Intracranial metastases treatment

- Genomic profiling and prognostic factors of leptomeningeal metastasis in EGFR-mutant NSCLC after resistant to third-generation EGFR-tyrosine kinase inhibitors
- Multi-institutional Outcomes after Stereotactic Radiosurgery for Gastrointestinal Brain Metastases
- Identifying the genomic landscape of EGFR-mutant lung cancers with CNS metastases
- Gyroscopic radiosurgery-based lattice therapy for intracranial tumors: A dosimetric study
- Evaluation of primary venous thromboembolism prophylaxis in hospitalized patients with primary brain tumors or secondary brain metastases
- Minimally Invasive and Cost-Effective Access to Deep-Seated Intracranial Lesions Using 19F Peel-Away Sheath Introducer and "Dynamic" Retraction: Technical Note and a Case Series
- Radiation therapy in the treatment of pancreatoblastoma: a narrative review
- Molecular drivers in CNS metastatic disease

Surgery: Brain metastases surgery is often the first line of treatment for brain metastases that are located in a location that is accessible and can be safely removed. Surgery can help to relieve symptoms and improve the patient's overall survival.

Radiotherapy for brain metastases: is often used in combination with surgery or as a stand-alone treatment for brain metastases. It can help to shrink tumors and reduce the risk of recurrence. There are different types of radiotherapy such as whole brain radiation therapy (WBRT), stereotactic radiosurgery (SRS) and proton therapy.

Systemic therapy: Systemic therapy, such as chemotherapy or immunotherapy, is often used to treat brain metastases in conjunction with radiation therapy. It can help to slow the growth of tumors, improve patient's overall survival, and reduce the risk of recurrence.

Supportive care: Supportive care is an important aspect of brain metastases treatment. It can help to relieve symptoms and improve the patient's quality of life. This can include medications for headaches, seizures, and other symptoms, as well as physical therapy, occupational therapy, and other types of rehabilitation.

Follow-up care: Patients with brain metastases require close follow-up care to monitor for recurrence and to manage any symptoms or complications that may arise.

Brain metastases treatment

see Brain metastases treatment.

Cerebellar metastases treatment

see Cerebellar metastases treatment.

Many primary tumors are currently treated in protocols that incorporate targeted therapy either

upfront or for progressive metastatic disease. Hence, molecular markers are gaining increasing importance in the diagnostic framework of BM [1].

In cases with diagnostic uncertainty, both in newly diagnosed or recurrent BM, stereotactic biopsy serves as an alternative to microsurgical resection, particularly whenever resection is not deemed to be safe or feasible.

Over the past 2 decades, in particular, the increment in knowledge pertaining to molecular genetics and the pathogenesis has led to significant developments in targeted therapy and immunotherapy.

Intracranial metastases radiosurgery

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1)
Singh K, Saxena S, Khosla AA, McDermott MW, Kotecha RR, Ahluwalia MS. Update on the Management of Brain Metastasis. Neurotherapeutics. 2022 Nov 23. doi: 10.1007/s13311-022-01312-w. Epub ahead of print. PMID: 36422836.