Qeios

Peer Review

# Review of: "Living with a Vestibular Schwannoma: Bridging the Gap Between Treatment and Quality of Life"

**Silvia Michelini**[1]

1. Neurochirurgia, Ospedale San Filippo Neri, Rome, Italy

First of all, this is a very interesting article that analyses an aspect that I believe we should currently focus on more, and therefore also study the empathic aspect of the patient in front of us.

The arguments are satisfactory, analysing the variability that exists between different treatment strategies, and the inclusion and exclusion criteria make the inter-variability of treatments almost homogeneous.

The first question is whether some of the patients in the various studies analysed underwent a “prehabilitation” regime. As mentioned, prehabilitation plays a role in post-operative recovery and mitigating long-term deficits. If no patients underwent a prehabilitation programme, this data could be added in favour of the reported results, which document a different quality of life in relation to the different strategies, in the absence of potentially disturbing data.

Secondly, the results reported are in line with what we would expect, both in terms of variability between different treatment strategies (observation, stereotactic radiosurgery, microsurgery) and variability between different surgical approaches. In this regard, in addition to the inclusion and exclusion criteria, do you think there is a way, based on the available data, to demonstrate, perhaps with some examples, that a patient deserved one type of treatment rather than another, and that this choice did not influence the final outcome?

Let me explain: if a patient with an intra- and extrameatal vestibular schwannoma with useful hearing and extension into the pontocerebellar angle cistern < 1 cm underwent a retrosigmoid approach rather than a middle cranial fossa approach, it can be demonstrated that if, given the surgeon's experience, the



doi.org/10.32388/0PTLH7

retrosigmoid approach was preferred, this did not affect the patient's quality of life. Conversely, if another surgeon had chosen the middle cranial fossa approach, would this have affected the outcome differently?

Does the surgeon's experience play a role in the outcome? Can this be demonstrated?

Thank you for the interesting read.

## Declarations

**Potential competing interests:** No potential competing interests to declare.