

## Recommended care for IDH-mutant low-grade gliomas in Mexico

### Recomendaciones de manejo de gliomas de bajo grado con mutación de IDH en México

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The publication of the first Mexican consensus guideline for the management of IDH-mutant low-grade gliomas represents a valuable initiative. It reflects a multidisciplinary effort to standardize care in a complex field where diagnostic and therapeutic resources remain heterogeneous across the country. This first step is particularly relevant in Mexico, where the absence of national registries and limited access to advanced molecular diagnostics hinder the uniform application of international standards. The initiative deserves recognition as it establishes a foundation upon which future versions can continue to build.

The consensus embodies the collaborative spirit that is essential in managing these complex tumors. The document highlights some of the challenges inherent to this process. The classification of gliomas has evolved substantially with the World Health Organization 2021 update, and precise terminology is increasingly important to avoid confusion in both clinical practice and research. Concepts, such as the restriction of “low-grade glioma” to grade 2 tumors, or the need to distinguish the assessment of extent of resection in non-contrast-enhancing gliomas using Fluid-Attenuated Inversion Recovery rather than T1-enhanced sequences, illustrate how subtle but critical details can shape treatment decisions. Including these

clarifications in future iterations will strengthen the guideline and ensure its alignment with international references, such as European Association of Neuro-Oncology, Spanish Society of Medical Oncology – Spanish Group of Investigation in Neuro-Oncology, or National Comprehensive Cancer Network<sup>1-4</sup>.

The epidemiological data presented are of great value, especially given the paucity of national registries. Still, they remind us of the urgent need for prospective, multicenter data collection that would allow Mexican figures to be compared more directly with international reports. Similarly, the discussion of clinical presentation could be complemented in the future with emphasis on seizures as the hallmark symptom of IDH-mutant diffuse gliomas, an aspect consistently observed in global series.

The guideline also opens the door to further discussion on the integration of advanced molecular markers and neuroimaging techniques. Future iterations could benefit from incorporating the prognostic role of methylated DNA-protein cysteine methyltransferase promoter methylation and specifying recommended methodologies for markers, such as 1p/19q or BRAF. Equally, advanced imaging tools, particularly multimodal magnetic resonance imaging sequences and amino acid PET, deserve greater emphasis in future

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guidelines, given their established value not only in diagnosis and surgical planning but also in the follow-up of non-contrast-enhancing gliomas<sup>5</sup>.

Therapeutic recommendations are another area where future versions of the guideline may continue to evolve. The role of temozolomide in low-grade gliomas, the exploration of alternative schedules, such as dose-dense regimens, and the optimal duration of maintenance therapy remain subjects of ongoing discussion in the literature and in daily practice. Addressing these questions explicitly would help clinicians navigate decisions that frequently arise in the Mexican context and would align the consensus more closely with international experience, including the Spanish Group for Neuro-Oncology Research guidelines. Equally, the criteria for monitoring response and progression are moving toward frameworks designed specifically for non-contrast-enhancing gliomas<sup>3</sup>. The adoption of Response Assessment in Neuro-Oncology (RANO)-low-grade gliomas and the updated RANO would harmonize Mexican practice with global standards, facilitating comparability with clinical trials and ensuring patients benefit from the latest advances in response assessment<sup>6</sup>.

In summary, this first Mexican consensus represents an important step toward more standardized care in the management of IDH-mutant gliomas. Beyond its immediate recommendations, it provides a framework on which future updates can build, incorporating advances in molecular diagnostics, imaging, and therapeutic strategies. The value of such efforts lies in their ability to evolve over time, progressively bringing national practice closer to international standards while addressing the specific challenges of the Mexican healthcare context.

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