the Radiosurgery Society®

Bridging the Gap

RSSearch™ Patient Registry Quarterly Newsletter

Volume I *July 2013*

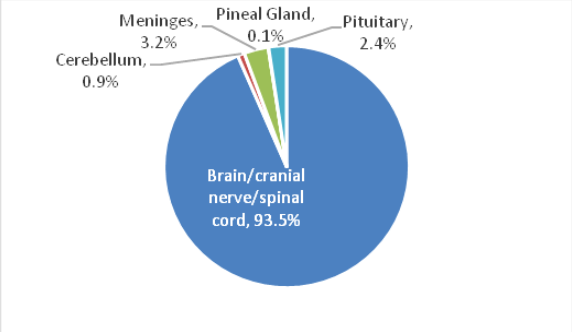
In this issue:

RSSearch™ Patient Registry Reaches 12,000 Patients

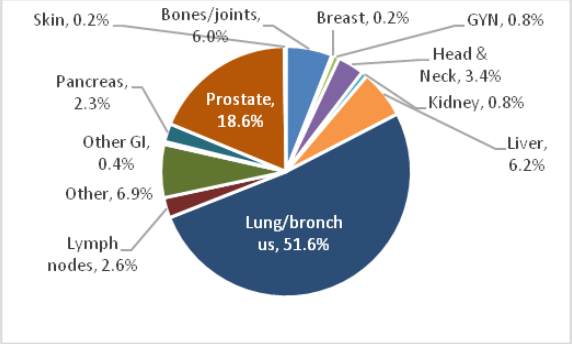
RSSearch™, achieved a significant milestone, reaching its 12,000th patient. RSSearch™ formerly ReCKord™, was established in 2005, with the goal of creating a multi-institutional web-based patient registry to capture screening, treatment and clinical outcomes of patients treated with SRS/SBRT. "This is very exciting for us," said Dr. Anand Mahadevan, M.D., President of the Radiosurgery Society Board of Directors. "Not only is this a significant number of patients, but we have captured this data from 39 different academic and community treatment centers across the US, representing users in the "real world". We are encouraged this data will continue to yield new light onto SRS/SBRT treatment practices and treatment protocols for our patients."

Initial analysis identified that participating centers treat a wide range of benign, primary malignant, metastatic, and functional diseases. The most common treatment locations are brain/cranial nerve/spine and lung/bronchus, followed by prostate, liver, bones/joints, and head and neck (see adjacent figures). Current research projects are focusing on clinical outcomes of SRS/SBRT-treated patients enrolled in ReCKord™/RSSearch™. Stay tuned for future publication announcements.

Distribution of intracranial lesions



Distribution of extra-cranial lesions



ReCKord™ Patient Registry Expands to RSSearch™

ReCKord™ is currently undergoing improvements to expand patient selection, treatment practices and clinical outcomes research for all SRS/SBRT treatment platforms. With this expansion, comes a name change from ReCKord™ to RSSearch™. ReCKord™ will continue to exist within RSSearch™, and the current dataset will remain intact, unchanged and available for research purposes. "The evolvement of RSSearch™ will allow users to expand their research capabilities and will provide a unique resource to support comparative effectiveness efforts for SRS/SBRT which will provide data that is considered valid by CMS and insurers," said Clinton A. Medbery III, M.D., Radiation Oncology, St. Anthony's Hospital, OK. The changes will occur in several stages without interruption to users.

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RSSearch™ Included in AHRQ Registry of Patient Registries

This month, the Agency for Healthcare Research and Quality (AHRQ) announced that the Registry of Patient Registries (RoPR) is now available online, and RSSearch™ is an active participant. The RoPR database is a central listing of registries in the US, where interested parties can search for existing registries of a particular area. "The RSS actively engaged in the initial discussions with AHRQ during the development phase of RoPR, and we are eager to participate in the collaboration efforts of others also interested in bridging the gap in healthcare to ensure optimal patient care", stated Kristine Gagliardi, Executive Director of the Radiosurgery Society®.

According to the AHRQ website, the goal of RoPR is to promote collaboration, reduce redundancy and increase transparence of patient registries. To date, there are 59 registries posted on RoPR, which include data collection from patient's with Alzheimer's, diabetes, Parkinson's disease, pregnancy, and prostate health. RSSearch™ can be accessed via the RoPR at https://patientregistry.ahrq.gov, RoPR ID: 850

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

Melinda McIntyre, R.N., is the Clinical Coordinator at the Colorado CyberKnife, Lafayette, CO, and has been utilizing ReCKord™/RSSearch™ for almost seven years. According to Melinda, "The Registry allows me to extricate/analyze/track data on all types of tumors and other conditions that are treated at our center. Beyond tracking data within our center, the Registry adds another layer of value by allowing us to collaborate with other centers particularly on post-treatment follow-up. These collaborations are important for improving patient experience and care. We view the Registry as a tool that provides the foundation for multi-center projects that can lead to improved treatment regimens and patient outcomes."

> ***"We view the Registry as a tool that provides the foundation for multi-center projects that can lead to improved treatment regimens and patient outcomes."***

Colorado CyberKnife is a free-standing, non-hospital independent clinic located in Lafayette, CO, where C. Kelley Simpson, M.D., Medical Director and Lee McNeely, M.D., Radiation Oncologist have treated over 5000 patients with SRS/SBRT. If you have questions for Melinda email melinda.mcintyre@coloradoyberknife.com

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SRS/SBRT Articles 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

Stereotactic body radiation therapy for locally advanced and borderline resectable pancreatic cancer is effective and well tolerated. Chuong, M. *et al.* Int J Biol Rad Oncol Phys 2013 Jul 1;86(3):516-22.

Summary: Authors M. Chuong *et al* present a retrospective analysis of their single institution experience of SBRT in borderline resectable pancreatic cancer (BRPC) and locally advanced (LAPC) pancreatic cancer patients. Seventy-three patients (57 BRPC, 16 LAPC) with nonmetastatic pancreatic cancer received chemotherapy followed by SBRT. A dose of 25-30 Gy was delivered in 5 fractions to the entire tumor plus 3-5 mm expansion while a simultaneous integrated boost of 35-50 Gy was delivered to the region of tumor-vessel abutment/encasement. Patients were restaged 4 weeks after SBRT completion and resectable patients were considered for surgery.

Thirty-two BRPC patients (56.1%) underwent resection, of which 31 patients (96.9%) achieved margin negative resection. One patient with a microscopic positive margin did not complete the 3 cycles of induction chemotherapy. BRPC patients who underwent resection had significant improvement of median OS (19.3 mo vs 12.3 mo; p=0.03), 1-year OS (84.2% vs 58.3%; p=0.03) and 1-year PFS (56.5% vs 25%; p<0.001) compared to all nonsurgical patients. LAPC patients were restaged, but none were deemed resectable. The median OS, 1-year OS and 1-year PFS rates of LAPC patients were 15 months, 68.1% and 41%, respectively. The local control rates for all unresectable patients at 6,12 and 18 months were 90%, 81% and 60%, respectively. There were no acute grade ≥ 3 toxicities. Four patients (5%) experienced a late grade 3 toxicity and there were no late grade ≥ 4 toxicities.

Stereotactic body radiotherapy for localized prostate cancer: disease control and quality of life at 6 years. Katz, A., Santoro, M., Diblasio, R., and Ashley, R. Radiat Oncol 2013, May 13;8(1):118

Summary: In this report, Katz *et al* present their updated series of 304 early-stage prostate cancer patients treated with SBRT at Winthrop University, NY. The cohort included 211 low-, 81 intermediate-, and 12 high-risk patients with a median follow-up of 60 months (8-78 months). Fifty patients (16%) received 35 Gy in 5 fractions and 254 patients (84%) received 36.25 Gy in 5 fractions. The 5-year biochemical disease-free survival (bDFS) rate was 97% for low-, 90.7% for intermediate- and 74.1% for high-risk. Dose did not significantly effect bDFS, although Gleason score 4+3 negatively effected bDFS compared to Gleason < 4 + 3. Acute and late urinary and rectal toxicities were minimal and were similar for 35 Gy and 36.25 Gy. EPIC quality of life scores for urinary and rectal domains decreased immediately after SBRT treatment, returned to baseline at 12 months and remained at baseline through 6 years. At a median of 60 months, 75% of men stated they remained sexually potent; 25% requiring medication. SBRT dose was not a significant determinant of urinary, rectal or sexual function quality of life.