Brain metastases treatment

see Intracranial metastases treatment

see Brain metastases surgery.

Huntoon et al. from the University of Arizona and at Southern Arizona, University of Colorado School of Medicine, Aurora , Capital Institute for Neurosciences, Capital Health, Pennington, Cooper University Hospital, Cooper Medical School of Rowan University, Camden, University of California, Irvine, School of Medicine, Emory University School of Medicine, Atlanta , Georgia , USA titled Congress of Neurological Surgeons Systematic Review and Evidence-Based Guidelines Update for the Role of Emerging Therapies in the Management of Patients With Metastatic Brain Tumors [1], suffers from the very disease it seeks to treat: fragmentation and superficiality. The authors sift through over 6000 abstracts to end up with a mere 162 included studies—yet offer no real synthesis, no contextual insight, and no clinically actionable transformation. Instead, the guideline passively mirrors the incrementalism of the literature rather than challenging or guiding it.

 2. The Illusion of Progress

The article's central premise is to "update" the 2019 guidelines, yet it boldly states that many prior recommendations remain unchanged. In a field where targeted therapies, immunotherapies, and image-guided interventions have undergone tectonic shifts in the past half-decade, the authors' inability (or unwillingness) to evolve their stance is either a failure of interpretation or a declaration of stagnation.

 3. Quantity Over Quality

Listing 8 class I, 3 class II, and 17 class III recommendations gives the illusion of depth. But these numbers are as hollow as they are arbitrary. Most of the Class I "recommendations" are watered-down acknowledgments of existing treatments rather than strong directives for implementation. Worse still, key areas—like MRg-FUS and interstitial modalities—are dismissed for lack of data rather than spurring calls for research prioritization.

 4. Missed Opportunities for Clinical Impact

This review had the potential to position neurosurgeons at the frontier of multidisciplinary care for brain metastases. Instead, it confines the field to its traditional silos. Where are the practical algorithms? Where are the decision frameworks that address real-world dilemmas—like sequencing immunotherapy with radiosurgery, or managing leptomeningeal disease in the era of targeted intrathecal agents?

 5. Locked in a Conservative Mindset

Perhaps the most damning aspect is its conservative inertia: the guideline behaves more like a historical registry than a forward-looking compass. Emerging therapies are treated as niche curiosities rather than as disruptive paradigms that could redefine neurosurgical relevance in metastatic disease.

 Final Verdict:

This is not a guideline. It is a cautious bureaucratic update posing as scientific leadership. It fails to lead, fails to provoke, and most critically, fails to equip the modern neurosurgeon with the insights needed to treat patients at the cutting edge of oncology and neurotechnology. A missed opportunity—both timid and forgettable.

1)

Huntoon K, Elder JB, Finger G, Ormond DR, Redjal N, Linskey ME, Olson JJ. Congress of Neurological Surgeons Systematic Review and Evidence-Based Guidelines Update for the Role of Emerging Therapies in the Management of Patients With Metastatic Brain Tumors. Neurosurgery. 2025 Jun 1;96(6):1172-1177. doi: 10.1227/neu.0000000000003383. Epub 2025 Mar 17. PMID: 40094364.