

ASTRO develops brain metastases guideline

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The American Society for Radiation Oncology (ASTRO) has developed a guideline on the radiotherapeutic and surgical management for newly diagnosed brain metastases. It has been published in *Practical Radiation Oncology* (PRO), ASTRO's official clinical practice journal.

"This guideline was developed by an international multidisciplinary task force charged with systematically reviewing and synthesizing level one and other high-quality data into a distilled work product," Eric L. Chang, MD, a radiation oncologist at the University of Southern California Keck School of Medicine, said. "It should help clinicians make solid evidence-based decisions, while still allowing best [clinical judgment](#) to fill in [knowledge gaps](#) not readily addressed by the guideline."

Brain metastases occur in an estimated 20 to 40 percent of cancer patients at some point during the course of their illness, and several modalities exist for treatment, including whole brain radiotherapy (WBRT), resection and stereotactic radiosurgery. These treatments have advanced dramatically over the past 30 years, when options were limited to steroids, whole brain radiotherapy and, in rare instances, surgery.

This guideline recommends that the most important endpoint (i.e., survival, quality of life, brain control or neurocognitive function) in a patient's treatment should be the deciding factor in choosing a treatment modality.

Guidance is provided on using WBRT, radiosurgery and/or surgery for three categories of patients based on tumor factors and prognosis:

1. Single brain metastases and good prognosis (expected survival three months or more).
2. Multiple brain metastases and good prognosis (expected survival three months or more).
3. Patient with [poor prognosis](#) (expected survival less than three months).

The guideline also answers several questions on the radiotherapeutic and surgical management of newly diagnosed brain metastases.

"[Brain metastases](#) represent a significant health care problem, and with the wide array of treatment options it is important to provide guidance on using these modalities" May N. Tsao, MD, a [radiation oncologist](#) at the Odette Cancer Centre in Toronto, Ontario, Canada, said. "However, the ultimate decision in a patient's care should always be made by a physician taking into consideration the medical history of each individual patient."

More information: For a copy of the guideline, visit www.astro.org/Clinical-Practice...rain-metastases.aspx

Provided by American Society for Radiation Oncology

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