



ROAM trial results for patients

Radiotherapy after complete removal of an atypical meningioma reduced the chance of the tumour returning. Treatment decisions should balance this benefit against possible side effects.

Why we did the study

Atypical meningiomas are tumours that grow from the membranes surrounding the brain. They can return after surgery. We wanted to find out whether giving radiotherapy after complete removal was better than monitoring with regular brain scans.

What we did

The ROAM trial included 157 people across 58 hospitals in 11 countries. Participants were randomly allocated to radiotherapy over six weeks (78 people) or monitoring (79 people). We followed them for around five years. Patients and carers helped design and run the study.

What we found

The tumour returned in 11 of 78 people (14%) allocated to radiotherapy, compared with 24 of 79 (30%) allocated to monitoring. Radiotherapy also improved the length of time people lived without the tumour returning. We did not find a clear difference in overall survival.

Side effects and quality of life

Radiotherapy can cause hair loss, tiredness, headaches and skin reactions. Five of the 66 people who received radiotherapy (8%) had serious side effects linked to treatment. There were no treatment-related deaths. Quality of life was broadly similar between groups, but missing information limits certainty about longer-term effects.

What this means for patients

Radiotherapy should be considered after complete removal of an atypical meningioma. Many people monitored without radiotherapy did not have a recurrence. Patients and their clinical team should discuss individual risks, preferences and possible delayed side effects. Longer follow-up is needed to assess survival and very late effects.

Funding and further information

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www.roam-trial.org.uk



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