Preface

Vestibular Schwannoma: Evidence-based Treatment

“Advise the patient in front of you as you would your own mother.” Too often, conflicts of interest creep into the doctor–patient relationship. Surgeons want to operate and radiotherapists recommend radiation therapy. From recent studies on the natural history of vestibular schwannomas, we have learned that many of these benign tumors remain quiescent for long periods of time. Therefore, more and more patients are being observed with serial imaging and audiometric testing. Longer term studies are demonstrating that radiation therapy and radiosurgery appear to have favorable rates of tumor control. Radiosurgery certification has been offered to surgeons of multiple specialties, reducing the natural bias to recommend the single modality of treatment available from one’s original training. Chemotherapy with new anti-angiogenic agents appears promising at least for tumors related to neurofibromatosis type 2. Pilot studies are looking at the possibility of using these medications for sporadic, unilateral tumors.

For this issue, we recruited a group of experts in the field who present particular niches of vestibular schwannoma management with which they are particularly familiar. We have endeavored to communicate the latest, evidenced-based treatment modalities that readers can consider incorporating into their practices. While controversies always will simmer, the contributors labored to present a balanced review of current thought. We are grateful to all of them. Although there are a number of senior practitioners in this field, it was appropriate that Derald Brackmann wrote the introductory piece recounting the recent history of vestibular schwannoma management, given his stature and continuing contributions. Although the editors acknowledge the appropriate appellation of vestibular schwannoma for tumors traditionally termed acoustic neuroma, the names are used interchangeably in the manuscript at the discretion of the contributing authors.
We hope that you enjoy reading this issue and find something new to add to your knowledge base within this information. In the end, physicians strive to give the best advice, choosing for their patients as they would for their own family members based on their education, experiences, and continued learning. Hopefully the information contained herein will help you answer the frequently asked patient question, “Doctor, what would you do if you were in my shoes?”

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