In Reply: Craniotomy and Survival for Primary Central Nervous System Lymphoma

To the Editor:

We thank the authors of the Letter to the Editor1 for their comments on our study,2 in which we found a robust survival benefit associated with patients that underwent craniotomy as opposed to biopsy for primary central nervous system lymphoma (PCNSL2). We agree with their claim that the lack of cause-specific mortality is a limitation of our study. We also concur that their additional analysis of cause-specific mortality in this NCDB cohort provides more certain evidence of a survival benefit associated with craniotomy for this group.

Certainly, for tumors with high cure rates such as localized breast and prostate cancers, disease-specific mortality reporting is essential due to the predominance of other competing causes of death. However, because PCNSL is infrequently cured, it has been acceptable to assume that most deaths are PCNSL-specific. Additionally, given that cause-specific mortality is often an unreliable measure in large registries due to the lack of reliability of cause of death reporting,3 we focused on other analyses in our manuscript. However, the authors’ use of a relative survival framework, which circumvents the need for reliable information on cause of death, is an appropriate measure to evaluate cause-specific mortality in this dataset.

We have replicated the analysis that the authors performed and generated the same results. We agree with the conclusion that their analysis compensates for a limitation in the interpretation of our study.2 The authors provide further evidence for the association between craniotomy and survival in retrospective analysis. The additional analysis strengthens our conclusion that a prospective evaluation of the effect of cytoreductive surgery on the survival of patients with PCNSL is warranted.

Disclosure

The authors have no personal, financial, or institutional interest in any of the drugs, materials, or devices described in this article.

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REFERENCES