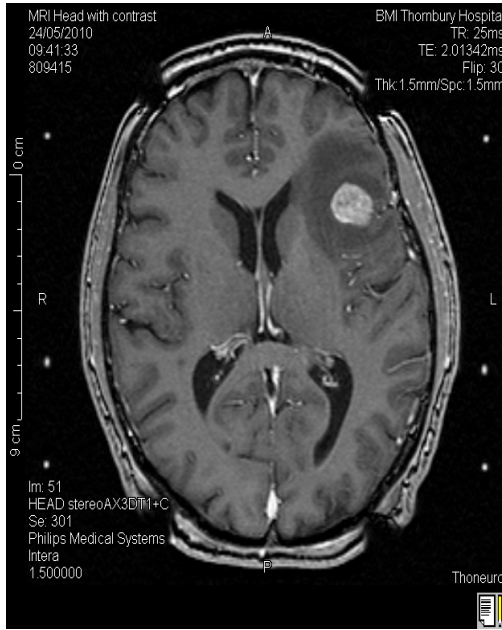
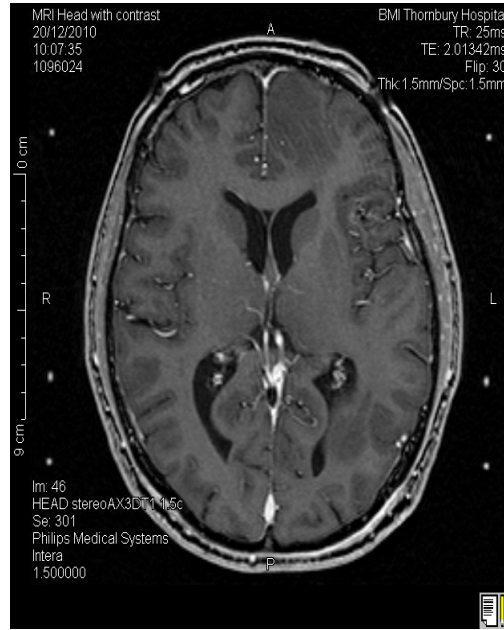


Case Study



Treated May 2010



6 Month Follow Up



Treated December 2010



6 Month Follow Up

Patient 60 year old male

Diagnosis Cerebral Mets from primary diagnosis of Renal Cell carcinoma

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

www.thornburygammaknife.co.uk



Treatment

May 2010:

- lesion 1: 20.0Gy @ 50%
- lesion 2: 20.0Gy @ 55%
- lesion 3: 20.0Gy @ 55%
- lesion 4: 20.0Gy @ 50%
- lesion 5: 15.0Gy @ 50%

December 2010:

- lesion 1: 20.0Gy @ 50%
- lesion 2: 22.0Gy @ 50%
- lesion 3: 25.0Gy @ 50%

Patient History

Patient was initially diagnosed with Renal Cell Carcinoma in July 2007 before undergoing a complete left-side nephrectomy. Following this, patient investigation and staging demonstrated that systemic disease was under control and the patient had an excellent performance status. As such the patient was considered suitable for, and offered, stereotactic radiosurgery for identified metastatic lesions.

This treatment proved successful, but while continuing to monitor the patient post-gamma knife treatment, and while undergoing treatment to manage this primary disease, investigations identified the presence of further metastatic lesions. Again, following a MDT meeting, the patient was approved for further stereotactic treatment. Continued patient monitoring later identified a further 2 lesions which were approved for treatment at the neuro-oncology MDT.

The patient continues to undergo regular monitoring and assessment.

Treatment

The patient was initially diagnosed with a primary disease of renal cell carcinoma. Shortly afterwards staging investigations revealed both lung and bone metastases, and then cerebral brain mets. The successful control of primary disease, and the patients excellent performance status, made him an ideal candidate for stereotactic radiosurgery. The patient initially underwent treatment May 2010, and upon discovery of further lesions was treated again in December 2010.

The patient tolerated both treatments extremely well and is a text book example of the benefits of treatment. On both occasions the patient was admitted for treatment the day before to allow pre-assessment checks to be completed before being discharged later on the actual day of treatment.

Conclusion

The patient has now undergone stereotactic radiosurgery three times, once in July 2009, and twice in 2010. The ability to treat individual targeted areas, as opposed to standard whole-brain radiotherapy approach, in conjunction with systemic control of the primary disease has undoubtedly maintained the patient's quality of life. As can be seen by referring back to the images, control of the target areas has been achieved.

The patient continues to be monitored at regular intervals, his primary disease is under control and the identified metastatic malignancies.