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Guidelines for management of recurrent pituitary tumours recommend new drug as first line treatment

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New guidelines for managing recurrent pituitary tumours identify the drug temozolomide, as first line chemotherapy treatment. The guidelines, published in the *European Journal of Endocrinology* and produced by the European Society of Endocrinology (ESE), include a series of recommendations aimed at improving survival rates and quality of life for patients, through early identification of tumours and more effective treatment strategies.

The pituitary gland, located in the base of the skull, produces hormones that control many bodily processes, including metabolism, growth and reproduction. Pituitary tumours occur in approximately 1/1000 of the worldwide population and are rarely fatal. Approximately 10 to 15 percent of pituitary tumours can be considered aggressive, as they are resistant to conventional treatment or are prone to recurrence after treatment. This can cause harmful effects, including headaches, peripheral vision loss, hearing loss, and motor impairment. In some rare cases, pituitary tumours can become cancerous, leading to most patients dying within a year after the tumour starts spreading to other parts of the body. Originally used to treat a type of fast-growing brain cancer, temozolomide has recently been suggested as a potential treatment for aggressive and malignant pituitary tumours; however its effectiveness had not been thoroughly assessed.

The new guidelines are based on a systematic review of the existing

literature on aggressive pituitary tumours, which found that temozolomide treatment was effective in stopping or slowing tumour growth. Following this finding, the guidelines recommend this drug as first line chemotherapy treatment after failure of conventional methods, such as radiation therapy or surgery. The guidelines also recommend that patients should be managed by a multidisciplinary team of experts, and suggest new diagnostic criteria to enable early identification of aggressive tumours.

"The rarity of the condition, the absence of controlled trials and the limited data from the literature underlined the need for clinical guidance", states Professor Gerald Raverot, from the Cancer Research Centre of Lyon and the University of Lyon, and chair of the guideline working group. Professor Raverot adds, "Although further clinical trials are needed to confirm the beneficial effects of temozolomide, these new recommendations should enable doctors to better assess the risks to patients and to identify the best treatment for individual patients."

Professor Raverot says, "Researchers and clinicians should combine efforts to establish an international register for aggressive pituitary tumours, to assess how they are diagnosed, study their progression and investigate new therapeutic options."

More information: Gerald Raverot et al. European Society of Endocrinology Clinical Practice Guidelines for the management of aggressive pituitary tumours and carcinomas, *European Journal of Endocrinology* (2017). DOI: 10.1530/EJE-17-0796

Provided by European Society of Endocrinology

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