

Quality of Life in Patients with Skull Base Tumors

For more than half a century, studies on skull base surgery have focused on clinical end points, such as completeness of tumor removal, response to radiation, complications, local control, and survival. Surgical procedures are inarguably fundamental for the treatment of skull base neoplasms, but they represent only part of overall patient care. As physicians, we are trained to provide our patients the optimal treatment for achieving the highest survival rate. Concern about their quality of life (QOL) is too often overshadowed by our zeal for a possible cure. The two commonly accepted essential goals of treatment should be both the improvement of survival and the quick restoration of patients' QOL. In 1950, Karnofsky and Burchenal published a landmark work in which they introduced a standardized measure of functional status, which has continued to impact the assessment of cancer patients to this day.¹ Modern instruments for estimation of health-related QOL offer an alternative to subjective measurements of the patient's status. It is important for surgeons to be aware that they cannot estimate their patients' perspectives on QOL issues without asking them and that validated disease-specific instruments addressing multiple domains of QOL should be utilized for realistic assessment. Detailed understanding of the different aspects that make up an individual's QOL may help surgeons improve the evaluation and management of their patients, identify specific impediments as early as possible during follow-up, and apply appropriate medical interventions to patients with increased risk and poor outcome. Early access of patients to detailed information about their predicted QOL status can also lead to better adjustment to an imminent medical condition.

This themed issue of *Skull Base* is devoted to the topic of QOL in patients with skull base neoplasms. Significant improvements in our awareness and knowledge of QOL measures have motivated experts in the field to expend considerable efforts in making valuable contributions to this special issue. The first series of articles presented here focuses

on a review of our current knowledge on the physical, psychological, and social well-being of patients with skull base tumors. Instruments that are applied for the estimation of health-related QOL issues in patients with skull base neoplasms are also reviewed. The second section of this issue presents five original articles dealing with the impact of current treatment modalities on health-related QOL issues. A sixth article examines the QOL issues of patients undergoing endonasal skull base surgery. Despite our increasing knowledge about the QOL issues of patients with skull base tumors, the ability to recruit a sufficient sample size to arrive at evidence-based conclusions remains the biggest limitation. As a result, there is often inadequate statistical power to conduct meaningful analyses of potential medical or demographic risk factors that might influence the QOL outcomes of this patient population. As such, the limited number of skull base patients in any single program calls for broad collaborative effort. A special article by Snehal Patel introduces the use of a Web-based data collection method sponsored by the North America Skull Base Society that can function as a collaborative registry and an effective tool for the collection of QOL data.

One future challenge in skull base surgery is the advancement of QOL research by conducting comparative multicenter studies that include assessments of QOL measures. Research such as this will inevitably advance our efforts not only to improve our patients' life expectancy but afford them a life worth living.

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Guest Editor

REFERENCE

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