

Answers About Brain Cancer After the Death of NBA Star Dikembe Mutombo

Ryan Ormond, MD, PhD, director of the University of Colorado Cancer Center's Adult Brain Tumor Program, talks about diagnosis and treatment.

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Former Denver Nuggets star and dedicated humanitarian Dikembe Mutombo died October 1 from [brain cancer](#). He was 58 years old.

Born in the Democratic Republic of the Congo, Mutombo was inducted into the Naismith Basketball Hall of Fame in 2015 and served as a longtime global ambassador for the NBA. In 2022, his family revealed he was being treated for a brain tumor.

While details of Mutombo's diagnosis and treatment were never disclosed, we spoke with [University of Colorado Cancer Center](#) member [Ryan Ormond](#), MD, PhD, associate professor of [neurosurgery](#) and director of the [Adult Brain Tumor Program](#) at the [CU School of Medicine](#), about how brain tumors are typically diagnosed and treated.

How does the diagnosis and treatment path typically go with brain cancer?

Patients who have primary malignancies frequently get diagnosed because they're symptomatic, then they get imaging and come to a neurosurgeon. That's the most common route to diagnosis and treatment. Depending on the tumor type and imaging characteristics and the patient's exam and functional status, they may undergo a biopsy or surgery and then often need additional therapies like chemotherapy or radiation.

Is it possible to be treated without surgery, or is it surgery usually the first line of treatment?

Surgery is typically the first-line treatment.

Do any other treatments follow after surgery?

In glioblastoma, which is the most common type of brain cancer, surgery is always followed by chemotherapy and radiation. If it's another type of tumor, it's hard to say what's necessary. Sometimes it's only surgery, sometimes it's other modalities. It depends on what the pathology is.

Mutombo was diagnosed in October 2022 and died this week. Is two years a common lifespan for someone with brain cancer?

We don't know for sure what his diagnosis was, but two years is a fairly typical time frame for something very malignant, like glioblastoma, which is common in his age group. Fifteen months is the average span between diagnosis and passing away.

What kind of symptoms do people typically present with when they have a brain tumor?

Frequently it's either a seizure or some kind of neurologic deficit, like a stroke, depending on where in the brain it is. There can also be behavioral changes, including weakness, thinking or speech problems, memory problems, or frequent headaches. If you have any of these symptoms, it's important to seek medical attention quickly.

Are there any risk factors for brain tumors?

Heavy radiation exposure increases your risk, and there are some rare genetic disorders that increase your risk, but most cases are just bad luck.

Are there any newer treatments for glioblastoma or other brain tumors?

For glioblastoma, there is a non-invasive, portable device called [Optune](#) that creates alternating electrical fields, also called tumor-treating fields. The fields interfere with the parts of a cell that are needed for cancer cells to grow and spread. The treatment is recommended for patients with newly diagnosed or recurrent glioblastoma and is often performed in tandem with chemotherapy. Additional treatment options such as targeted therapies or immunotherapies remain in clinical trials.

What's unique about the Adult Brain Tumor Program at the CU Cancer Center?

We have a number of clinical trials and a large multidisciplinary team. Getting involved in clinical trials is important because life expectancy for these cancers is limited with standard available treatments.

We are also part of the [National Comprehensive Cancer Network](#), an alliance of 33 leading cancer centers devoted to patient care, research, and education. We perform a lot of specialized operations such as awake surgery — we must be careful with patients who have tumors in important parts of the brain. In an awake operation, we test the patient's function while we're doing the operation.

Are you hopeful about what the future holds, even for glioblastoma, which still has a poor outlook?

We have made progress over the years. People live longer than they used to. Other cancers have

seen huge changes with targeted and immunotherapies, and they are starting to become available for brain tumors as well, so I expect that eventually those kinds of treatments may also be available for glioblastoma.

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