Tumor types, breast tumor subtypes and extension of systemic disease may influence outcome in cancer patients with brain metastases

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To the Editor,

I want to congratulate Patel et al. [1] for their study. They evaluated oncologic outcomes and toxicities for pre-stereotactic radiosurgery (SRS) (pre-SRS) and post-operative whole brain radiation therapy (WBRT) (post-WBRT) for resectable brain metastases (BM). They concluded that pre-SRS is a viable alternative to post-WBRT for resected BM. Comparing patients characteristics, some tumor types are not equally distributed in both arms (lung cancer 47.2 and 36.4%, melanoma 5.6 and 16.7% in post-WBRT and pre-SRS, respectively). Outcome of these tumor types with BM may differ. Secondly, though breast cancer BM are distributed equally in both arms, breast cancer HER-2 positive tumor subtype may show better outcome compared to triple negative breast cancer [2]. Therefore, description of breast tumor subtypes may better define the outcome in both arms. Finally, the authors did not give detailed information about the extension of extracranial metastases (bone

only vs. visceral metastases) which may indirectly effect outcome of cancer patients with BM.

Compliance with ethical standards

Conflict of interest The author indicated no potential conflicts of interest.

References

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