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## **As Nation Focuses on Reforming Healthcare, Neurosurgeons Release the First Evidence-Based, Multidisciplinary Treatment Guidelines for Brain Metastases Patients**

*Recent Explosion in New Technology and Increased Treatment Options Led to Need for Uniform Guidance to Medical Providers*

(New Orleans, LA) –While the nation is debating how best to reform healthcare, the [American Association of Neurological Surgeons](#) (AANS) and [Congress of Neurological Surgeons](#) (CNS) announce a new significant tool to improve the quality of care for patients who suffer from brain tumors. The nation’s neurosurgeons have released the first national formal evidence-based, multidisciplinary treatment guidelines for patients with brain metastases, which account for nearly 500,000 new cancers annually 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 – which were released today at the [Congress of Neurological Surgeons 2009 Annual Meeting](#) in New Orleans – were developed over the last year by a 20-member panel in various specialties in conjunction with the McMasters 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. The panel was headed by neurosurgeon [Steven Kalkanis, MD](#), co-director of the [Hermelin Brain Tumor Center](#) at Henry Ford Hospital in Detroit and member of the **AANS/CNS Joint Guidelines Committee**.

Dr. Kalkanis explains the need for these significant treatment guidelines, “Over the last decade, largely due to advances in technology, there has been an explosion of new treatments for brain metastases, including: surgical resection, stereotactic radiosurgery, whole brain radiation therapy, partial brain radiation, chemotherapy and various combinations of all the above. Until now, there hasn’t been a uniform, accepted way among physicians in how to treat these patients. And most importantly, there hasn’t been a central source on which treatment regimens give the best results. Since these new guidelines are based on best-available evidence, it eliminates any bias and simply answers, ‘What does the data support?’”

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. “Our primary goal with these new guidelines was to identify best treatment practices leading to the best outcomes for patients” adds Dr. Kalkanis. “And we went a step further, in cases where there was not enough data to suggest a guideline or recommendation for a particular treatment, we listed all of the relevant ongoing clinical trials in our report, as well as needed future studies, to inform the medical community and to foster support for continuing this important research.”

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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.

“Neurosurgeons took the lead on this because we are the final common pathway for treating these patients; they’re often referred to us as the last hope,” comments Dr. Kalkanis. “Since these patients come to us from many different directions, yet they all share the same diagnosis, we think it’s important that all health care providers are at the same table with a common plan for how to best treat these patients and improve their odds of survival.”

Dr. Kalkanis concludes, “In this era of healthcare reform, the focus is on better quality of care and better outcomes and on evidence-based medicine. For brain metastases patients, there’s been a real shift in the paradigm in the last 10-15 years. Back then, patients died from brain metastases, but now, due to more aggressive treatments and better tools, increased research, and many other factors, it’s no longer a death sentence. It gives some hope to patients. We now know what to do to lead to good results so now we need a common set of guidelines to pull it all together. We’ve now provided that to the medical community and it really raises the bar for patients.”

The new guidelines will be published in a special issue of the [\*Journal of Neuro-Oncology\*](#) in December.

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**Editor’s Note:** Dr. Steven Kalkanis is available for interviews.

*The American Association of Neurological Surgeons (AANS), founded in 1931, and the Congress of Neurological Surgeons (CNS), founded in 1951, are the two largest scientific and educational associations for neurosurgical professionals in the world. These groups represent approximately 7,600 neurosurgeons worldwide. Neurological surgery is the medical specialty concerned with the prevention, diagnosis, treatment and rehabilitation of disorders that affect the entire nervous system, including the spinal column, spinal cord, brain and peripheral nerves. For more information, please visit [www.aans.org](http://www.aans.org) or [www.cns.org](http://www.cns.org).*