SUNDHEDSSTYRELSEN

NATIONAL CLINICAL GUIDELINE FOR THE TREATMENT OF BRAIN METASTASES

Quick guide

Consider stereotactic radiotherapy targeted at the surgical cavity following surgical resection in patients with a single brain metastasis and an average prognosis.

Weak recommendation

The recommendation has been updated and amended in 2018.

Consider either surgical resection or stereotactic radiotherapy in patients with a single brain metastasis and with an average prognosis, when the location of the metastasis enables surgical resection and stereotactic radiotherapy. The treatments are equivalent.

Weak recommendation

It was not considered necessary to update the recommendation in August 2017, since there was no new knowledge available concerning this specific question. Please also refer to the updated PICO 1 because of the overlap between the two questions.

Consider stereotactic radiotherapy in case of centrally located metastases and metastases located in eloquent functional areas of the brain.

Consider treating with stereotactic radiotherapy rather than whole-brain radiotherapy in patients with 2-4 brain metastases with a diameter of 3 cm or less and with an average prognosis.

Weak recommendation

It was not considered necessary to update the recommendation in August 2017.

It is good practice to offer whole-brain radiotherapy rather than stereotactic radiotherapy to patients with 5 or more brain metastases with a diameter of 3 cm or less and with an average prognosis.

Good practice (consensus)

The recommendation was updated and amended in January 2018.

Whole-brain radiotherapy should only be used upon due consideration in patients with one or more brain metastases and with a poor prognosis. There is no documentation of a beneficial effect, and the treatment is associated with adverse reactions.

Weak recommendation AGAINST

It was not considered necessary to update the recommendation in August 2017.

Chemotherapy should only be added to whole-brain radiotherapy upon due consideration if the patient has brain metastases as the only or dominant manifestation of a known primary cancer (certain chemosensitive cancers excluded). The beneficial effect is uncertain and the treatment is associated with adverse reactions.

Weak recommendation AGAINST

It was not considered necessary to update the recommendation in August 2017.

It is good practice to avoid steroids in patients with brain metastases without neurological deficits or intracranial pressure symptoms.

Good practice (consensus)

It was not considered necessary to update the recommendation in August 2017.

It is good practice to administer a high dose of steroid (prednisolone 50-100 mg or equivalent) on a routine basis in patients with brain metastases and intracranial pressure symptoms.

Good practice (consensus)

It is good practice to administer a moderate dose of steroid (prednisolone 25 mg or equivalent) in patients with brain metastases and neurological deficits.
It was not considered necessary to update the recommendation in August 2017.

It is good practice to only administer local treatment (stereotactic radiotherapy or surgical resection) upon due consideration in case of recurrence of brain metastases in patients previously treated with whole-brain radiotherapy, since the beneficial effect is highly questionable.

Good practice (consensus)

The recommendation has been updated without amendments in 2018.

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About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for the treatment of brain metastases. The guideline was prepared by the DHA.

The national clinical guideline for the treatment of brain metastases focuses on treatment, including clarification of the treatment modality to be used in each individual case. Brain metastases are a heterogeneous disorder for which the choice of treatment depends on the prognosis group as well as several tumour biological factors. The guideline generally does not differentiate between metastases from different primary tumours. For each focused question, it is specified how the population was delimited for each individual literature search.

Thus, the guideline contains recommendations for selected parts of the field only and therefore must be seen alongside the other guidelines, process descriptions etc. in this field.

Further information at sundhedsstyrelsen.dk
At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines
The national clinical guideline is one of the DHA's 47 national clinical guidelines for which a review with the purpose of updating them will be performed during the period 2017-2020.

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.