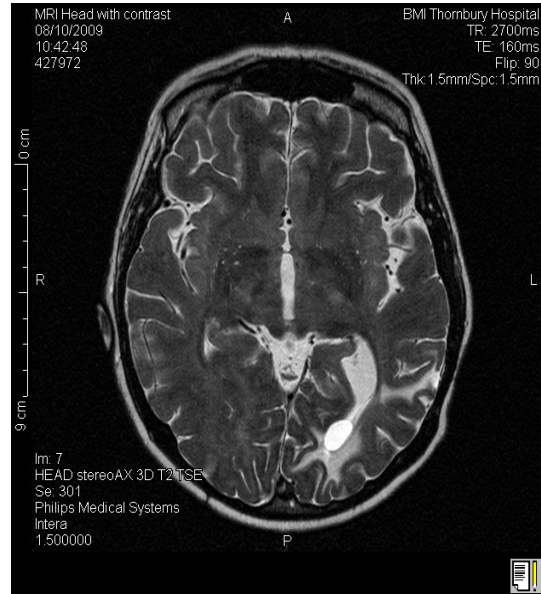


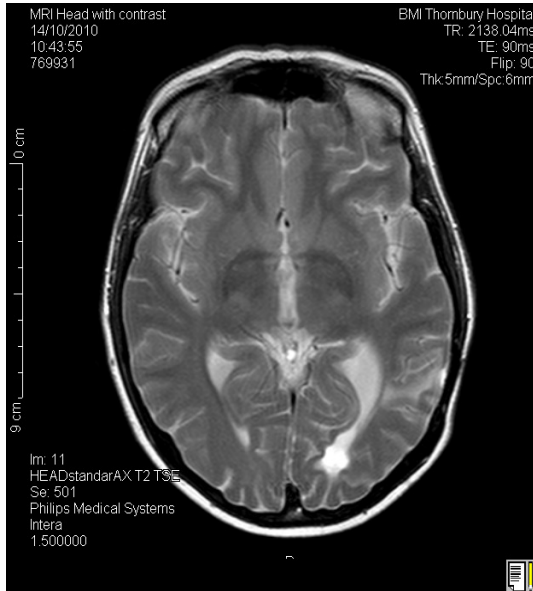
Case Study



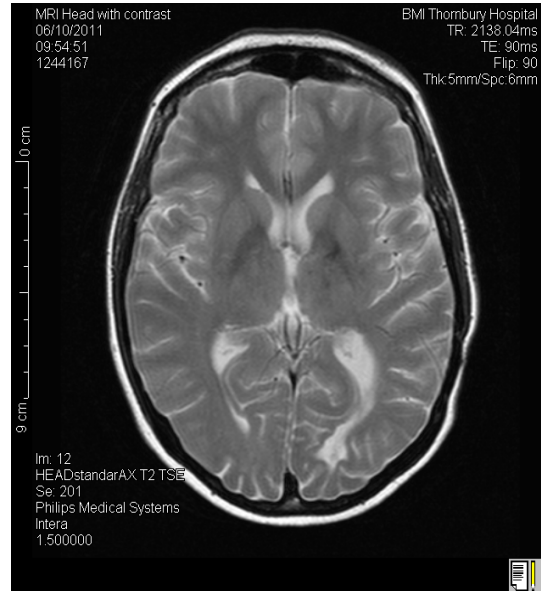
Planning Scan



1 Year Follow Up



2 Year Follow Up



3 Year Follow Up

Patient 41 year old female

Diagnosis Cerebral Metastases from primary breast cancer

Treatment Metastatic lesion 1: 20.0Gy @ 47%

Thornbury Radiosurgery Centre
BMI Thornbury Hospital
312 Fulwood Road
Sheffield
S10 3BR

www.thornburygammaknife.co.uk



Patient History

Patient referred for Stereotactic Radiosurgery having previously undergone surgical resection and whole-brain radiotherapy for diagnosed cerebral metastasis. After another single metastatic tumour was identified diagnosis of another single metastasis the patient was treated in August 2008 with the Gamma Knife. The patient was given quarterly follow-up appointments to monitor the clinical condition post treatment.

The following 12 months were clinically unspectacular with the patient having tolerated the treatment well and future scans revealing no change in the existing tumour, and no further lesions identified.

Treatment

A Multi-disciplinary Team (MDT) discussed this patients care prior to the decision to offer stereotactic radiosurgery. It was felt that as her primary disease was well controlled, that she had already undergone whole-brain radiotherapy and surgical resection, and due to her relatively young age/young family that she was an ideal candidate for treatment.

The patient was already well read concerning possible treatment options, was very keen to undergo the procedure and aware of the potential side-effects.

Treatment itself was as expected, with the whole process from frame-fitting to patient discharge being completed within the day. The patient was MRI scanned again prior to treatment, ensuring planning was done using the most accurate of images. The treatment was tolerated well and immediate aftercare uneventful. Within a few hours the patient was discharged from the hospital and allowed to return home to rest.

Conclusion

Having previously been treated with whole-brain radiotherapy, and surgical resection, the MDT felt that the precise nature of a stereotactic approach would best benefit the patient.

Treatment was initially tolerated very well by the patient, with quarterly Follow Up appointments made to continue to monitor progress. The patient remained clear of cerebral mets for 12 months before a further investigative scan showed a potential area of re-growth. After further investigation by the consultant it was decided this area was in fact an area of post-radiosurgical change. This was confirmed at the patients 2 year MRI scan (see case study images).

The patient continues to be regularly assessed and monitored, with the initial primary disease well controlled. This has ensured the patients quality of life has not diminished in the 3 years post-treatment, leaving all delighted with the outcome.