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Reply to: Effect of seizure timing on long-term survival in brain tumor patients

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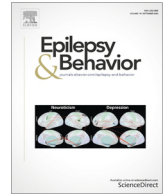
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Letter to the Editor

Response to the Letter to the Editor: Effect of seizure timing on long-term survival in brain tumor patients

To the Editor,

We are glad to respond to the letter from Singh, Mehrotra, Kanjilal and Paliwal. We appreciate their interest in our study and their comments.

We agree that pathology of different brain tumors is different, and could affect functional status and seizure occurrence in that particular tumor group, and hence we have divided the patients in groups with WHO tumor grade classification [1]. In clinical practice, given a common occurrence of meningioma and to meet patients and health care providers' curiosity to know more about the association of seizures in this group of Meningioma patients, we preferred to include those in the analysis. The purpose of this study itself was to assess seizure occurrence, its timing and long-term survival outcomes in different tumor groups that were analyzed separately in each tumor group. We believe that by including meningioma group as well, we have revealed this valuable piece of information in this study.

We argue against the commenter's remark that cerebellar tumors be excluded from the analysis. We would like to emphasize that the aim of this study was to analyze the seizures in intracranial brain tumors, regardless of the tumor location (except brainstem and spine). Our approach was to provide an overall view of seizure occurrence in intracranial tumor patients because seizures in tumors at cerebellum location, though rare, have also been also reported [2]. In addition to histopathologic changes in tumors at cerebellar location, other associated changes in surrounding cortex or elsewhere, could possibly secondarily lead to seizure occurrence in these patients. Our study had only 2% patients with tumor in cerebellar location and none of these patients had seizures. It is another relevant piece of information when assessing tumor types, seizures and survival outcomes in these brain tumor patients.

We know that the analysis, after taking away meningioma patients and those with cerebellar tumors, will not change for reasons mentioned above.

We are aware of the availability for assessment of molecular/genetic markers of MGMT, IDH mutation and 1p/19q co-deletion in brain tumor patients. In fact, we have the data from TCGA (The Cancer Genome atlas) on these patients to assess its association with seizures. A separate analysis and manuscript preparation is in progress, and discussion of this is beyond the scope of discussion in this current paper.

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References

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