H.L.	Harold L.	Rekate
------	-----------	--------

Barrow Neurological Institute, Mercy Healthcare Arizona, Phoenix, Ariz., USA

Letter to the Editor

Dear Sir,

The paper by Dr. Packer, entitled ‘Brain Stem Gliomas: Therapeutic Options at Time of Recurrence’ [Pediatr Neurosurg 1996;24:211–216], has been listed as an original paper for the purposes of the Journal and identifying what it is doing. This article is a well-written essay, and the final conclusion that children with progressive disease after initial treatment for brain stem glioma should be treated as part of ongoing investigations and protocols is not possible to argue with. It is true that these all too frequent and tragic patients represent a relatively predictable group of patients in whom it is clearly rational to use aggressive and innovative procedures in an attempt to make some headway in this very frustrating disease. As long as these studies are done in the context of the studying of this treatment, and especially in terms of large, particularly multi-center trials, I am in complete agreement.

I would, however, say that this is not actually an original paper, but an essay dealing with a philosophic approach rather than a scientific study which has been subjected to peer review. The only new piece of scientific data is the Kaplan-Meier curve of survival after relapse in 100 children with brain

stem tumors. The caveat here is the sense that there is significant hope with aggressive treatment for these children and that it is justified to treat them with aggressive and new forms of treatment. While I completely agree that this is justified in the context of trying to understand the risks and benefits associated with varieties of new forms of treatment in a prospectively randomized fashion, I think that it is essential to give relatively brutal informed consent to these families. The likelihood of them responding is, as is said in the article, less than 10%. The treatments that were not given in the context of a funded multicenter trial are very expensive, and the likelihood of creating suffering in the children without benefiting them is very high. These children should not be routinely treated at the time of recurrence without their inclusion in a trial of a new therapeutic intervention. I think that the readers of *Pe-diatric Neurosurgery* need to hear the views expressed in this paper. However, I think the paper should have been identified as an essay and be the opinion of the author rather than a peer reviewed, scientific, or guest editorial work.

KARGER
E-Mail karger@karger.ch Fax + 41 61 306 12 34 <http://www.karger.ch>
© 1997 S. Karger AG
Basel 1016–2291/96/0254–0220\$12.00/0