

modern radiotherapy & motion management in NSCLC

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outline

- general facts
- radiotherapy in NSCLC
- motion management

- Iung cancer: most common cause of cancer death
- NSCLC most common type
- 17% localized; 22% locally advanced; 57% distant
- comorbidities

complex treatment often involving:

surgery radiotherapy systemic therapies (ChT, immunotherapy, targeted agents)

radiotherapy:

77% of all pts evidence based indication at some point5 y local control gain of 8% and survival of 4%

radiotherapy in NSCLC

Stage I NSCLC

SABR for St I (&IIA)

pts medically inoperable or refusing surgery elderly with comorbidities

Stereotactic Body Radiation Therapy (SBRT)

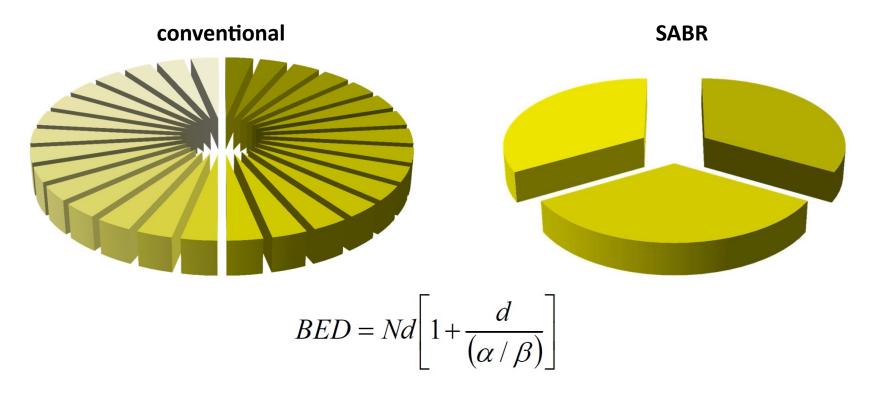
Stereotactic Radiosurgery

very high dose delivered to the tumor in 1 fraction

Stereotactic Radiotherapy

very high dose delivered to the tumor typically in 1-6 fractions

BED SABR



30 fx of 2 Gy BED10=60. [1+2/10]=72 Gy

3 fx of 20 Gy BED10=60. [1+20/10]=180 Gy

"improved local control & survival with SBRT regimens whose BED is >100 Gy"

Onishi H, et al. J Thorac Oncol 2007