



Topic Brief: Metastatic Brain Tumor Treatment

This topic was withdrawn from the AHRQ topic development process by request of the nominator.

Date: 6/27/2023

Nomination Number: 1054

Purpose: This document summarizes the information addressing a nomination submitted on June 3, 2023, through the Effective Health Care Website ([link to nomination](#)). This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

Issue: The nominators of this topic, the Congress of Neurological Surgeons, sought a systematic review that would inform an update of their 2019 Guidelines for the Treatment of Adults with Metastatic Brain Tumors, which would establish the best evidence-based management of metastatic brain tumors over all commonly used diagnostic and treatment modalities in regularly encountered clinical situations.

Findings: This nomination will not move forward because the nominators requested that it be withdrawn.

Background

Brain metastases are the result of cancer cells spreading from their original site to the brain. While this can occur with any cancer, those most likely to cause brain metastases are lung, breast, colon, kidney, and melanomas.¹ As brain metastases form into expanding tumors they impact the functionality of the surrounding brain tissue, causing various symptoms including headache, personality change, memory loss, numbness, and seizures. Treatments for brain metastases may include surgery, radiation or chemotherapy, immunotherapy, or a combination of treatments.¹

Brain metastases are a common complication of cancer, and it is estimated that 10% to 26% of patients who ultimately die from their cancer will develop brain metastases.² Approximately 200,000 new metastatic brain tumors are diagnosed in the United States each year.³

Additional Information

The team began scoping the key questions with the nominator via email on June 12, 2023. In an email response sent to the team on June 27, the nominator asked that this topic nomination be withdrawn.

References

1. Mayo Clinic. Brain Metastases: Symptoms and Causes. 2022.
https://www.mayoclinic.org/diseases-conditions/brain-metastases/symptoms-causes/syc-20350136?gclid=aw.ds&&mc_id=bing&campaign=329764198&geo=90534&kw=What%20is%20Metastatic%20Brain%20Tumor&query=statistics%20on%20metastatic%20brain%20tumors&ad=80608006552692&network=Search&sitetarget=o&adgroup=1289727331937483&extension=&target=kwd-80608223521006:loc-4085&matchtype=p&device=c&account=B013932Y&invsrce=neuro&placementsite=enterprise&gclid=9a5307b9aca013d620686322f50a86b8&msclkid=9a5307b9aca013d620686322f50a86b8. Accessed on 6/27 2023.
2. Amsbaugh MJ, Kim CS. Brain Metastasis. StatPearls. Treasure Island (FL) ineligible companies. Disclosure: Catherine Kim declares no relevant financial relationships with ineligible companies.: StatPearls Publishing
Copyright © 2023, StatPearls Publishing LLC.; 2023.
3. Yale Medicine. Metastatic Brain Tumors. 2023.
<https://www.yalemedicine.org/conditions/metastatic-brain-tumors>. Accessed on 6/27/2023.

Author

Charli Armstrong

Conflict of Interest: None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

Acknowledgements

Emily Gean

This report was developed by the Scientific Resource Center under contract to the Agency for Healthcare Research and Quality (AHRQ), Rockville, MD (Contract No. HHSA 290-2017-00003C). The findings and conclusions in this document are those of the author(s) who are responsible for its contents; the findings and conclusions do not necessarily represent the views of AHRQ. No statement in this article should be construed as an official position of the Agency for Healthcare Research and Quality or of the U.S. Department of Health and Human Services.

Persons using assistive technology may not be able to fully access information in this report. For assistance contact EPC@ahrq.hhs.gov.