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Palliative radiotherapy

Brain metastases, survival and recursive partitioning analysis (RPA) our experience

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Brain metastases are common in cancer, lung it is the most frequent (40% of the total). The Radiationtherapy Oncology Group Recursive Partitioning Analysis (RPA) system classifies the patients according to prognosis factors, (class I: Karnofsky performance status > or = 70%, age < or = 65 years, no extracranial metastases, controlled primary tumor; class III: KPS < 70%; class II: others). Radiation therapy is the usual treatment.
Objective. To evaluate overall survival in patients with brain metastases treated with radiotherapy, according the primary tumor and RPA class at a single institution.
Material and Methods. We retrospectively analyzed 206 patients with brain metastases diagnosed between January 2007 and December 2011 treated with cranial RT (10 × 3 Gy) at our department.
Results. 150 patients (72.82%) lung cancer, 34 patients (16.5%) breast and 8 patients (3.88%) colorectal. 134 males (65.05%) and 72 women (34.95%). RPA: class 1, 42 patients (20.39%), class 2, 137 patients (66.5%) and class 3 27 patients (13.11%). The mean overall survival was 10.73 months (0.1 to 84 months, median 6 months). According to the primary tumor and RPA, mean survivals were: lung class 1, 9.6 months (median 6 months), class 2: 9.18 months (median 6 months) and class 3, 3.34 months (median 2 months). Breast, class 1: 20.25 months (median 18.5), class 2: 17.12 months (median 9 months) and class 3: 15.6 months (median 5 months). In lung cancer the mean of survival was significantly higher among male vs. female 7.35 months vs 12.29 months, $p = 0.0053$.
Conclusions. Only class 1 and 2 and breast cancer seem to have clear benefit with radiotherapy. There was no difference in survival between groups 1 and 2. Despite the use of RT holocraneal, the results are poor and efforts must be made to incorporate the multimodality therapies in patients with more favorable RPA class 1 and 2.

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Early deaths in radiation oncology

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Introduction. On 2011, at the Hospital Universitario Donostia we evaluated 1206 patients. 192 died that year but we realized that 42 patients died early, dying before than 30 days since we decided the patient should be treated with radiotherapy.
Objectives. We analyzed the characteristics of these patients and if there was any new criteria or feature that we did not take into account so we can be more careful for the future patients and avoid the unnecessary treatments.
Material and methods. We studied the features of the 1206 patients evaluated on 2011 and looked in more detail the 42 clinical histories of the ones that died early. Statistical analysis was done with the software SPSS 20.0
Results. We found that there was a quite high heterogeneity in those patients. We divided patients characteristics between Karnofsky Status (≤70%, >70%), number of cerebral metastases (≤3, >3), radiotherapy finalized or not, overall survival (days), histology, primary tumor, concomitant chemotherapy treatment or not, treatment started before or after 3 days, irradiated zone, age and cause of death. We appreciate that most of them had a low Karnofsky Status and more than 3 metastases, features that we already know are signs of a poor prognosis but the rest of the characteristics we looked were not finally statistically significant. So we did not find any new trait that could help us to asses the patient and the family when can we avoid a palliative intention treatment because it is highly probable that is going to die in less than 30 days.

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