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## Palliative radiotherapy

### Calculus of reirradiation in in-field metastatic recurrences of spinal cord

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**Introduction.** The incidence of recurrence in patients with spinal cord metastases ranges from 2.5% to 11% within two and forty months after the first course of radiotherapy. In most of the cases radiotherapy is the only treatment, but this is not free of complications. This problem arises depending on the BED administrated and accumulated in spinal cord. The purpose of this study is to explain the case of the first patient treated in our hospital with a second re-irradiation in spinal cord.

**Material and methods.** A case of a patient with ductal carcinoma of the right breast pT2N3aM0 diagnosed in 2003 is analysed. In November 2010 she described pelvic paresthesias + miccional/anal incontinency by metastatic cord injury and a palliative treatment with radiotherapy in D12-L2 (30Gy) was administrated. She was reirradiated in June 2011 by clinical progression (20Gy, 5 × 4Gy). In treatment with Tyverb+ Trastuzumab she marked deterioration in clinic with a progression of her disease.

**Results.** First and second BED was calculated as follow: 10 fractions × 3Gy (1 + 3/4) = 52.5Gy + 5 fractions × 4Gy (1 + 4/4), with a  $\alpha/\beta$  of 4, because the lesion was at the lumbar cord. A course of 10 fractions × 2Gy (1 + 2/4) = 30Gy was given at the affected area exclusively with a daily cone beam. In order to calculate the adequate dose and fractionation in this case, it was taken into account the low incidence of lumbar myelitis with a  $BED \leq 135.5Gy$ , a period >6 months and a BED in each course  $\leq 98Gy$ .

**Conclusions.** Many patients previously irradiated with spinal cord metastases may develop an in-field recurrence again. Therefore, it is necessary  $\alpha/\beta$  and the technological to know the tolerated maximal dose, the specific possibilities of every machine and every Radiation Oncology Department.

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### Effectiveness of oxycodone/naloxone in control of pain caused by bone metastases

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**Introduction.** Opioids are the most potent analgesics to control cancer pain, but its use is associated with onset of gastrointestinal disorders. Constipation affects up to 90% of patients treated with opiodes affecting their quality of life, which may result in the discontinuation of treatment. The combination of oxycodone (higher opioid analgesic) and naloxone (antagonist opioid receptors), in extended release oral formulation, provides an effective analgesic comparable to oxycodone alone, and also significantly counteracts the opioid-induced constipation.

**Objectives.** Determine the effectiveness of the oxycodone/naloxone in controlling bone pain caused by metastasis, and the incidence of constipation associated with the intake of these.

**Method.** Pilot observational study of patients with pain due to bone metastasis who went in for consults to the Oncology Radiation unit of the Complejo Hospitalario Universitario Ourense. Effectiveness of the medication was assessed by visual analog scale pain (EVA), and sleep with a scale of 0 (Normal) to 10 (not sleeping), and the performance status of the patient with scale 0 (unaffected) up to 10 (bedridden); during the initial consultation, 1 month, 3 months. Adverse reactions to treatment were also evaluated (nausea, vomiting, constipation with laxatives, constipation without laxatives, drowsiness, dry mouth, headache, confusion, dizziness, pruritus, fatigue, hallucinations (G1:mild, G2:moderate, G3:intense, G4:life threatening). Wilcoxon test was used to analyze ordinal qualitative variables.