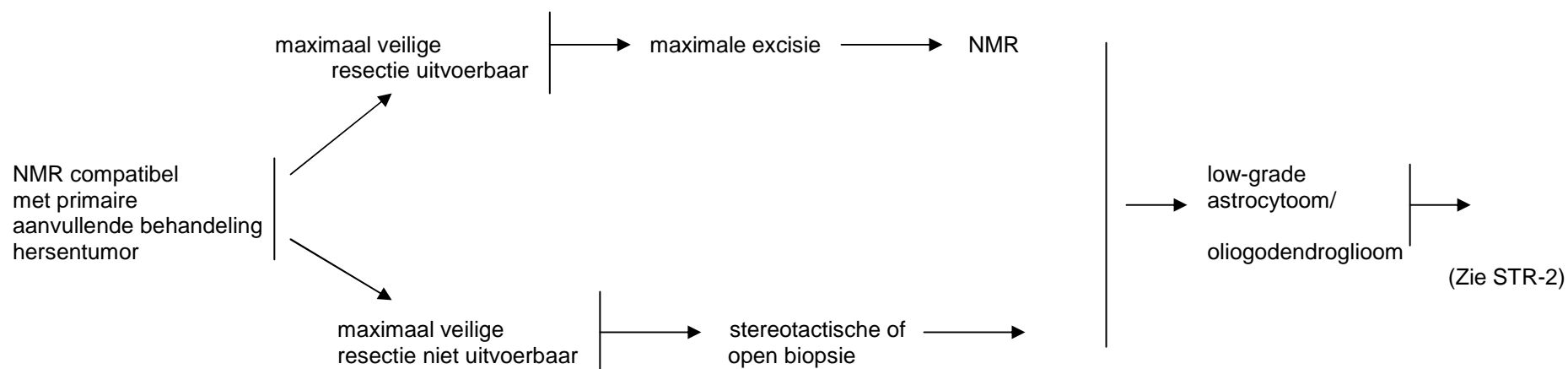
## LOW-GRADE INFILTRATIEF SUPRATENTORIEEL ASTROCYTOOM/OLIGODENDROGLIOM (uitgezonderd PILOCYTAIR ASTROCYTOOM)

RADIOLOGISCHE  
PRESENTATIE

KLINISCHE INDRUK

CHIRURGIE

PATHOLOGIE

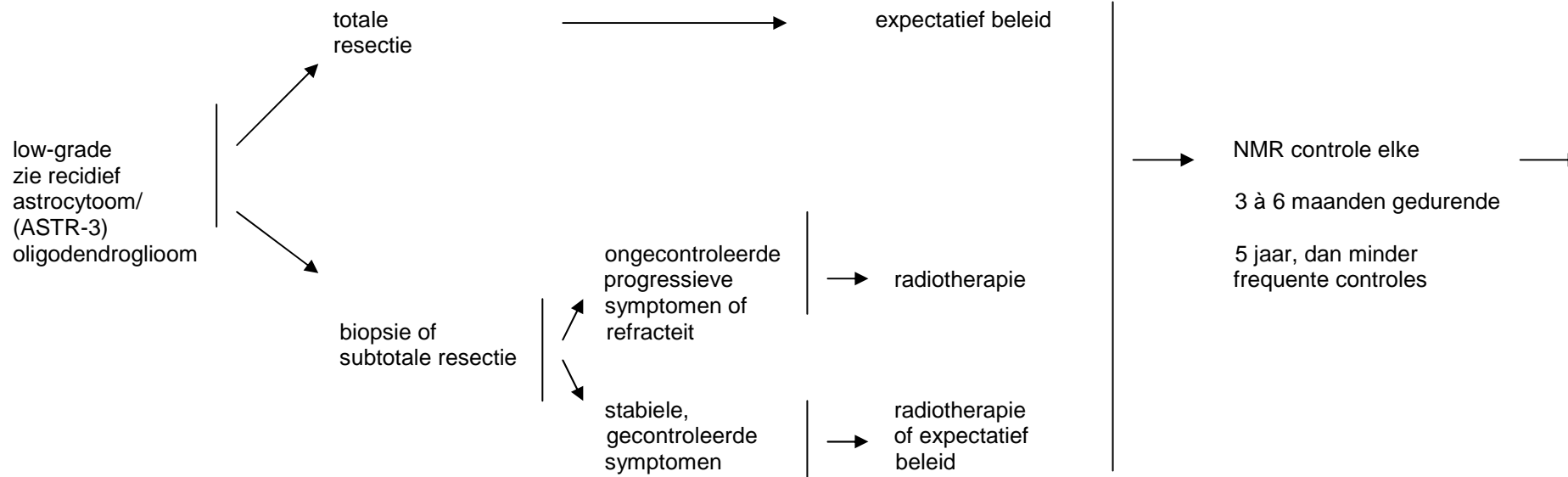


## LOW-GRADE INFILTRATIEF SUPTRATENTORIEEL ASTROCYTOOM/OLIGODENDROGLIOOM (uitgezonderd PILOCYTAIR ASTROCYTOOM)

PATHOLOGIE

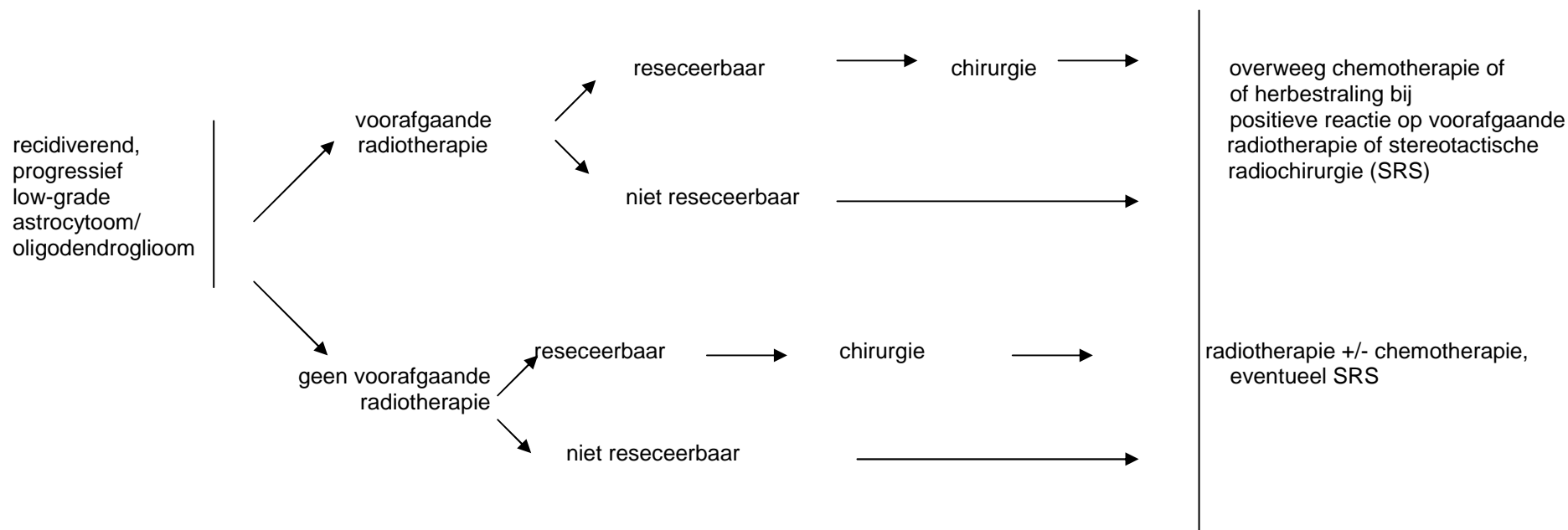
AANVULLENDE  
BEHANDELING

FOLLOW-UP



## LOW-GRADE INFILTRATIEF SUPTRATENTORIEEL ASTROCYTOOM/OLIGODENDROGLIOM (uitgezonderd PILOCYTAIR ASTROCYTOOM)

RECIDIEF



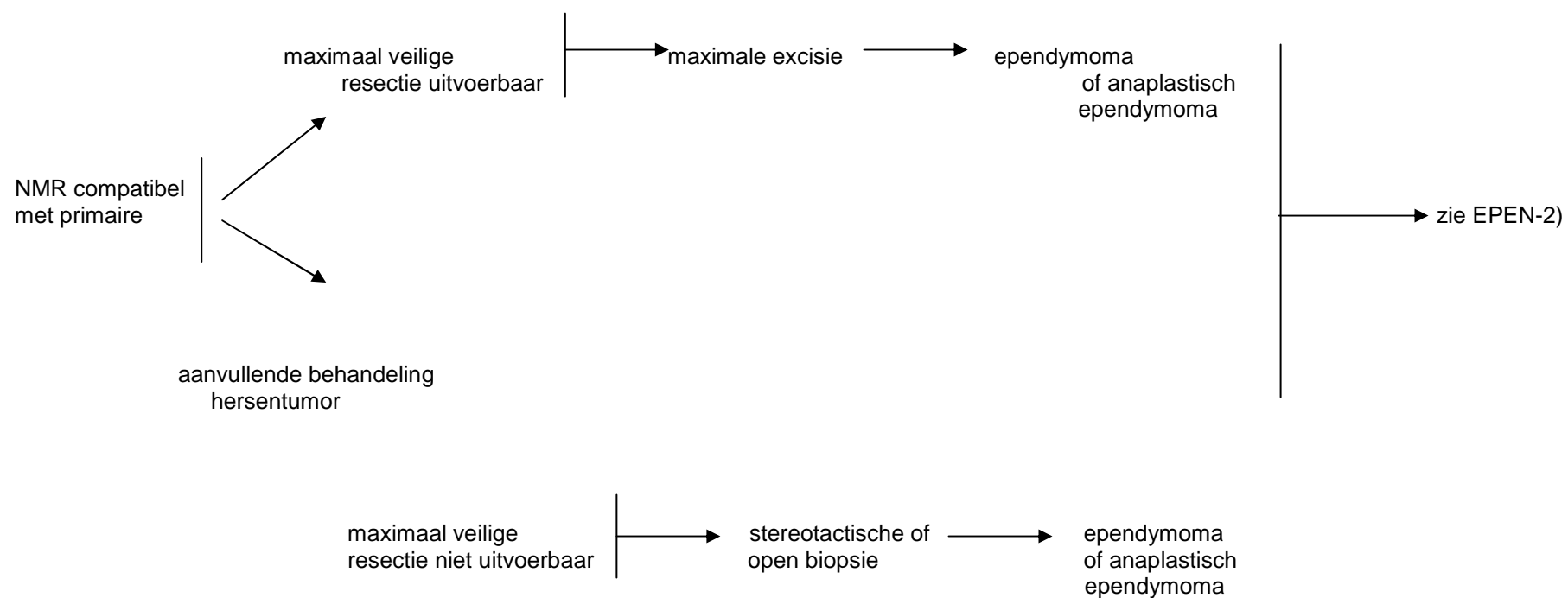
## INTRACRANIAAL EPENDYMOMA

RADIOLOGISCHE  
PRESENTATIE

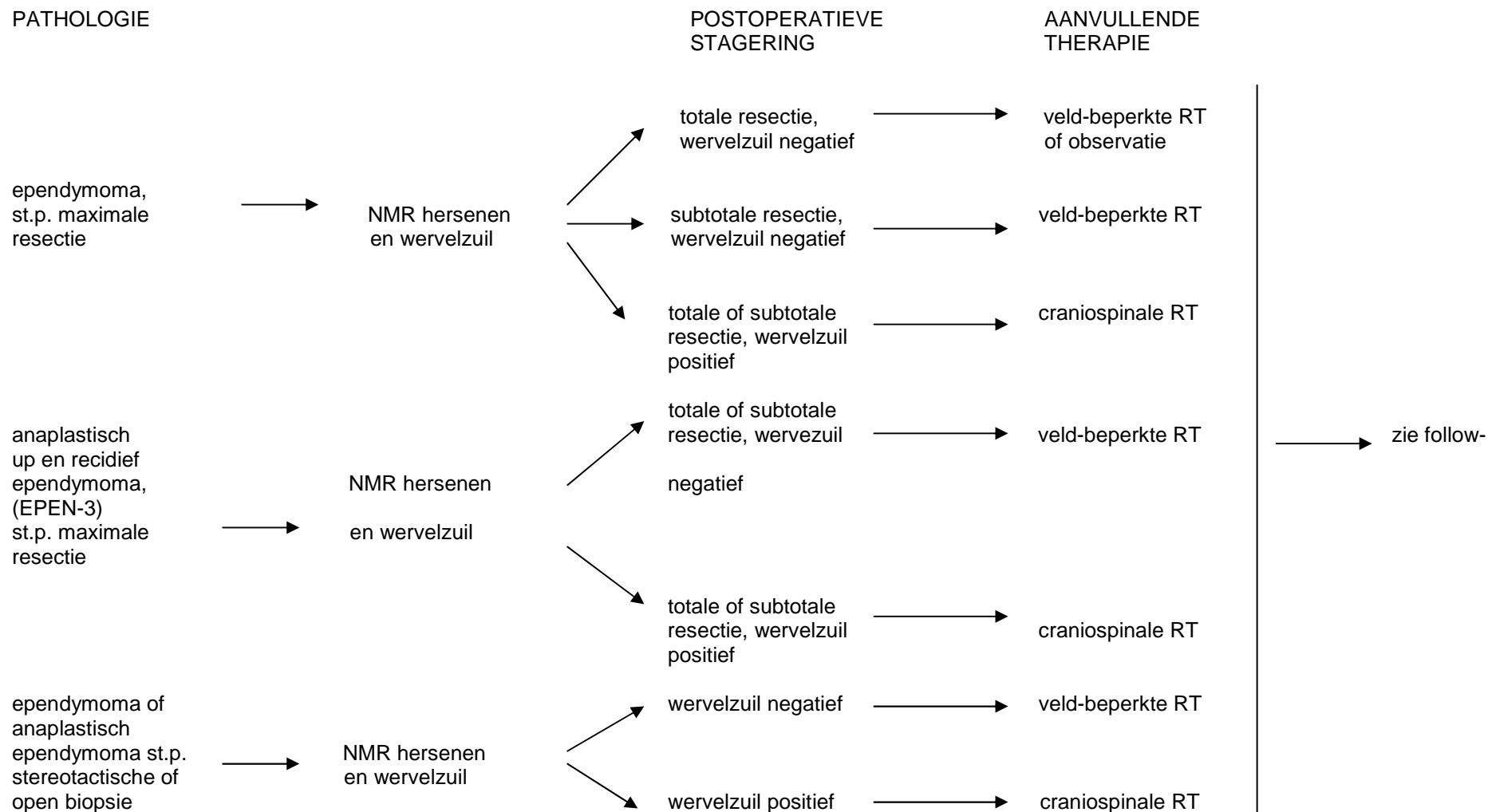
KLINISCHE INDRUK

CHIRURGIE

PATHOLOGIE



## INTRACRANIAAL EPENDYMOMA

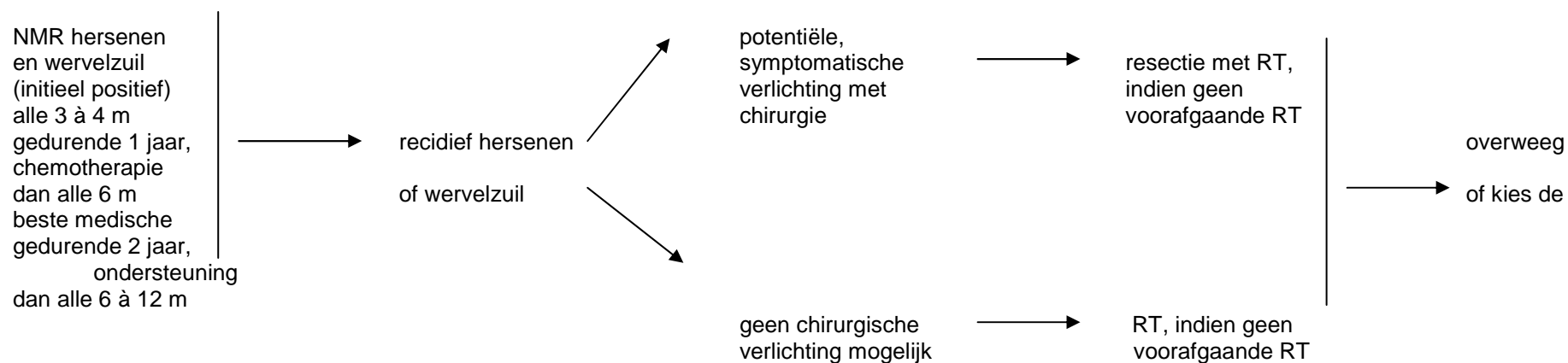


Datum laatste revisie 11/10/2017  
 Datum laatste meeting werkgroep 11/10/2017  
 Geldig tot en met 11/10/2019

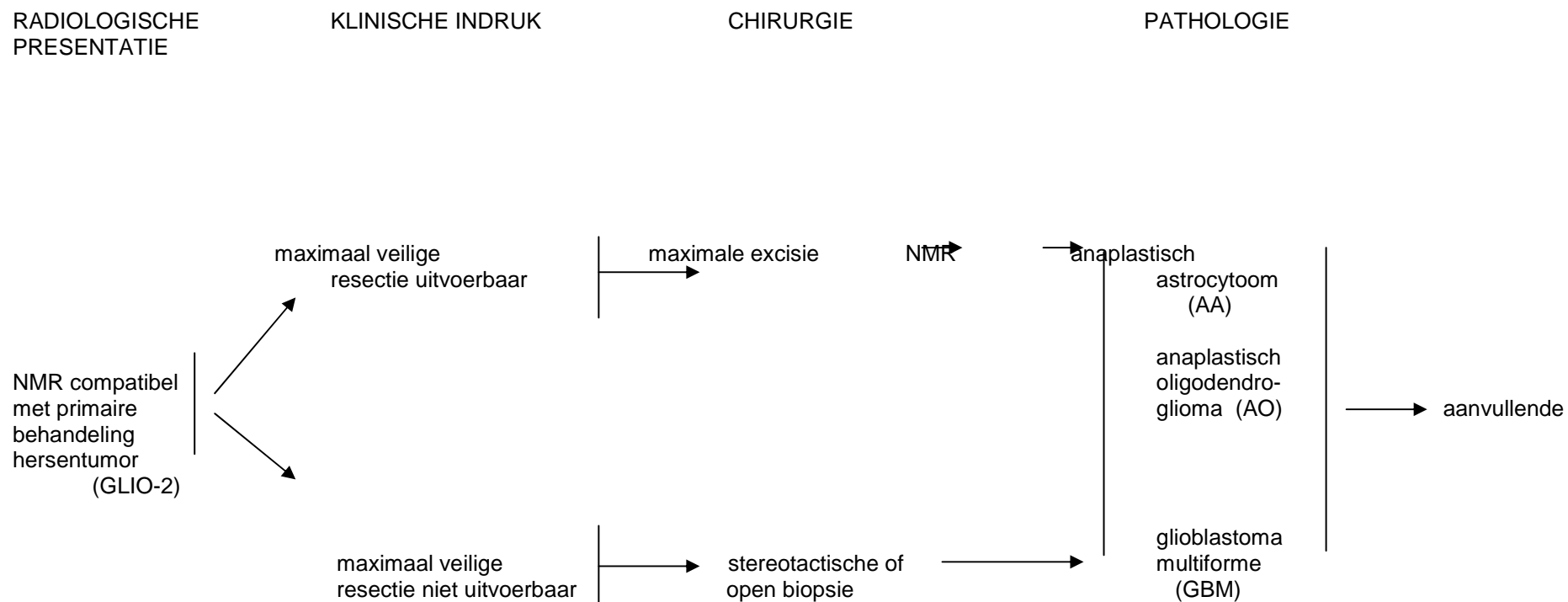
## INTRACRANIAAL EPENDYMOMA

FOLLOW-UP

RECIDIEF



## ANAPLASTISCH ASTROCYTOOM/ANAPLASTISCH OLIGODENDROGLIOM/GLIOBLASTOOM MULTIFORME





## ANAPLASTISCH ASTROCYTOOM/ANAPLASTISCH OLIGODENDROGLIOOM/GLIOBLASTOOM MULTIFORME

PATHOLOGIE

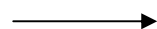
AANVULLENDE  
BEHANDELING

FOLLOW-UP

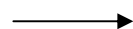
anaplastisch  
Astrocytoom  
(AA)

anaplastisch  
oligodendro-  
recidief  
glioem (AO)

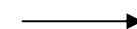
glioblastoma  
multiforme  
(GBM)



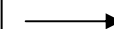
radiotherapie  
chemotherapie  
ifv Karnofsky



observatie of  
post RT chemotherapie  
- jong  
- algemeen goede toestand  
- AO > AA > GBM

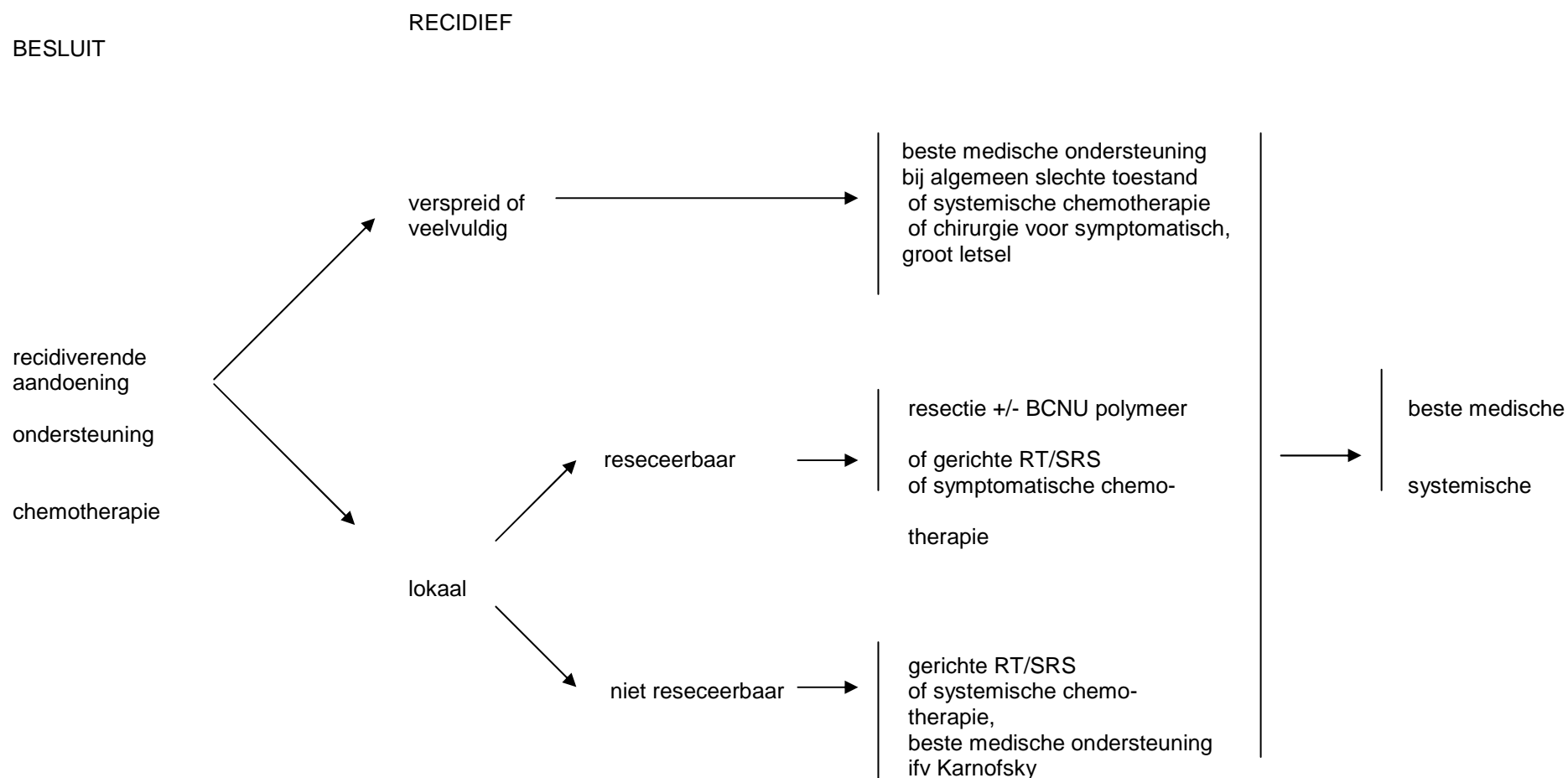


NMR controle  
2-6 weken na RT,  
dan alle 2 à 3  
maanden



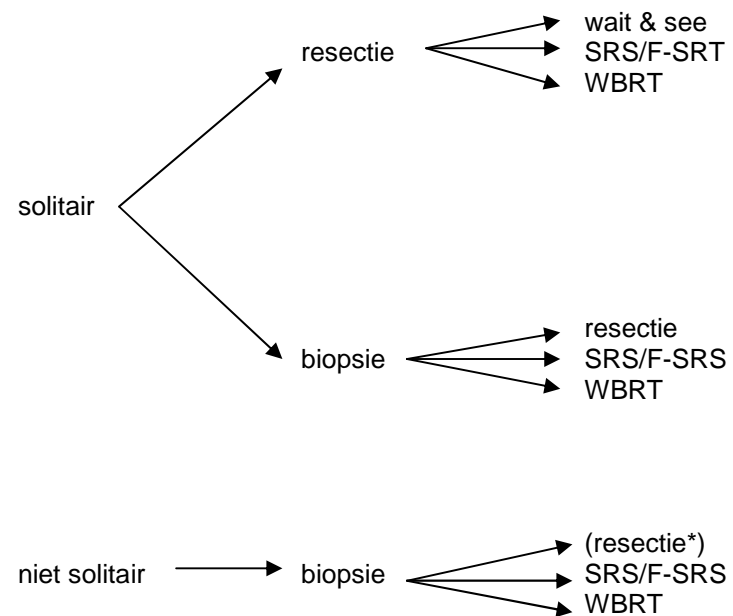
zie  
(GLIO-3)

## ANAPLASTISCH ASTROCYTOOM/ANAPLASTISCH OLIGODENDROGLIOOM/GLIOBLASTOOM MULTIFORME

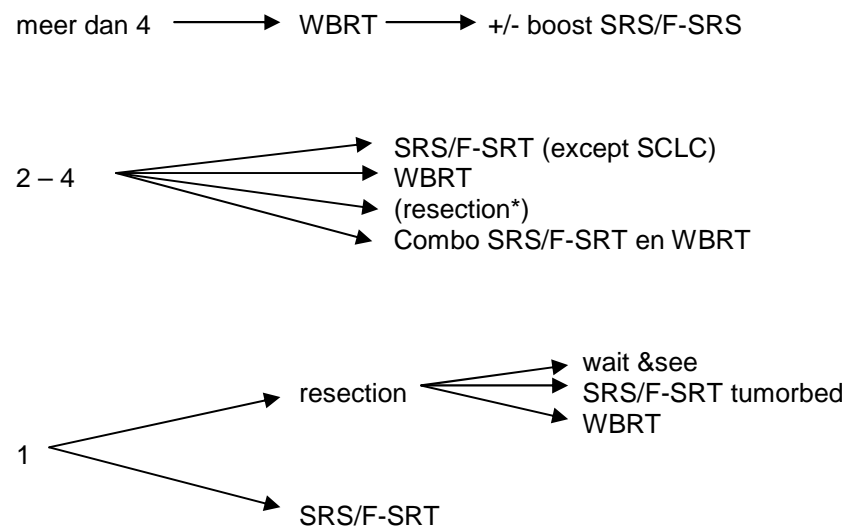


## METASTASEN

PRIMARY ONBEKEND:



PRIMARY GEKEND:



(\* ) resectie te overwegen bij neurologisch symptomatische meta's of lesies met veel perilesioneel oedeem ( massa-effect).