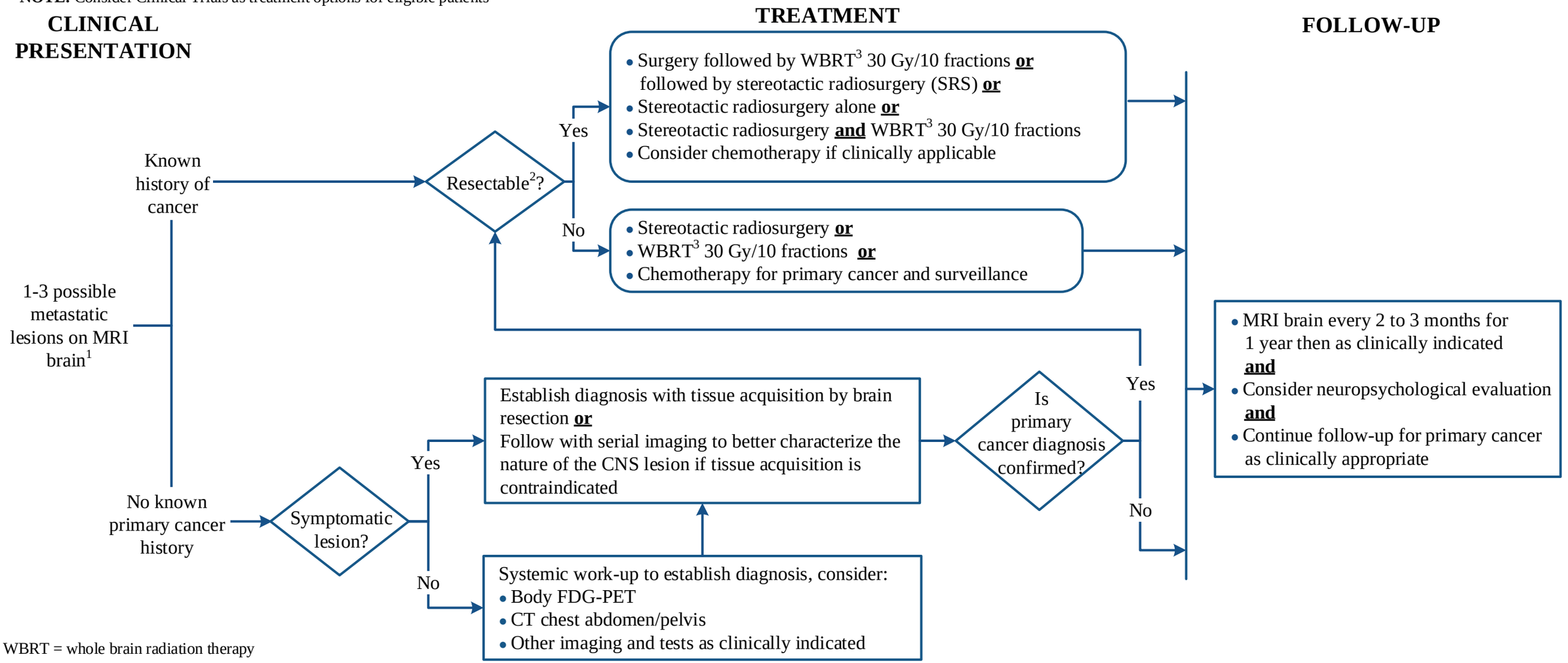
THE UNIVERSITY OF TEXAS MD Anderson Cancer Center
Making Cancer History®

Brain Metastasis (1-3 Lesions)

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson's specific patient population; MD Anderson's services and structure; and MD Anderson's clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.

NOTE: Consider Clinical Trials as treatment options for eligible patients



WBRT = whole brain radiation therapy

[1] Consider advanced care planning at treatment disposition

[2] The decision to resect a tumor depends on the size of the lesion, its location, feasibility, necessity, and other factors. For example, smaller (less than 2 cm), deep, asymptomatic lesions may be considered for treatment with Stereotactic Radiosurgery (SRS) versus larger (greater than 2 cm), symptomatic lesions may be more appropriate for surgery

[3] Consider memantine to prevent cognitive decline associated with WBRT

Department of Clinical Effectiveness V4
Approved by the Executive Committee of the Medical Staff on 11/28/2017

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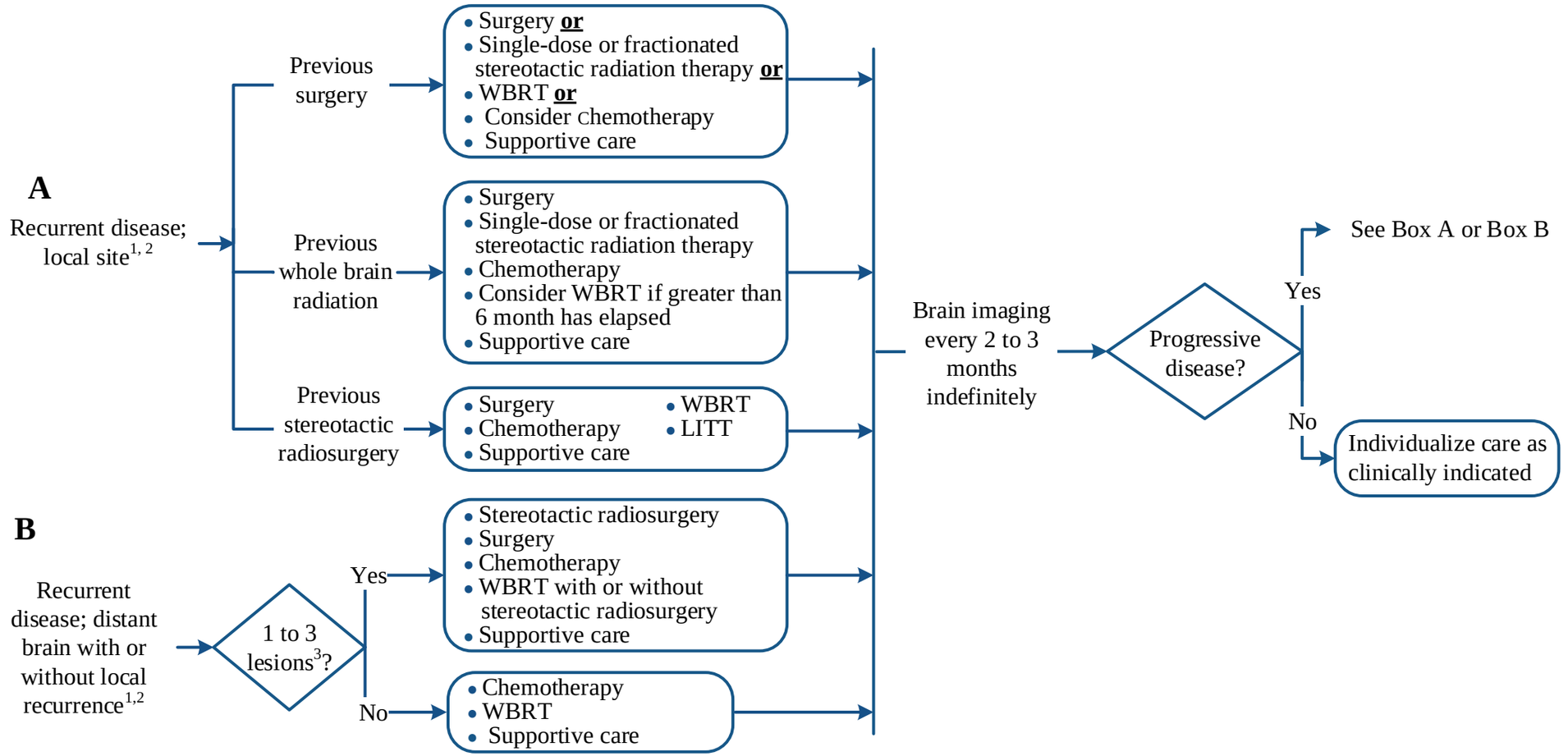
RECURRENCE | **SURVEILLANCE** | **ADDITIONAL RECURRENCE**



[1] Clinician should ensure that imaging changes are more likely secondary to tumor recurrence rather than necrosis due to prior stereotactic radiosurgery (SRS)
[2] Systemic disease to be treated as clinically indicated
[3] Recurrence on imaging can be confounded by treatment effects; strongly consider tumor tissue sampling if there is a possibility of treatment-related necrosis

WBRT = whole brain radiation therapy
LITT = laser interstitial thermal therapy

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SUGGESTED READINGS

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DEVELOPMENT CREDITS

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