

Recurrent Clinically Non-Functioning Pituitary Neuroendocrine Tumor treatment

There is no consensus regarding the management and postoperative follow-up of Non-Functioning Pituitary Neuroendocrine Tumors (NFAs) in the setting of recurrent or residual disease. Subsequent treatment options include continued follow-up, re-resection, or radiotherapy. To address this gap and better understand current practice patterns, we surveyed neurosurgeons and radiation oncologists in Canada.

Methods: Neurosurgeons and radiation oncologists (ROs) across Canada were invited to complete a standardized online questionnaire. Summary statistics were computed, and Fisher's Exact tests were performed to assess significance. Qualitative analyses were performed through open and axial coding.

Results: Thirty-three participants completed the questionnaires, with neurosurgeons representing a majority of respondents ($n = 20$ vs $n = 13$). When treating giant (>3 cm) tumors, 90.9% of neurosurgeons in practice for less than 10 years reported using an endoscopic approach, as compared to only 66.7% of neurosurgeons in practice for 10 years or more. Additionally, neurosurgeons who were newer to practice had a greater tendency to advocate for stereotactic radiosurgery (SRS) or re-resection (54.5% and 36.4%, respectively), as compared to older surgeons who showed a higher propensity (22.2%) to advocate for observation. The presence of cavernous sinus extension appeared to encourage ROs to offer radiotherapy sooner (61.4%), as compared to 40% of neurosurgeons.

Conclusions: Our results identified both variations and commonalities in practice amongst Canadian neurosurgeons. Approaches deviated in the setting of residual tumor based on years of practice. This work provides a critical foundation for future studies aiming to define evidence-based best practices in the management of NFAs ¹⁾.

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Kasper G, Samuel N, Alkins R, Khan OH. Practice patterns in the management of recurrent and residual Non-Functioning Pituitary Neuroendocrine Tumors: Results from a Canada-wide survey. *eNeurologicalSci*. 2021 Jan 22;22:100317. doi: 10.1016/j.ensci.2021.100317. PMID: 33553702; PMCID: PMC7844435.

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