



Response to Bernardi and colleagues

Re: Bernardi D, Tomassi O, Stefani M, Di Giacobbe A. Comment on “Clinical features and course of brain metastases in colorectal cancer: an experience from a single institution.” *Curr Oncol* 2013;20:e278.

We thank D. Bernardi and colleagues for their thoughtful comments on our study of the clinical features and course of brain metastases in colorectal cancer¹. Bernardi and colleagues agree with us that improvements in the management of metastatic colorectal cancer and new imaging techniques may explain the rise in the incidence of brain metastases.

In our retrospective study, patients treated with surgery and whole-brain radiation therapy had improved survival compared with patients receiving other therapeutic modalities. There may be a selection bias, because these patients had a good performance status, solitary nodules, and well-controlled systemic disease. Although the outcome in these patients has improved, the prognosis for most remains poor. Although earlier detection of brain metastases may lead to better management and improved survival, there is not enough evidence to recommend routine brain imaging in long-surviving patients with metastatic colorectal cancer. Many questions are still unanswered concerning the role of systemic treatment after brain metastases diagnosis, the role of the molecular characteristics of these tumours, and the existence of predictive biomarkers^{2,3}. Finally, we

do believe that development of innovative treatment options for brain metastases is urgently warranted³.

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CONFLICT OF INTEREST DISCLOSURES

The author has no financial conflicts of interest to report.

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