Podcast: How to Choose a Neurosurgeon
Henry Brem, M.D.

(00:00:00) Respondent: Hi, I’m Henry Brem, Chief of Neurosurgery at The Johns Hopkins Hospital.

Interviewer: And I’m Elizabeth Tracey, Director of Electronic Media for John Hopkins Medicine. Dr. Brem, we’re here today talking about one’s need for a neurosurgeon. A diagnosis is made, and all of a sudden, a neurosurgeon is needed, how do we choose a neurosurgeon?

(00:00:17) Respondent: Well, it’s very important to both choose the neurosurgeon and the institution that they’re at, and to make sure that the person is chosen really is an expert in the specific problem which the person has.

Interviewer: Okay, that sounds easy enough, but there’s got to be some specifics that are related to that.

(00:00:34) Respondent: Well, for example, in our area of brain tumors, to be sure that the person who is taking care of you is a specialist in brain tumors and that they work at a center that all of the support services and all the parallel specialists are also expert at what they do. How to judge that is to ask, first of all, and to also look at objective criteria and what are the numbers, how many patients have that type of problem do they take care of, the NIH supports work at certain institution, is an institution to get support from NIH because it’s peer reviewed and recognized as an area of specialization.

Interviewer: Are there resources that potential patients can turn to in order to identify these kinds of centers, objective resources?

(00:01:17) Respondent: For brain tumor patients, we suggest that they go to the American Brain Tumor Association, the ABTA website because they tend to look objectively at which centers provide the best brain tumor care and what type of questions to be asking. The other good website is the NIH itself. The NIH describes the fundamentals of care of patients for brain tumors and what sort of questions should be asked.

Interviewer: Certainly, when someone hears something like brain tumor as in other types of cancer, they feel that time is of the essence, that they need to hurry up and find a neurosurgeon, I’m sure, and get this tumor removed. Is that necessarily true or can patients take a little bit of time to identify the best possible surgeon?

(00:01:57) Respondent: It is very important to find the best surgeon, the best physician and best medical center. We do have a very strong approach about trying to get back to patients within a day or two if they call about a new diagnosis of a brain tumor. We usually set up for them to have an appointment within a week. That’s our objective. And it’s not so much that every brain tumor needs to be treated that quickly, but we understand and appreciate that the person is very anxious and wants the answers and wants the answers about their specific situation.

The other caveat I would say is that sometimes when people are trying to research the problem by themselves, they extrapolate about other problems that are related to theirs that are not relevant to theirs. So it’s unlikely their friends and family members who’ve have had experiences, for example, with a brain tumor are going to be the same as the person who has it. Therefore, that’s the sense of urgency is that the person should seek out a competent specialist who will explain their situation and put it in the proper context. That’s worth doing quickly.
Once you have that information, then really evaluating what are the treatment options and spending a little bit of time making sure that you’re comfortable in the long term, you’re starting in the center that you’re going to continue your care at and get the best possible treatment.

Interviewer: So would you then advise potential patients that it’s okay to wait a few days if it’s going to take you that long to travel, for example, to a center where you might want treatment?

(00:03:22) Respondent: Most care for brain tumors is centered around tertiary centers, around centers that really specialize in the care. One doesn’t necessarily need to wait a few day it it’s an urgent problem. If somebody is having seizures or having terrible headaches, and it needs to be resolved right away, those patients can be admitted immediately at these specialized centers. When there is, what we would call, an incidental finding, someone is looking for one thing and they find something else, and there are no symptoms related to it that’s when certainly there’s not a big rush. But I think again for peace of mind, it’s good to take care of it to see a specialist relatively soon. But there’s not a sense of urgency because there was no problem that led to that initial consultation.

Interviewer: Okay. So you’ve mention a number of times the necessity to go to a place that has all the resources there in order to completely manage this particular problem. So how do people identify those types of centers?

(00:04:17) Respondent: I think by asking and asking their physicians what are the major centers in that specific area and not being afraid to travel. Here at Hopkins, I’d say that about 25% of our patients with brain tumors are from the Maryland area, and about 50% are from the rest of the United States because people seek out our care, and they come here from all over, from California, from the Midwest, from surrounding states. And then about 25% of our patients really travel from outside of the United States, from around the world, from Europe, Asia and so on, because they do their homework, and they find out where are the best centers, make the arrangement so that they’re seen in the centers that have that type of expertise.

It’s also very important to realize that it’s no one individual on the center like that that leads to the good outcomes. The surgeon can be a terrific surgeon but working in a center that doesn’t have 24-hours-a-day ICU care, for example, here at Hopkins, we have a Neurocritical Care Unit that has physicians in house who are specialists in neurocritical care 24 hours a day, seven days a week watching over a patient. So I can be as good a surgeon as possible, but if somebody has an emergency at 3:00 in the morning after their surgery, it takes a half hour to get from home to come in. That can be a very critical amount of time.

If the person is in a center where there are neurosurgery residents who reside in the hospital and neurocritical care physicians who are taking the emergency measures that can be a difference between life and death, literally. And I’d say once a year, we have a patient who, if we couldn’t have treated the emergency within a half hour of the time that it occurred that they might not have survived. So it can make a truly critical difference.

Interviewer: There’s a lot of studies that are out there right now showing that both the number of times a surgeon does a particular procedure and his support staff make a big difference in terms of outcomes. I guess that’s also true with brain tumors.

(00:06:17) Respondent: It’s certainly true of brain tumors. In fact, we published a study a few years ago looking at the craniotomies for benign brain tumors in the State of Maryland, and we showed that the difference between the lowest volume centers - the centers where there are board certified doctors.
neurosurgeons but they only occasionally operate on patients with brain tumors - as compared to the highest volume centers such as Hopkins or University Maryland was a 16 fold difference in survival. So for person with a benign tumor, the likelihood of surviving the operation can range as much as 16 fold. This is a not a trivial difference; this is an enormous difference.

Now what you attribute that to is interesting. It may or may not just be surgical skill and repetition in doing things routinely. It’s also the anesthesiologists; it’s the nurses in the operating room; it’s the critical care; it’s a medical center being able to afford the extraordinarily expensive equipment that it takes to take care of patients with these complex problems. So at an institution like Hopkins, we have seven MRIs that are working 24 hours a day; they do these specialized type of studies that look at fiber tracts, look at function, not just structure.

You can’t afford to have that type of equipment and resources unless you’re taking care of hundreds and thousands of patients with this type of problem. The patient goes to a Neurocritical Care Unit, those nurses do nothing but take care of neurosurgical complications and avoiding those complications. So they catch things very early and they respond very quickly.

It's the sum total of all of that that leads to a good outcome. And so with the better results, the better outcome, the better survival and the better quality of life comes from that type of specialized care. The other aspect is that the support afterwards, both for additional treatments and for social support, for understanding what a patient goes through, are best seen in centers that people understand the disease and are treating it day and a night.

Interviewer: As you know, when people hear a diagnosis of a brain tumor, they may hesitate in talking to their physician or saying, “You know, I think I really want a second opinion. I think I really want to go to another center and be evaluated.” How would you suggest they address that?

(00:08:35) Respondent: I think we live in a society in an age that the best way is to just be straightforward about it. My own feeling in every field of medicine is that if anybody balks at getting more inputs, then that’s a reason to find a different physician. I know that in my own practice, if somebody says that they appreciate hearing what I have had to say, they’d like to see what other people have to say, I always get them a list of names of people who are also brain tumor experts, and I offer to send the records and to do the consultation myself because I welcome the input frankly myself. It’s always good to hear if somebody has a different approach or has different suggestions.

So I encourage it, and I think that every good physician should always encourage a patient seeking out the best possible health care that they can get. Also, it’s very important an individual person has peace of mind that they’ve done their homework and that they have the best possible person.

Interviewer: That’s an excellent point. So I’ve gotten the best possible care; I’ve come here to Johns Hopkins; I’ve had all my supportive care, and now I have a recurrence. What happens then?

(00:09:39) Respondent: Well, it’s very important that the institution that treats you initially is prepared to take of the recurrence and side effects of the treatment. Often, we see people who are treated elsewhere, and then they come to us at the time of recurrence. And we’re, of course, happy to help them at that time, but they frequently have missed out on opportunities that they could have had with their initial therapy and might have lessened the chance of a recurrence. So it’s important right up from the beginning to make sure that you’re in a center that offers a full range of services, both standard and experimental therapies.
So there are certain types of, for example, implants that can be done at the time of surgery. Some are approved by the FDA, and some are on experimental trials, but only in a center that specializes will you will be able to really avail yourself to the full range of both experimental and standard type of therapies. And then that group should follow you through, and if there is a recurrence, they will be in a position to offer additional therapies that may build on what you've already been treated with.

There have been studies that show that patients who are enrolled in experimental studies have a better outcome regardless of the benefit of the specific drug or treatment utilized because when you enroll into a study, you automatically put yourself in a situation where you get the best possible care because the people who are treating you in the study are watching very, very carefully for any side effects, any complications, they're obligated to by the rules of what studies are done, and they practice a very high level of medicine therefore, because they're watching for everything, and everything is reported. Even just doing that by itself can lead to a better outcome and higher quality of life.

Interviewer: What I would ask you to do now is just to offer a word to people who'd have just gotten a diagnosis of a brain tumor and are searching for a neurosurgeon.

(00:11:35) Respondent: So someone with a new diagnosis its is a frightening idea to hear that you have a brain tumor, firstly recognize that most brain tumors, more than half, are benign and are very, very easily treatable. Many of the patients with brain tumors don’t need any treatment at all; it needs to be followed. And I would say that in my own practice, about a third of patients that are referred to me with a diagnosis of a brain tumor, who have an MRI demonstration of a brain tumor, we elect to follow. We get scans every two to three months for the first year, then every six months and eventually every year, if we’re convinced that it’s a benign process; it’s not causing a specific symptoms.

If we see growth in those tumors, or if we’re suspicious that maybe it's more aggressive type of tumor, or if it’s even a benign tumor that’s in a location that is causing problems for the person, then we arrange for surgery. Today, surgery is very safe. There are, of course, risks to it, but it’s incomparably safer to what it used to be. One of the biggest advances is the incredible imaging technology that we have going in. We’re able to map localization of function, for example, speech, motor function, before we go in, and then we use computer systems in the operating room that navigate for us, just like a GPS system does. So we can pick the safest route that goes directly to the tumor and remove it in a very successful type of manner with the patient leaving the hospital two, three days later in excellent neurologic condition, the excellent overall condition.

So that equipment and those resources are critical for safe, effective surgery. Everyone with a brain tumor should be followed because you don’t want to let something go from small and very treatable, to large and less treatable. If, in fact, it needs surgery or needs treatment, then you go to a place that’s most experienced in doing it and the most skilled surgeon that you can find. It’s very important that those judgments be done in a center where the various options such as radiation or medical therapies, as well as surgery, or all that expertise resides, so that you’re not slanted in one direction or the other.

Interviewer: Very good. Dr. Brem, thank you very much.

(00:13:55) Respondent: It's pleasure. Thank you.