

# Resampling surgery

A [qualitative study](#) designed to examine neurosurgeons' and neuro-oncologists' perceptions of resampling surgery for glioblastoma multiforme electively, post-therapy or at asymptomatic relapse.

Twenty-six neurosurgeons, three radiation oncologists and one neuro-oncologist were selected using convenience sampling and interviewed. Participants were presented with hypothetical scenarios in which resampling surgery was offered within a clinical trial and another in which the surgery was offered on a routine basis. Results Over half of the participants were interested in doing this within a clinical trial. About a quarter of the participants would be willing to consider routine resampling surgery if: (1) a resection were done rather than a simple biopsy; (2) they could wait until the patient becomes symptomatic and (3) there was a preliminary in vitro study with existing tumour samples to be able to offer patients some trial drugs. The remaining quarter of participants was entirely against the trial. Participants also expressed concerns about resource allocation, financial barriers, possibilities of patient coercion and the fear of patients' inability to offer true informed consent.

Overall, if surgeons are convinced of the benefits of the trial from their information from scientists, and they feel that patients are providing truly informed consent, then the majority would be willing to consider performing the surgery. Many surgeons would still feel uncomfortable with the procedure unless they are able to offer the patient some benefit from the procedure such that the risk to benefit ratio is balanced <sup>1)</sup>.

<sup>1)</sup>

Mir T, Bernstein M. Are neurosurgeons prepared to electively resample glioblastoma in patients without symptomatic relapse? A qualitative study. Br J Neurosurg. 2016 Jan 13:1-5. [Epub ahead of print] PubMed PMID: 26760112.

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