

Surgery doesn't up pediatric neuroblastoma outcomes

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Thorsten Simon, M.D., from the University of Cologne in Germany, and colleagues reviewed operation notes and imaging reports from 278 patients with stage 4 neuroblastoma (age 18 months or older at diagnosis) participating in a prospective clinical trial.

The researchers found that at diagnosis there were image-defined risk factors that were significantly predictive for the extent of [tumor](#)

[resection](#) at first and best operation. Before chemotherapy, 6.1 percent of participants underwent complete resection, 5.0 percent underwent incomplete resection, and 88.5 percent underwent biopsy or no surgery. Following [induction chemotherapy](#), 54.7, 30.6, and 13.3 percent underwent complete resection, incomplete resection, and only biopsy or no surgery of the primary tumor, respectively. The extent of first or best operation had no effect on event-free survival, local progression-free survival, or overall survival.

"In conclusion, the results of this study do not justify aggressive surgery in patients undergoing high-intensity multimodal treatment for metastatic neuroblastoma," the authors write. "Future trials are required to determine whether even less surgery might be adequate in high-intensity multimodal treatment of metastatic neuroblastoma and if biologic factors are correlated with the respectability of the primary tumor."

More information: [Abstract](#)
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