

Jefferson neurosurgeon helps draft new treatment guidelines for brain metastases

December 10 2009

New treatment guidelines for patients with brain metastases are now available from the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS). David Andrews, M.D., F.A.C.S., professor and vice-chair of Clinical Services in the Department of Neurological Surgery at Jefferson Hospital for Neuroscience, served as a member of the task force chosen to draft this new, significant tool to improve the quality of care for patients who suffer from brain tumors.

The nation's neurosurgeons took the lead in drafting the first national evidence-based, multidisciplinary guidelines for these types of patients, which account for nearly 500,000 new cancers in the United States.

[Brain](#) metastases are tumors which travel to the brain from other areas of the body, usually the breast or lung, and outnumber all other [brain tumors](#) combined by more than four to one.

The guidelines were developed over the last year by a 20-member panel in various specialties in conjunction with the McMaster Evidence-based Practice Center, which is world-renowned for its seminal work in evidence-based medicine (EBM). The formal EBM process involved reviewing the literature and reaching a multidisciplinary consensus for different treatments. Unlike previous formal expert consensus efforts, recommendations are directly linked to levels of evidence in a transparent and reproducible methodology. Members of the panel analyzed 25,000 studies and then utilized 400 of them to make their final guideline decisions.

"A decade ago, a brain metastasis diagnosis was a death sentence. But advancements in technology and treatment like surgical resection, stereotactic radiosurgery, whole brain [radiation therapy](#), partial brain radiation and chemotherapy, now allow for better patient outcomes," said Dr. Andrews. "Until now, there has been no formally adopted way to treat these patients. Physicians also lacked a critical central resource of treatment regimens offering the best results. These new evidence-based guidelines offer us the opportunity to discuss with our patients the best available treatment option for them."

Of the 1.4 million individuals with cancer in 2008, 30 to 40 percent will develop brain metastasis compared to the approximately 17,000 new cases annually of primary malignant brain tumors, cancers that originate in the brain. The primary goal of these new guidelines is to identify best treatment practices leading to the best outcomes for patients. In cases where there was not enough data to suggest a guideline or recommendation for a particular treatment, the group listed all of the relevant ongoing clinical trials in their report, as well as needed future studies, to inform the medical community and to foster support for continuing this research.

The new brain metastases guidelines include:

- A range of therapeutic options for treating brain metastases;
- The existing evidence used to guide decision-making and its limitations;
- The range of diversity in practice patterns and the various demographic factors that influence clinical decisions; and
- The impact of expert reviews of published clinical evidence on

practice regarding treatment options for [brain metastases](#).

This strict evidenced-based protocol was endorsed by not only the Congress of Neurological Surgeons and American Association of Neurological Surgeons, but also by the AANS/CNS Joint Tumor Section as well as experts from a wide range of multidisciplinary fields, including: radiation oncology, medical oncology and neuro-oncology, and neurosurgery.

The guidelines are set to be published in a special issue of the *Journal of Neuro-Oncology*.

Source: Thomas Jefferson University ([news](#) : [web](#))

Citation: Jefferson neurosurgeon helps draft new treatment guidelines for brain metastases (2009, December 10) retrieved 3 May 2024 from <https://medicalxpress.com/news/2009-12-jefferson-neurosurgeon-treatment-guidelines-brain.html>

<p>This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.</p>
--