



TEACHING COURSE – NEUROONCOLOGY (WFN/SOCIETY OF NEURO-ONCOLOGY JOINT SESSION): STANDARDS OF CARE IN NEURO-ONCOLOGY

Brain metastases: new developments and improved survival

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Disclosures

- None

Learning objectives

- Understanding the improved outcome of patients with brain metastases
- Understanding the changing role of neurosurgery in brain metastases
- Understanding the role of novel systemic therapy in brain metastases patients
- Understanding the development of radionecrosis after stereotactic radiosurgery and its treatment

Key message

Systemic treatments has much improved for a number of cancers that frequently metastasize to the brain, and agents are available that readily cross the blood brain barrier. This has improved survival also of patients with brain metastases. That has changed the role of stereotactic radiosurgery and of surgical resections. Immunotherapy requires steroid dosing to be low. Ho to combine local treatments with the more effective systemic treatments is a novel challenge. With increasing survival, radionecrosis after stereotactic radiosurgery is a challenge, requiring neuro-oncological expertise for its diagnosis and treatment. Neurologists are more than ever involved in the care of brain metastases patients.

Recommended reading

EANO European Treatment guideline on BM¹

Prognosis of brain metastases patients²

Treatment: the addition of whole brain radiotherapy to local BM treatment, WBRT in NCSLC, SRS with TKI in EGFRmt NSCLC³⁻⁵

Novel systemic treatments⁶⁻¹¹

Steroids, radionecrosis¹²⁻¹⁴

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