Radioterapia para pacientes con cáncer del sistema nervioso central

Alternativa segura para evitar retrasos en el tratamiento durante la crisis de COVID-19

GenesisCare

Radioterapia hipofraccionada en tumores y metástasis del SNC

Igual supervivencia y excelente control local. Preservación de función cognitiva frente a RT holocraneal

Radioterapia hipofraccionada y Radiocirugía

- Tumores primarios >> tratamiento en 15 sesiones[1]
- Tumores metastásicos: Alternativa a la cirugía o adyuvancia postquirúgica[2,3].
  - Radiocirugía : 1 sesión de tratamiento
  - RT hipofraccionada: 3-5 sesiones
    - ✓ KPS ≥ 70%.
    - ✓ Expectativa de vida ≥ 6 meses.
    - ✓ Nº de lesiones ≤ 10, en algunos casos se puede considerar tratar pacientes con más de 10 lesiones si son pequeñas y el paciente tiene otras características de buen pronóstico.[4]
    - ✓ Volumen global que nos permita cumplir contraints de cerebro sano.
    - ✓ Ausencia de diseminación leptomeníngea.

Literatura destacada

1. **META-ANÁLISIS (Rev. Sist. Cochrane 2020):** Meta-análisis de 12 ensayos clínicos con 1818 pacientes con Glioblastoma, 6 ensayos incluyen pacientes > 65 años. Tratamiento con RT esquemas 60 Gy/30 fr o 40 Gy/15 fr +/- Temozolomida (TMZ). La evidencia concluye que la RT-TMZ tiene mejor supervivencia que la RT exclusiva, sin diferencias entre ambos esquemas.
2. **EORTC 22952-26001 Study (Fase III, 2011):** N359. 4 brazos: 100 SRS + Obvs vs. 99 SRS+ RTHC vs 79 Cirugía + Obs vs 81 qx + RTHC. Supervivencia similar en todos los brazos, peor control local peor en brazos Obs.
3. **Guía Americana Neurocirugía (2019):** La RC es una alternativa válida a la cirugía en MTS cerebrales únicas y debe realizarse como tratamiento adyuvante tras resección. La RC es el tratamiento de primera línea en 2-4 MCy < 4 MC si el volumen total es < 7 cc.
4. **SRS >10 M1 (Prog Neurol Surg. 2019):** N934 (467 con 2-9 MC y 467 >/=10) tratados con RC con similares resultados de control local y supervivencia.

Nuestros centros

Madrid (Vithas La Milagrosa, San Francisco de Asís, Arturo Soria), Barcelona (Clínica Corachán), Alicante (Vithas Perpetuo Socorro), Murcia, Guadalajara, Toledo, Talavera, Alcázar de San Juan, Córdoba (San Juan de Dios), Granada (HLA Inmaculada), Sevilla, Málaga, Benalmádena (Vithas Internacional), Jeréz, Campo de Gibraltar.

Más detalles en www.genesiscare.com

GenesisCare

Nuestro protocolo está basado en estudios internacionales

Le invitamos a contactar directamente con nuestros especialistas para más información

Ponemos a su disposición estas publicaciones si así lo requiere

BRAIN METASTASES GUIDELINES

Congress of Neurological Surgeons Systematic Review and Evidence-Based Guidelines on the Use of Stereotactic Radiosurgery in the Treatment of Adults With Metastatic Brain Tumors

Jerome J. Graber, MD, MPH*
Charles S. Cobbs, MD‡
Jeffrey J. Olson, MD§

*Ben and Catherine Ivy Center for Advanced Brain Tumor Treatment, Department of Neurology, Swedish Neuroscience Institute, University of Washington Department of Neurology, Alvord Brain Tumor Center, Seattle, Washington; ‡Ben and Catherine Ivy Center for Advanced Brain Tumor Treatment, Swedish Neuroscience Institute, Seattle, Washington; §Department of Neurosurgery, Emory University School of Medicine, Atlanta, Georgia

Sponsored by: The Congress of Neurological Surgeons and the Section on Tumors

Affirmation of Educational Benefit by: The Congress of Neurological Surgeons and the American Association of Neurological Surgeons

No part of this article has been published or submitted for publication elsewhere.

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Accepted, October 18, 2018.

TARGET POPULATION: These recommendations apply to adult patients with new or recurrent solitary or multiple brain metastases from solid tumors as detailed in each section.
QUESTION 1: Should patients with newly diagnosed metastatic brain tumors undergo stereotactic radiosurgery (SRS) compared with other treatment modalities?
RECOMMENDATIONS: *Level 3:* SRS is recommended as an alternative to surgical resection in solitary metastases when surgical resection is likely to induce new neurological deficits, and tumor volume and loc
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RECOMMENDATION: *Level*
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QUESTION 3: What is the rc
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Level 3: For patients with 2
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QUESTION 4: What is the rc
4 brain metastases?
RECOMMENDATION: *Level*
to improve median overall
cumulative volume < 7 mL.
The full guideline can be fo
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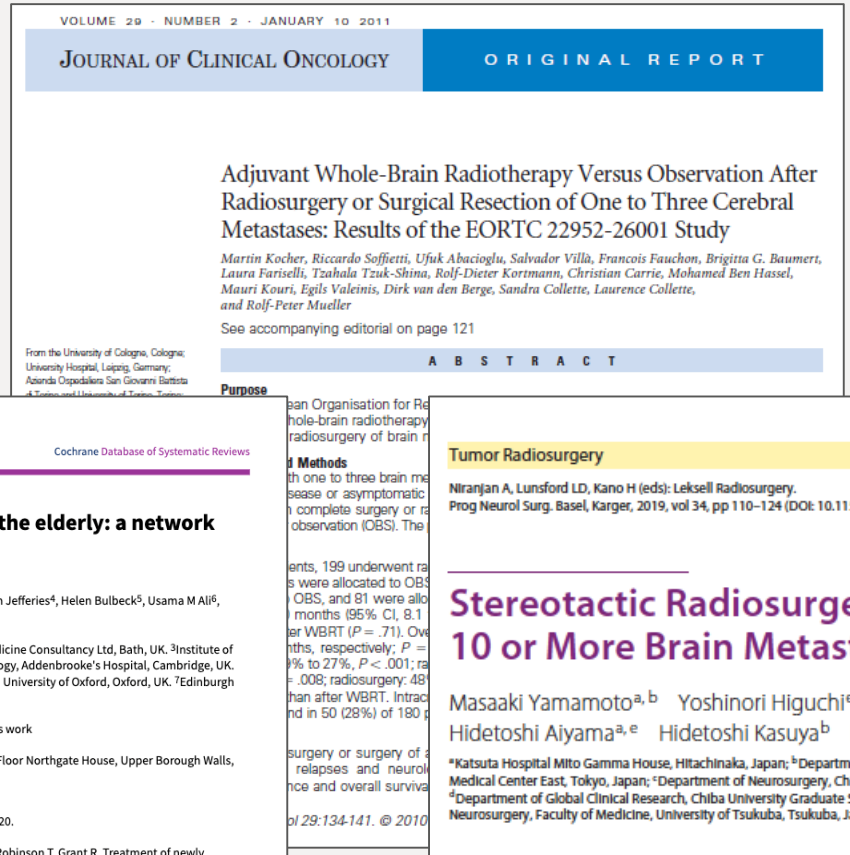
KEY WORDS: Brain metastases, C

Neurosurgery 0:1–3, 2019

Downloaded from https://academic.oup.com/neurosurgery/



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JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Adjuvant Whole-Brain Radiotherapy Versus Observation After Radiosurgery or Surgical Resection of One to Three Cerebral Metastases: Results of the EORTC 22952-26001 Study

Martin Kocher, Riccardo Soffietti, Ufuk Abacioglu, Salvador Villà, Francois Fauchon, Brigitta G. Baumert, Laura Fariselli, Tzahala Tzuk-Shina, Rolf-Dieter Kortmann, Christian Carrie, Mohamed Ben Hassel, Mauri Kouri, Egils Valeinis, Dirk van den Berge, Sandra Collette, Laurence Collette, and Rolf-Peter Mueller

See accompanying editorial on page 121

From the University of Cologne, Cologne; University Hospital, Leipzig, Germany; Azienda Ospedaliera San Giovanni Battista

A B S T R A C T

Purpose

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% to 27%, $P < .001$; ra
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han after WBRT. Intrac
nd in 50 (28%) of 180 p

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relapses and neurol
nce and overall surviva

ol 29:134-141. © 2010

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[Intervention Review]

Treatment of newly diagnosed glioblastoma in the elderly: a network meta-analysis

Catherine Hanna[1α], Theresa A Lawrie[2b], Ewelina Rogozińska[2], Ashleigh Kernohan[3], Sarah Jefferies[4], Helen Bulbeck[5], Usama M Ali[6], Tomos Robinson[3], Robin Grant[7]

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Contact address: Theresa A Lawrie, The Evidence-Based Medicine Consultancy Ltd, 3rd Floor Northgate House, Upper Borough Walls, Bath, BA1 1RG, UK. tesslawrie@gmail.com.

Editorial group: Cochrane Gynaecological, Neuro-oncology and Orphan Cancer Group.
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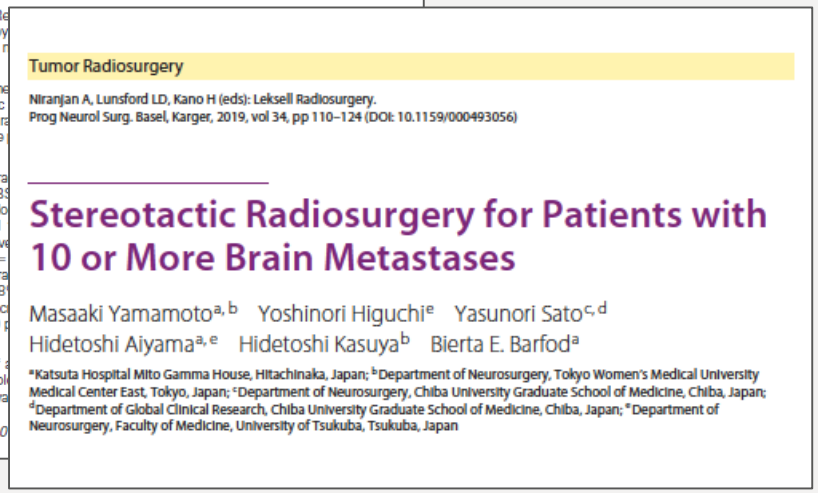

Tumor Radiosurgery

Niranjan A, Lunsford LD, Kano H (eds): Leksell Radiosurgery.
Prog Neurol Surg. Basel, Karger, 2019, vol 34, pp 110–124 (DOI: 10.1159/000493056)

Stereotactic Radiosurgery for Patients with 10 or More Brain Metastases

Masaaki Yamamoto[a, b] Yoshinori Higuchi[e] Yasunori Sato[c, d]
Hidetoshi Aiyama[a, e] Hidetoshi Kasuya[b] Bierta E. Barfod[a]

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GenesisCare

La red de centros de GC en el territorio nacional permite que nuestros pacientes puedan iniciar sus tratamientos en pocos días desde su prescripción

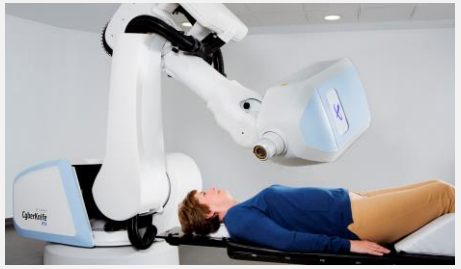
El valor de la Radioterapia ante la crisis del COVID-19

- **Evitar demoras** en el tratamiento de un paciente oncológico que puede implicar un progreso de su enfermedad
- **Acceso rápido** en un **entorno seguro**
  - Hemos tomado las medidas necesarias para minimizar el riesgo de contagio de COVID-19 en nuestros centros.
  - Nuestros equipos trabajan con los EPIs recomendados por la comunidad científica y realizamos desinfección después de cada tratamiento
  - Aplicando protocolos internacionales de hipofraccionamiento (reduciendo la duración de muchos tratamientos hasta solo una semana minimizando la exposición de los pacientes)
  - Las consultas de seguimiento las hacemos de manera telemática para reducir el flujo de personas en nuestros centros.
  - La mayoría de nuestros centros son ambulatorios o tienen entradas separadas, reduciendo el riesgo de contagio para nuestros pacientes y personal.
- Capacidad de dar soporte y ayudar tanto en los servicios **públicos como privados**

Nuestra tecnología

Versa Elekta HD y HDRS

Varian TrueBeam



CyberKnife VSI

Tomotherapy HI-ART

La red GenesisCare tiene capacidad para tratar hasta *1.000 pacientes* de radioterapia cada día en nuestros 21 centros

Le invitamos a hablar con nuestros especialistas para más información: **921 21 00 29**

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