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Upcoming Events:

Webinar:

Clinical Rationale and Indications for SBRT in Head and Neck Cancer

Presented by: Maged Ghaly, M.D., Radiation Oncology, North Shore-LIJ Health System, NY

July 31, 9 am PST

Go to www.therss.org to register

AAPM 2014 Innovation 56th Annual Meeting and Exhibition

July 20 - 26, 2014
Austin Convention Center, Austin, Texas

Results of Early-Stage NSCLC Treated with SBRT from RSSearch™ Presented at RSS Scientific Meeting

Clinical outcome data from non-small cell lung cancer (NSCLC) patients treated with SBRT and enrolled in RSSearch was presented at the Radiosurgery Society Scientific Meeting, May 8, 2014, held in Minneapolis, MN. Dr. Clinton Medbery III, M.D. Radiation Oncology, St. Anthony Hospital, Oklahoma City, discussed the treatment management practices and outcomes of 723 patients with T1-T2N0M0 NSCLC. Sixty-seven percent of the patients were medically or surgically inoperable, median age was 70 and median tumor volume was 14.9 cc. The median follow-up was 12 months (range 1-87 months). The median SBRT dose was 48 Gy (range 10–80 Gy) delivered in a median of 3 fractions (range 1-5 fractions).

Most common dose and fractionation schemes included:

20 Gy x 3 fractions = 60 Gy

18 Gy x 3 fractions = 54 Gy

10 Gy x 5 fractions = 50 Gy

12.5 Gy x 4 fractions = 50 Gy

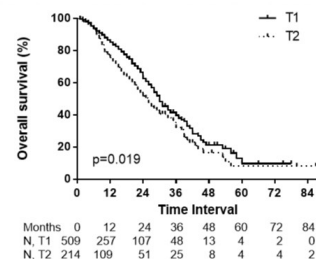
12 Gy x 4 fractions = 48 Gy

One-year and two-year overall survival was 85% and 63% for T1 lesions and 76% and 52% for T2 lesions, respectively. The one-year local control rate for T1 lesions was 89% and one-year local control rate for T2 lesions was 85%.

This study was the first to report outcomes

of SBRT treatment of T1-T2N0M0 NSCLC patients enrolled in RSSearch. The results demonstrated that overall survival and local control rates are in line with previous reports from single institutions and prospective studies. This data represents treatment management practices in a real-world setting and is one of the largest multi-center studies to report on SBRT outcomes for NSCLC. RSSearch continues to be the largest registry dedicated to SRS/SBRT treatment managed by a non-profit society.

Overall Survival of T1 & T2 Lesions after SBRT



Reference: Davis, J. et al



The Radiosurgery Society SRS/SBRT Scientific Meeting 2014 attracted over 400 attendees from around the globe, including radiation oncologists, surgeons, medical oncologists, medical physicists, dosimetrists and industry leaders. There were over 100 presentations focused on SRS/SBRT treatments of intracranial and extra-cranial lesions.

Reference: Davis, J, Medbery, C, Sharma, S, Perry, D, Pablo, J, D'Ambrosio, DJ, McKellar, H, Kimsey, F, Chomiak, P and Mahadevan A. Presented at SRS/SBRT Scientific Meeting 2014, Minneapolis, MN

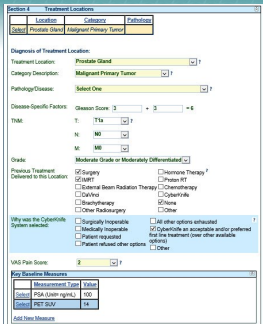


RSSearch™ Instructional Video Available

An instructional video on how to use RSSearch is now posted on the Radiosurgery Society website. This nine-minute video provides an overview demonstration of the data collection fields, how to navigate the system and how to access data in real-time. Additional feature topics include how to create customized data fields and how to generate custom reports. To view the RSSearch instructional video, go to <http://therss.org/clinician-resources/recordpatientregistry.aspx>

Screening Data Fields

- Patient demographics
- Referral source & payer information
- Co-morbidities
- Prior treatments
- Lesion characteristics
 - Lesion location based on ICD-O codes
- Staging (TNM)
- Tumor markers, baseline measures for outcome analysis



Support the RSSearch™ Patient Registry Initiative

If you are a Registry participant it is important that you:

- Update your IRB with RSSearch™ protocol and consent forms
- Continue to enter SRS/SBRT screened patients
- Complete screening, treatment and outcome data
- Update patient follow-up information

Become a Registry participant:

- Contact Nalani Brown at nbrown@therss.org

Coordinator's Corner: Meet RSSearch™ Participants

Joey Spring BSRT(T), BSPIO is a Clinical Special Services Manager at the CyberKnife Radiosurgery, Nancy N & JC Lewis Cancer and Research (LCRP) located in Savannah, GA. "Our mission at the LCRP is to enable the provision of state-of-the-art multispecialty care and early-phase clinical trials in community-based locations to meet the needs of the people. To do this we offer survivorship and palliative care, community outreach, clinical trials and bio- specimens, all in a multi-disciplinary practice setting," stated Mr. Spring.

"The Patient Registry is a great platform as it allows our center access all of our registry data in one convenient location. Data entry is very straight forward and requires a very short learning curve before it is mastered. There are multiple reports that can be generated and filtered based on what is needed for any of the data entry fields. **The follow-up feature is very convenient and allows our center easy access to all patient follow-up data in one place, which is instrumental in providing patients with the best care possible,**" stated Mr. Spring.

The LCRP is affiliated with the regions only faith-based, not-for-profit health system, St. Joseph's/Candler. Its two anchor institutions, St. Joseph's Hospital and Candler Hospital, affiliated in April of 1997, consolidating duplicate services where appropriate and combining more than 325 years of dedicated healthcare service under one umbrella. While both St. Joseph's Hospital and Candler Hospital cater to both primary and tertiary care, both are highly recognized for their individual specialty services. LCRP treats approximately 750 patients annually, with roughly 150 of those being CyberKnife radiosurgery patients.

Email Joey Spring at SPRINGJ@sichs.org.





the
Radiosurgery
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Bridging the Gap

RSSearch™ Patient Registry Quarterly Newsletter

Volume IV

June 2014

SRS/SBRT Article of Interest:

The intent of this section is to highlight and summarize the results of relevant articles on SRS/SBRT originating from RSSearch™ and elsewhere. If you have an article you would like to submit, please email the RSS at admin@therss.org

Initial Outcomes of Early-Stage Prostate Cancer Treated with SBRT from the RSSearch™ Patient Registry. Davis, J, D'Ambrosio DJ, Sharma, S, Chen, Q, Aygun, C, Perry D. Presented at the 2014 Radiosurgery Society Scientific Meeting, May 8, 2014, Minneapolis, MN.

Initial reports of SBRT for the treatment of early-stage prostate cancer have been promising, with 5-year local control rates comparable to standard external beam radiation therapy and surgery. As a result, the use of SBRT for the treatment of early stage prostate cancer has increased in the community practice setting. There is limited data describing the treatment management patterns and clinical outcomes of SBRT from the community practice setting or from multi-center studies. In this analysis, the authors report on PSA response and biochemical disease-free survival (bDFS) from 464 patients treated with SBRT and enrolled in RSSearch. The median age was 70 years, the median prostate volume was 52 cc, and median baseline PSA was 5.9 ng/ml. Clinical stage was T1a-T1c in 78%, T2a in 16%, T2b in 4%, T2c in 1% and T3 in 1% of patients. Gleason score was ≤ 6 in 53%, 7 in 39% and ≥ 8 in 8% of patients. 44% were low-risk, 45% were intermediate-risk and 11% were high-risk. The most common SBRT dose was 36.25 Gy (range 18-38 Gy) delivered in 5 fractions (range 1-5). The median follow-up was 13 months (2—73 months). Median PSA decreased from baseline of 5.9 ng/ml to 1 ng/ml at one year and 0.53 ng/ml at 2 years after SBRT. One-year bDFS for low-, intermediate- and high-risk disease was 100%, 100% and 94%, respectively. Two-year bDFS for low-, intermediate-, and high-risk disease was 100%, 86% and 73%, respectively.

The authors concluded that RSSearch is a useful resource for reporting on clinical outcomes for prostate cancer patients treated with SBRT and initial PSA responses similar to published reports from single institutions. As the data continues to mature, reports on toxicity and long-term efficacy will be reported.

Frequently Asked Questions & Answers:

Question: Can I share my User ID and Password with others at my facility?

Answer: For purposes of quality assurance and security, unique User ID and Passwords are provided to each person needing access into the registry. The sharing of User ID/passwords make following up on data entry discrepancies difficult, and could compromise your site's security (i.e. former staff having access to the shared account while we could deactivate individual accounts), so this practice is strongly discouraged. Anyone needing a User ID/password can contact Nalani Brown at nbrown@therss.org.

Question: Why should I routinely run a data report?

Answer: It's good practice to run reports as part of your quality assurance practice. Missing data fields or corrections can be identified by running routine reports. For example, reports on patient demographics, treatments locations or referral sources can easily be generated on a monthly basis.

Question: How do I create a report?

Answer: There are 2 ways to run a report; you can select All Data by Form or use the Report Wizard. All Data by Form is simply that, you select from the Screening, Treatment or Follow-up Form and a report is generated containing all of the data fields in the form. In Report Wizard, you choose specific data fields from the Screening, Treatment, and Follow-up forms. All reports can be renamed and saved to run again whenever needed.

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