Oligoastrocytomas

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* diagnostic category that has always been difficult to define and that suffered from high interobserver discordance with some centers diagnosing these lesions frequently and others diagnosing them only rarely.
* in WHO 2016, using both genotype (i.e., IDH mutation and 1p/19q codeletion status) and phenotype results in nearly all of “oligoastrocytomas” being compatible with either an astrocytoma or oligodendroglioma, with only rare reports of molecularly “true” oligoastrocytomas consisting of histologically and genetically distinct **astrocytic (IDH-mutant, ATRX-mutant, 1p/19q-intact)** and **oligodendroglial (IDH-mutant, ATRX-wildtype and 1p/19q-codeleted)** tumor populations.
* in 2016 WHO, the prior diagnoses of oligoastrocytoma and anaplastic oligoastrocytoma are now designated as NOS categories, since these diagnoses should be rendered only in the absence of diagnostic molecular testing or in the very rare instance of a dual genotype oligoastrocytoma.

Treatment

for grade II guidelines see [p. Onc10 >>](Onc10.%20Astrocytomas.pdf#Surgery_grade_II_gliomas)

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