Today there are major issues in radiosurgery that have a considerable impact on neurosurgery, involving not only appropriate applications, outcomes, and technology but also training, certification, credentialing, privileging, and reimbursement. As at any time of change—and with evolving technology, applications, and indications, this is certainly such a time for radiosurgery—the stakes for the various parties involved are raised. We have been well served by an attentive leadership, who in the present article provide a clarifying position statement that is well considered and well written.

Kondziolka, Lunsford, Loeffler, and Friedman deal up front with the very practical issue of nailing down some basic definitions. The potential for misunderstanding, particularly when nonneurosurgeons and nonphysicians use terms such as “radiosurgery” and “radiotherapy” for socioeconomic or other purposes, is considerable and clarity of language is essential. There are forces at play that would obscure essential distinctions, and this paper plays an important role in keeping the record straight.

Having established a common reference vocabulary, the authors articulate the complementary roles currently played by members of the multidisciplinary radiosurgery team. Historical perspective aside, there remain cogent arguments for these collaborative arrangements, which characterize the most established, productive, and respected programs operating today. Some individuals have voiced concern about the potential erosion of neurosurgery’s contribution to and role in radiosurgery. They believe that the increasing sophistication of linear accelerator–based systems and the development of coregistration methodologies that do not require a stereotactic frame will soon make conformal radiation the exclusive tool of radiation therapy departments. To the extent that stereotactic principles and conceptual treatment approaches are adopted by other specialties and raise their standards, this is appropriate, good, and even worthy of neurosurgical pride; however, the evolution of radiosurgery per se remains best served by neurosurgery’s continued involvement. With its immense experience in the management of intracranial and spinal diseases, neurosurgery must remain involved, informed, and committed to assure radiosurgery’s timely and optimal evolution. The authors articulate this point clearly.

The situation in which neurosurgery finds itself is hardly new in this respect. We saw this situation in spine surgery and spinal instrumentation, and we are very much in the throws of it in the presence of evolving endovascular therapies. Each discipline brings a different profile of expertise: be it in pathophysiology, anatomy, technique, or otherwise; those individuals focused in a given area evolve a skill set that draws on the perspectives of each of the parent specialties. As a new application grows to represent a major part of an individual’s activity, the argument about what specialty takes care of which condition becomes in part one of semantics. A new species of specialist evolves from the mix of subspecialty DNA.

In the big picture and from a societal perspective, this is all for the good, and there are more important questions that warrant attention and investigative resources, such as understanding the biological and therapeutic effects of single-dose and multiple-fraction treatments. Greater understanding will provide a more solid, less arbitrary foundation on which to classify intervention. The communication presented by Kondziolka and colleagues should help those involved in such treatment move forward. That radiosurgery and stereotactic radiation therapy have roles in the treatment of certain conditions is agreed on by all. Exactly which conditions and exactly how these should be treated are questions that require an objective, rigorous, and focused investigation, unsullied by inexact language, insufficiently trained personnel, and secondary socioeconomic concerns.

RESPONSE: We thank Dr. Roberts for his discussion of the key issues in stereotactic radiosurgery, not only within the field of neurosurgery but also within the broader framework of medicine. Dr. Roberts is correct in his statement that technological developments within different sectors of our specialty have raised these or similar issues in the past. A continued commitment to quality medicine, outcomes science, and appropriate training remains of paramount importance.

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