Breast cancer intracranial metastases whole brain radiation therapy

Historically, breast cancer (BCIM). were treated with whole brain radiation therapy (WBRT) or with surgery if possible. The role of WBRT after the surgical resection of a single metastasis has been well established for controlling local recurrence ¹⁾.

The use of WBRT has come under recent criticism because of the possibility of neurocognitive decline related to brain radiation $^{2)}$.

The rise of stereotactic radiosurgery has become an alternative for patients with limited disease due to its advantage of a single-session delivery and a minimal delay for systemic therapy. Both local therapy and systemic treatment enhance OS ³⁾. In 420 patients with BM receiving WBRT, the median survival in a scenario of BM in patients without and with systemic treatment after WBRT was 3 and 10 months, respectively (P < 0.0001). No survival benefit for systemic treatment was observed only in the triple-negative subset. In all other subgroups (HER2-positive, luminal A and B), a survival benefit form systemic treatment could be achieved.

Radiotherapy after surgery for the management of primary breast cancer is necessary in patients with brain progression later $^{4)}$.

see Breast cancer intracranial metastases stereotactic radiosurgery.

1)

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