Holdoff et al. described a retrospective monocentric series of patients with primary CNS lymphoma (PCNSL) treated in a historically older cohort with high-dose methotrexate (HD-MTX) and a more contemporaneous cohort with HD-MTX and rituximab. [1] As originally documented in a prospective Phase 2a study, combination immunochemotherapy appeared superior to single agent HD-MTX. [2] What is not discussed is the controversy (and lack of a standard of care) as to the most effective upfront therapy for PCNSL. [3]

This controversy is fueled primarily by the paucity of randomized studies comparing emerging therapies which increasingly embrace multiagent therapies. [4] Furthermore, the adjuvant role of whole brain radiotherapy remains contentious in treating newly diagnosed PCNSL. [5]

Duration of adjuvant therapy for PCNSL has never been established though current PCNSL and systemic lymphoma trials utilizing a 6-month therapy course, contrasting the current report. Therapy duration is relevant with respect to treatment-related toxicity as well as utilization of health care resources. Cost effectiveness is germane if outcomes of adjuvant therapies for PCNSL are otherwise similar. The study by Holdoff et al. reinforced the importance of randomized clinical trials so as to rationally commend therapy.


For disclosures, contact the editorial office at journal@neurology.org.