

ASCO® Guidelines

ANTICONVULSANT PROPHYLAXIS AND STEROID USE IN ADULTS WITH METASTATIC BRAIN TUMORS: ASCO AND SNO JOINT ENDORSEMENT OF THE CNS GUIDELINES

Clinical Domain	CNS Recommendation with ASCO/SNO Qualifying Statements in <i>Bold Italics</i>
CNS Anticonvulsants Guideline	
Anti-epileptic drugs	Prophylactic anti-epileptic drugs are not recommended <i>for routine use</i> in patients with brain metastases who did not undergo surgical resection and are otherwise seizure free. (Level 3)
	Routine post-craniotomy anti-epileptic drug use for seizure-free patients with brain metastases is not recommended. (Level 3)
CNS Steroids Guideline: <i>Steroid therapy versus no steroid therapy</i>	
Asymptomatic brain metastases patients without mass effect	Insufficient evidence exists to make a treatment recommendation for this clinical scenario.
Brain metastases patients with mild symptoms related to mass effect	Corticosteroids are recommended to provide temporary symptomatic relief of symptoms related to increased intracranial pressure and edema secondary to brain metastases. It is recommended for patients who are symptomatic from metastatic disease to the brain that a starting dose of 4–8 mg/day of dexamethasone be considered. (Level 3)
Brain metastases patients with moderate to severe symptoms related to mass effect	Corticosteroids are recommended to provide temporary symptomatic relief of symptoms related to increased intracranial pressure and edema secondary to brain metastases. If patients exhibit severe symptoms consistent with increased intracranial pressure, it is recommended that higher doses such as 16 mg/day or more be considered. (Level 3)
Choice of Steroid	If corticosteroids are given, dexamethasone is the best drug choice given the available evidence. (Level 3)
Duration of Corticosteroid Administration	Corticosteroids, if given, should be tapered as rapidly as possible but no faster than clinically tolerated, based upon an individualized treatment regimen and a full understanding of the long-term sequelae of corticosteroid therapy. (Level 3)
<i>ASCO/SNO Expert Panel Comment: The Panel's expert opinion is that given the important side-effects of steroids the minimum effective dose (often no more than 4 mg) should be used where possible and night-time doses of steroids should be avoided to minimize toxicity.</i>	

Reproduced from: Chen CC, Rennert RC, Olson JJ: Congress of Neurological Surgeons Systematic Review and Evidence-Based Guidelines on the Role of Prophylactic Anticonvulsants in the Treatment of Adults with Metastatic Brain Tumors. Neurosurgery published online ahead of print: January 9, 2019. (doi: 10.1093/neuros/nyy545), 2019 and Ryken TC, Kuo JS, Prabhu RS, et al.: Congress of Neurological Surgeons Systematic Review and Evidence-Based Guidelines on the Role of Steroids in the Treatment of Adults with Metastatic Brain Tumors. Neurosurgery published online ahead of print: January 9, 2019. (doi: 10.1093/neuros/nyy546), 2019 by permission Oxford university Press on behalf of the Congress of Neurological Surgeons. Please visit: <https://academic.oup.com/neurosurgery/article-abstract/84/3/E195/5281386> and <https://academic.oup.com/neurosurgery/article-abstract/84/3/E189/5281370>