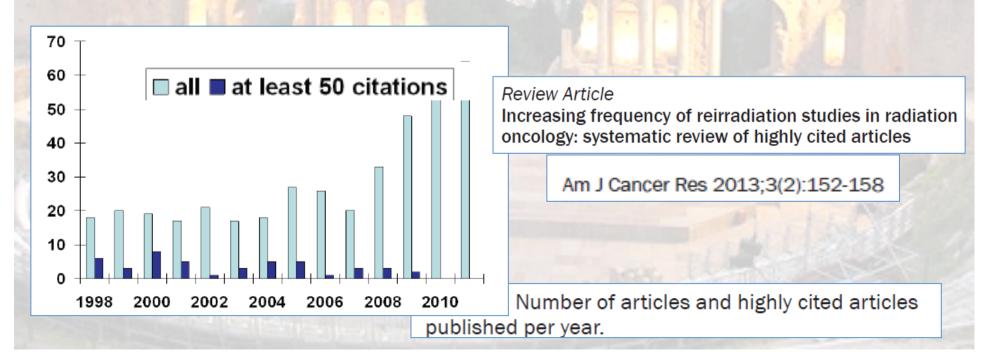
## Cyberknife stereotactic reirradiation of recurrent head and neck squamous cell carcinoma



# RITRATTAMENTO STEREOTASSICO CON CYBERKNIFE DELLA RECIDIVA LOCALE DI CARCINOMA SQUAMOCELLULARE DEL DISTRETTO TESTA COLLO: esperienza preliminare

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- ✓ Despite aggressive treatment modalities, local recurrence or persistent disease is seen at rate as high as 3-50%. (Roh KW,IJROBP, 2009).
- ✓ In current practice, most patients are offered chemotherapy with palliative intent, with a median survival of 5 to 6 months(Vermorken JB,2008-Kurzweg T,2012)
- ✓ Surgery improves prognosis, although is not feasible in the majority of cases (Temam S, H&N, 2005)



### **PATIENTS and METHODS**

Characteristic	Value (%)
Age	
Median	64
Range	45-84
Sex	
Male	16 (80%)
Female	4 (20%)
Primary site	
Paranasal sinus	7 (35%)
Oropharynx	6 (30%)
Salivary gland	2 (10%)
Larynx	2 (10%)
Other sites	3 (15%)
PS (ECOG)	
0	7 (35%)
	10 (50%)
2	3 (15%)

#### Characteristic

#### Value (%)

	-			
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	101	<b>JUI</b>	40	ıy
				_

Yes 12 (60%) No 8 (40%)

#### **Prior chemotherapy**

Yes 5 (25%) No 15 (75%)

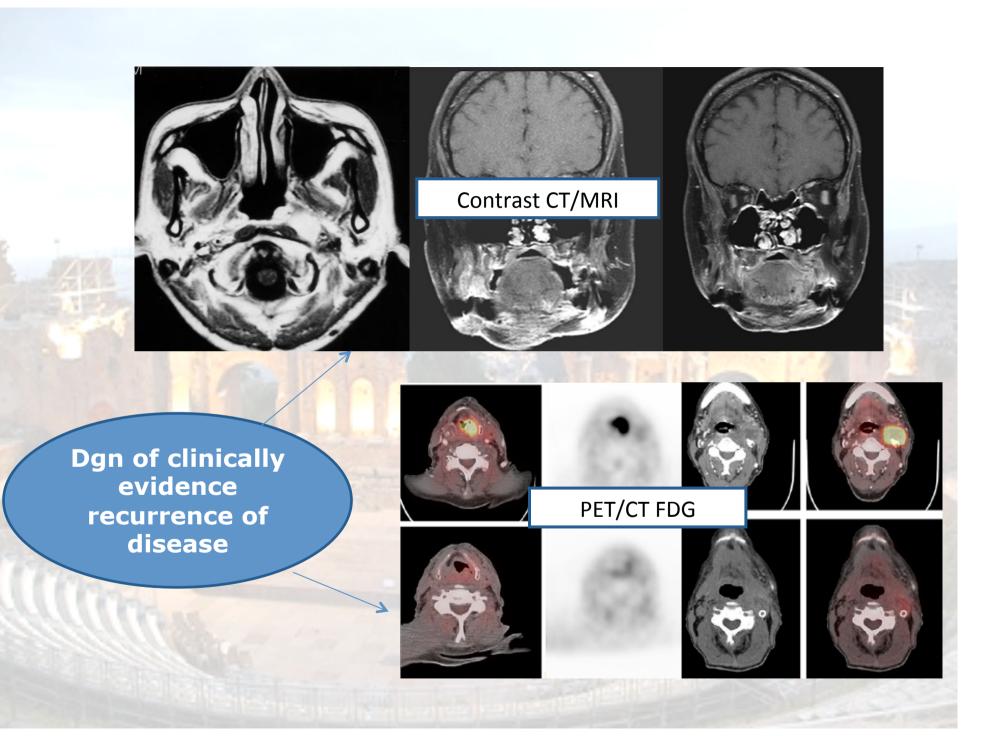
#### **Prior radiotherapy**

Dose (Gy)

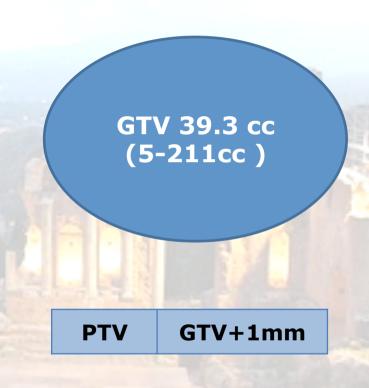
Median 66 Range 50-70

#### Interval (mo)

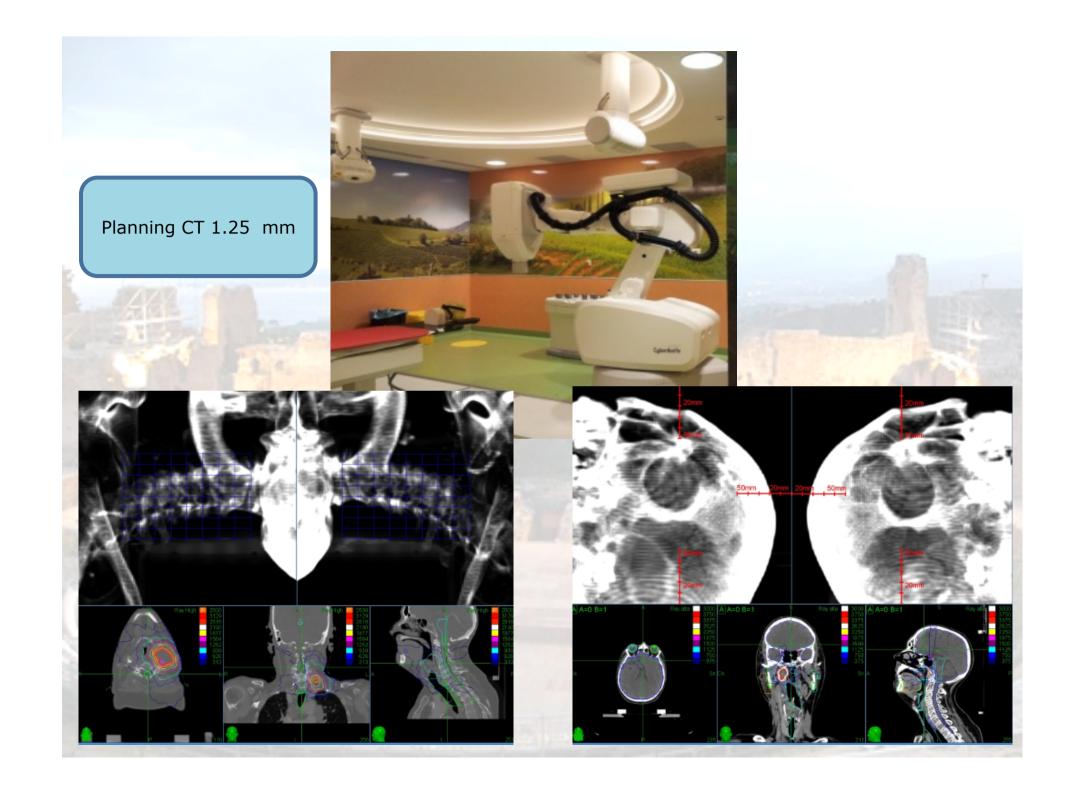
Median 24 Range 12-168



SBRT modality	n	%
Cyberknife	20	100%
Total dose (Gy)		
25	5	25%
30	11	55%
35	4	20%
N° of fractions		
5	20	100%
Isodose (%)		
80	20	100%



Median time to retreatment 24 months (range 12-168 months)







#### Medical Physics, Vol. 37, No. 8, August 2010

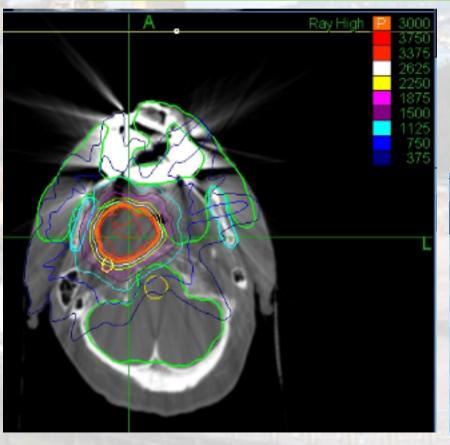
		Five fr		
Serial tissue	Max critical volume above threshold	Threshold dose (Gy)	Max point dose (Gy) <sup>a</sup>	End point (≥Grade3)
Optic pathway	<0.2 cc	23 (4.6 Gy/fx)	25 (5 Gy/fx)	Neuritis Hearing
Cochlea			25 (5 Gy/fx)	loss
Brainstem				Cranial
(not medulla)	<0.5 cc	23 (4.6 Gy/fx)	31 (6.2 Gy/fx)	neuropathy
Spinal cord	< 0.35 cc	23 (4.6 Gy/fx)	30 (6 Gy/fx)	Myelitis
and medulla	<1.2 cc	14.5 (2.9 Gy/fx)		
Spinal cord subvolume				
(5-6 mm above	< 10%			
and below level	of			
treated per Ryu)	subvolume	23 (4.6 Gy/fx)	30 (6 Gy/fx)	Myelitis
Cauda equina	<5 cc	30 (6 Gy/fx)	32 (6.4 Gy/fx)	Neuritis
Sacral plexus	<5 cc	30 (6 Gy/fx)	32 (6.4 Gy/fx)	Neuropathy
Esophagus <sup>b</sup>	<5 cc	19.5 (3.9 Gy/fx)	35 (7 Gy/fx)	Stenosis/fistula
Brachial plexus	<3 cc	27 (5.4 Gy/fx)	30.5 (6.1 Gy/fx)	Neuro pathy
Heart/pericardium	<15 cc	32 (6.4 Gy/fx)	38 (7.6 Gy/fx)	Pericarditis
Great vessels	<10 cc	47 (9.4 Gy/fx)	53 (10.6 Gy/fx)	Aneurysm
Trachea and large		(J Gyran)	to (to b) oping	

OAR	Dmax Gy
Spinal Cord	≤8-10
Larynx	≤ 20
Mandible	≤ 20
Parotid	Variable
Brainstem	≤8-10
Oral Cavity	Variable
Carotid artery	Variable

- 1) No relation between the carotid wall and tumor;
- 2) <180° of the wall surrounded by the tumor;
- 3) ≥180° of the wall surrounded by the tumor;
- 4) carotid wall entrapped in the tumor.

Int. J. Radiation Oncology Biol. Phys., Vol. 81, No. 1, pp. 104–109, 2011 Mustafa Cengiz, M.D.

Int. J. Radiation Oncology Biol. Phys., Vol. 82, No. 3, pp. 1083–1089, 2012 MARK W. McDonald, M.D.,



#### Median Dmax: 25.5 Gy Range (11-29 Gy)

Dose Statistics Table							
VOI	Min (cGy)	Mean (cGy)	Max (cGy)	CI	nCI	HI	Coverage
PTV	1806.10	2692.97	3125.00	1.04	1.12	1.25	93.424
■ GTV	1936.61	2722.61	3125.00	1.18	1.20	1.25	98.359
Bloccospalle	7.10	8.90	50.02				n/
carotide	10.49	1044.73	2671.19				n/=
volrilcolo	10.35	306.23	3125.00				n/
Brain Stem	11.44	33.31	257.21				n/
midollo	15.12	187.41	459.92				n/
esofago	11.30	16.58	64.76				n/
occhio sx	11.30	56.82	319.01				n/
cristallino dx	12.68	18.44	52.98				
cristallino sx	12.35	13.84	16.31				
parotide sx	15.69	171.74	543.22				
parotide dx	12.54	19.28	150.97				n/M
4 1							1 [4]

#### CLINICAL INVESTIGATION Head and Neck

#### REIRRADIATION FOR HEAD-AND-NECK CANCER: DELICATE BALANCE BETWEEN EFFECTIVENESS AND TOXICITY

Frank Hoebers, M.D., Ph.D.,\*\* Wilma Heemsbergen, Ph.D.,\*† Suzanne Moor, R.T.T.,\* Marta Lopez, Ph.D.,† Martin Klop, M.D., Ph.D.,† Margot Tesselaar, M.D., Ph.D., $\S$  and Coen Rasch, M.D., Ph.D.\*

Acute Toxicity Mucositis	N°(%)
G1	7 (44%)
G2	2 (10%)
G3	1 (5%)



New response evaluation criteria in solid tumours:

Revised RECIST guideline (version 1.1)

From RECIST to PERCIST: Evolving Considerations for PET Response Criteria in Solid Tumors

Richard L. Wahl<sup>1,2</sup>, Heather Jacene<sup>1</sup>, Yvette Kasamon<sup>2</sup>, and Martin A. Lodge<sup>1</sup>

Response	
CR	No visible gross tumor
PR	≥30% decrease
SD	Neither sufficient shrinkage for PR nor sufficient increse for PD
PD	As more than 20% increase of GTV

✓ 17/20 patients were evaluable at the moment of the analysis
 ✓ All completed treatment

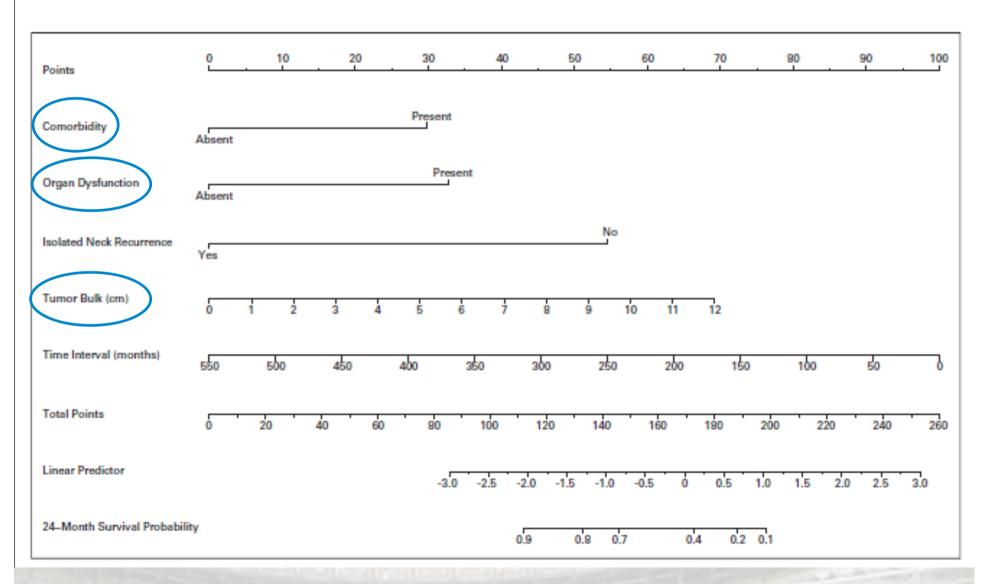
✓ Median follow-up 7.5 months (range 2-17 months)✓ PFS 7 months (range 2- 17 months)

Response	N°	%
CR	4	25
PR	5	31
SD	7	44
ORR (CR+PR)	9	56

√ 4 have died

Prognostic Factors for Survival After Salvage Reirradiation of Head and Neck Cancer Tawee Tanvetyanon, Tapan Padhya, Judith McCaffrey, Weiwei Zhu, David Boulware, Ronald DeConti,

and Andrea Trotti



#### **CRITICAL REVIEW**

PRACTICAL CONSIDERATIONS IN THE RE-IRRADIATION OF RECURRENT AND SECOND PRIMARY HEAD-AND-NECK CANCER: WHO, WHY, HOW, AND HOW MUCH?

Int. J. Radiation Oncology Biol. Phys., Vol. 81, No. 5, pp. 1211-1219, 2011

Table 5. Suggested Factors to be considered with respect to risk of toxicity for re-irradiation to head and neck

Variable	Lower risk	Intermediate risk	Higher risk
Interval from previous RT	>3 y	1 y to 3 y	<1 y
KPS	90-100	70-80	<70
Tumor volume	$< 30 \text{ cm}^3$	$30-60 \text{ cm}^3$	$>60  \text{cm}^3$
GT dependence	No	Somewhat	Entirely
Previous RT dose (Gy)	<50	50–60	>60

# PRACTICAL CONSIDERATIONS IN THE RE-IRRADIATION OF RECURRENT AND SECOND PRIMARY HEAD-AND-NECK CANCER: WHO, WHY, HOW, AND HOW MUCH? IJROBP, 2011

Stereotactic body radiation therapy for locally recurrent, previously irradiated nonsquamous cell cancers of the head and neck

Head Neck, 2012

Variable	Lower Risk	Intermediate Risk	Higher Risk
Interval from previous RT	>3y	1y to 3 y	<1y
	12 (60%)	8 (40%)	0 (0%)
KPS	90-100	70-80	<70
	9 (45%)	9 (45%)	2 (10%)
Tumor volume			
Allen M. Chen	<30 cc	30-60 cc	>60cc
	9 (45%)	8 (40%)	3 (15%)
John A. Vargo	<25 cc		>25cc
	9 (45%)		11 (55%)
GT dependence	No	Somewhat	<b>Entirely</b>
	20(100%)	0%	0%
Previous RT	<50 Gy	50-60 Gy	>60Gy
		8 (40%)	12 (60%)

#### CONCLUSION

✓ ROBOTIC STEREOTACTIC RE-IRRADIATION IS FEASIBLE AND SAFE

✓ OVERALL RESPONSE RATE IS 56%

- ✓ NO LATE SIDE EFFECTS > G3 WERE OBSERVED DURING FOLLOW-UP
- ✓ ONLY NON-SURGICAL TREATMENT WITH POTENTIAL SALVAGE INTENT IN SELECTED PATIENTS

