Title of the contribution: Evaluation of late neurologic adverse events in patients with brain metastases from non-small cell lung cancer.

Abstract:
AIM: The purpose of this prospective evaluation was to assess the late neurologic adverse events and Karnofsky performance status (KPS) in patients with at least two brain metastases from non-small cell lung cancer treated with whole-brain radiotherapy (WBRT) with or without sequential systemic chemotherapy.

PATIENTS AND METHODS: All patients were required to have an initial KPS of at least 70%. During the first six months, the patients were re-examined every four weeks, later every 3 months or whenever the clinical condition worsened. Due to slow accrual, the protocol was closed prematurely in 2005. Sixteen adult patients (median age 56 years) treated with 10x3 Gy were studied.

RESULTS: Late adverse events ≥ grade 2 (CTC AE v3.0) in imaging-confirmed absence of progressive brain metastases developed in 3 patients after a median of 5 months. With a median overall survival of 7 months, the actuarial risk of late adverse events at that time was 0% after WBRT alone and 37% after WBRT and chemotherapy. Thus, larger studies assessing the impact of multimodal treatment are recommended.

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