WHO Grade I Astrocytomas

Very slowly growing tumours, often with a cystic component, that occur at younger ages in comparison to other astrocytomas. They are “benign”, and usually do not recur—though this possibility along with the possibility of malignant change does exist.

Treatment: the treatment of choice is surgical removal to the maximum extent possible without causing neurological deficit. In recurrence, too, the treatment of choice remains surgical. Radiation may be indicated in cases where the tumour is surgically inaccessible or not amenable to removal, and in cases of partial removal. Chemotherapy may sometimes be indicated in optic gliomas at the chiasma.

Prognosis: the prognosis for these tumours is relatively good with “cure” often being achieved—said cure being defined either as lack of recurrence when following complete removal, or lack of progression and/or malignant transformation when following partial removal. Younger patients tend to have a better prognosis than older ones.