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### Modern multidisciplinary management of brain metastases.

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#### Abstract

Ideal management of brain metastases (BMs) requires simultaneous control of the existing brain metastasis (local brain control), prevention of future BMs (distant brain control), and control of the systemic cancer (systemic control). Available tools include whole brain radiation therapy (WBRT), surgery, stereotactic radiosurgery (SRS), and systemic therapies, such as chemotherapies, biologic agents, and radiosensitizing agents. Selecting the combination of these tools is highly individualized and is impacted by numerous factors involving the tumor, patient, provider, and evolving evidence. Historically, patients received WBRT, either alone or with local treatments (surgery or SRS). However, concern about the effects of WBRT, coupled with improvements in local control and survival in select patients, with the combination treatment, has led to a reconsideration of the role of WBRT. Additionally, there have been advancements in the efficacy and tolerance of systemic therapies and clarification regarding the relative risks and symptoms of tumor recurrence versus treatment complications. Thankfully, individualizing modern multidisciplinary management for patients with BMs is being aided by numerous recently completed, ongoing, and planned prospective series.

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