Commentary

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Hankinson et al. [1] surveyed the American Association of Neurological Surgeons (AANS) membership using a simplified questionnaire on the patterns of care and treatment of patients with craniopharyngioma with a response rate of only 3.4%. The 10-question survey was designed and reviewed by the leadership of the AANS/CNS joint sections on tumors and pediatric neurosurgery. The 102 neurosurgeons who responded were estimated to have managed 2,550 cases in their career with a median of 25 cases each. Sixty-two of the respondents indicated that their practice was academic and 36 declared that it was more than three quarters pediatrics. The years of neurosurgery training completion were evenly distributed between 1977–1989, 1990–1999, and 2000–2008.

Interesting deviations from the common management algorithms for children with craniopharyngioma were identified [2]. For example, when asked in the survey: ‘Have you ever recommended observation or treatment without a tissue diagnosis for a patient presenting with a newly diagnosed lesion considered likely to be a craniopharyngioma?’ 37 said yes. When asked about postoperative radiation following subtotal resection if further surgery was not an option, 18% responded that they would never recommend radiation therapy and 11% would never recommend it after a biopsy even if further surgery was not an option.

There is no doubt that the study has inherent limitations because of the suboptimal response rate and the simplified survey questionnaire, however, it is interesting to see so much deviation in the management of craniopharyngiomas that is not influenced by practice experience and practice character. One may ask: Is the management of craniopharyngiomas alone in this practice pattern deviation?

A major survey limitation is that the responses may not actually reflect what may occur when taking care of the patients with craniopharyngiomas. The respondents did not review their own personal databases; they merely tried to recollect how they managed this particular condition amongst the hundreds of other conditions in their practice. Additional research is required to assess if physician reporting behavior is consistent with clinical practice. Although some degree of practice variation is expected, this variability should decrease as the level of management evidence increases in the literature.

References

- 1 Hankinson T, Palmeri N, Williams S, Torok M, Serrano C, Foreman N, Handler M, Liu A: Patterns of care for craniopharyngioma: survey of members of the American Association of Neurological Surgeons. *Pediatr Neurosurg*, in press.
- 2 Komotar RJ, Roguski M, Bruce JN: Surgical management of craniopharyngiomas. *J Neurooncol* 2009;92:283–296.