

# Brain Metastasis Greater Than 3 Lesions

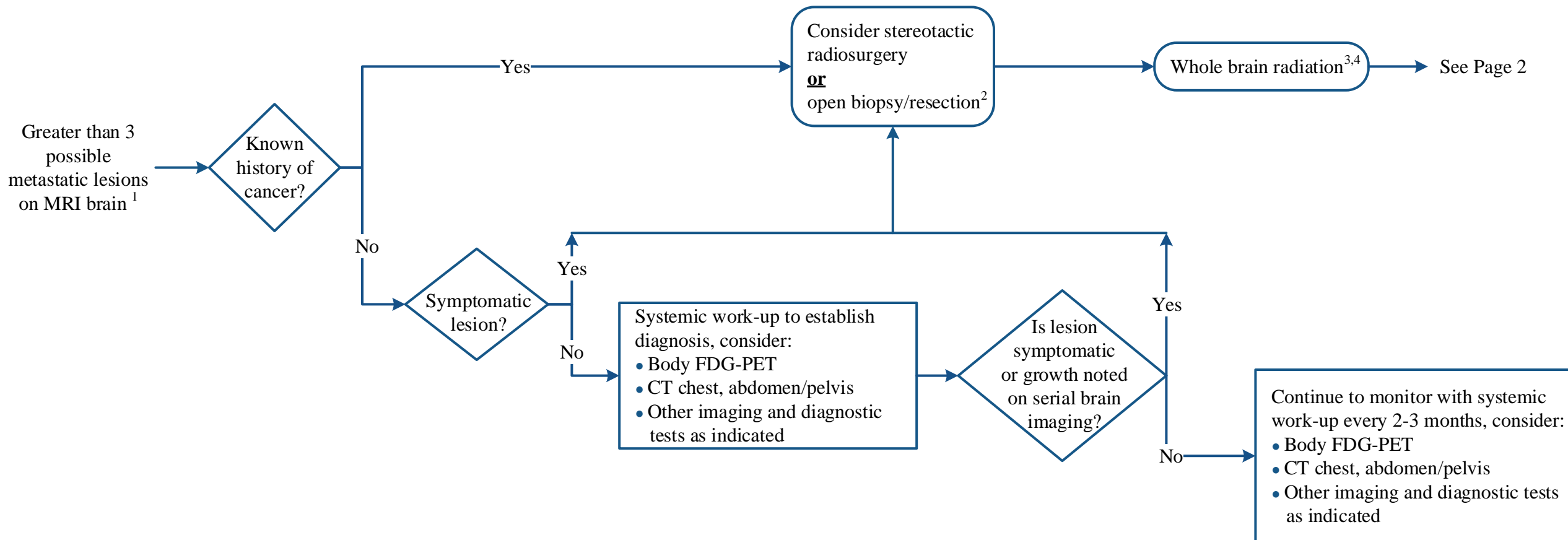
*This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson's specific patient population; MD Anderson's services and structure; and MD Anderson's 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.

## CLINICAL PRESENTATION

## WORKUP

## PRIMARY TREATMENT



<sup>1</sup> Consider advance care planning at treatment disposition

<sup>2</sup> Consider surgery to relieve mass effect

<sup>3</sup> Gamma knife to be used as an option only within a clinical trial

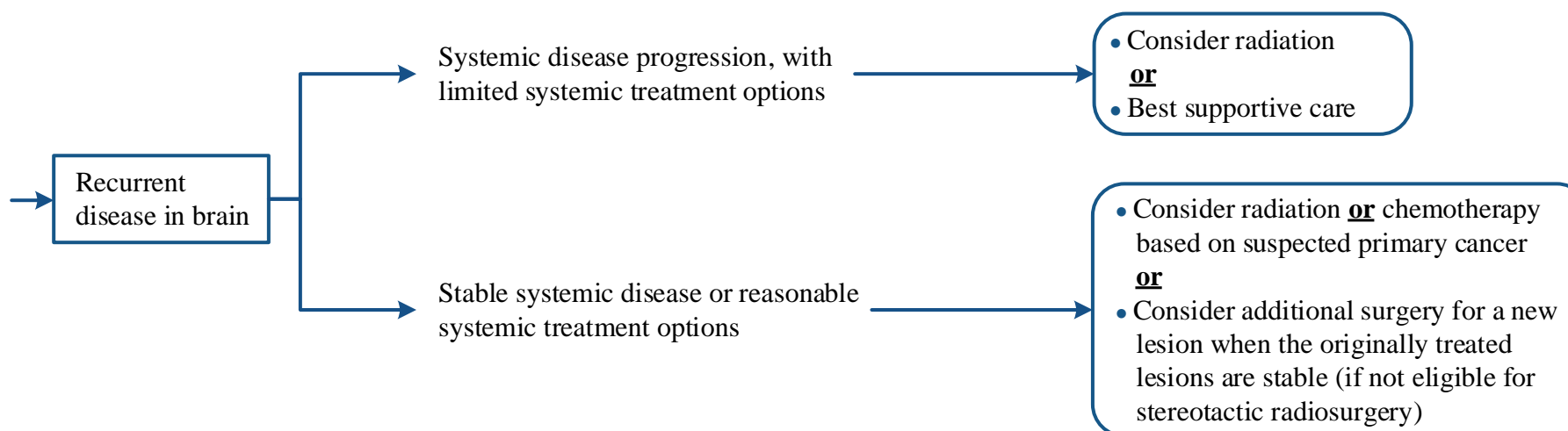
<sup>4</sup> Consider use of memantine to prevent cognitive decline associated with whole brain radiation therapy (WBRT)

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## FOLLOW-UP

- MRI brain every 2-3 months for 1 year and as clinically indicated
- Neuropsychological evaluation
- Continue follow-up as clinically indicated



## RECURRENCE

## TREATMENT

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## SUGGESTED READINGS

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## DEVELOPMENT CREDITS

This practice algorithm is based on majority expert opinion of the Brain Metastasis Work Group Faculty at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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