

Journal Watch

Symptom response after palliative radiotherapy for patients with brain metastases.

Bezjak A, Adam J, Barton R, Panzarella T, Laperriere N, Wong CS, et al. *Eur J Cancer* 2002; 38:487-496

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Abstract:

Whole brain radiotherapy (RT) is frequently used to palliate symptoms in patients with brain metastases, but the palliative benefit to patients has not been well documented. We conducted a longitudinal observational prospective study of patients receiving standard RT (20 Gray (Gy)/5 fractions) for symptomatic brain metastases. End-points were observer rating of neurological symptoms, patient-rated symptoms, performance status, neurological functional status, cognitive function and quality of life (QOL). Median survival for the 75 patients was 86 days (95% confidence interval (CI): 65-101 days). At 1 month, 19% of patients showed an improvement or resolution of presenting symptoms, 23% were stable and 55% had progressed or died. Patient-rated symptoms were increased at 1 month in comparison to baseline data. Only 4 patients had an improved performance status and 22 were stable. Many patients with brain metastases have a short life expectancy and may not benefit from even short duration radiation schedules. Further effort is needed to optimize patient selection and tailor treatment appropriately.

Comments:

Strengths/uniqueness:

Unlike prior articles that examine symptom response of palliative radiotherapy for brain metastases, this article is unique in that it explores assessment of patient-rated symptoms and the degree of benefit to the patient in terms of quality of life, in addition to a variety of other clinical parameters. The authors provide a good analysis of study limitations.

Weakness:

As identified by the authors: the use of an unvalidated symptom checklist; the question of internal validity due to lack of information on all patients, and the issue of generalizability (many patients were identified to have a moderately poor prognosis). There was a high dropout rate at the 6-month assessment period due to frailty or death.

Relevance to Palliative Care:

This article suggests that palliative radiotherapy for patients with brain metastases may be of limited benefit particularly in terms of providing subjective improvement in their symptoms and quality of life. Future studies that replicate these results would be of benefit.