

## WHO Grade II Astrocytomas

Slowly growing tumours that show a tendency towards malignisation over time. Growth at the time of diagnosis, extent of surgical removal, and timeliness and effectiveness of follow-up therapy are important determinants for prognosis.

Treatment: the treatment of choice is surgical removal to the maximum extent possible without causing neurological deficit, though on occasion simple observation may be opted for in order to track growth. Radiation is indicated in cases of partial removal when the tumour is surgically inaccessible or not amenable to removal, and in cases of malignant transformation. Chemotherapy reserved for cases of tumour progression.

Prognosis: the time to malignant transformation and/or recurrence from the moment of first diagnosis varies from about half a year to five years, with life expectancy from that point onwards ranging from about one to six years.