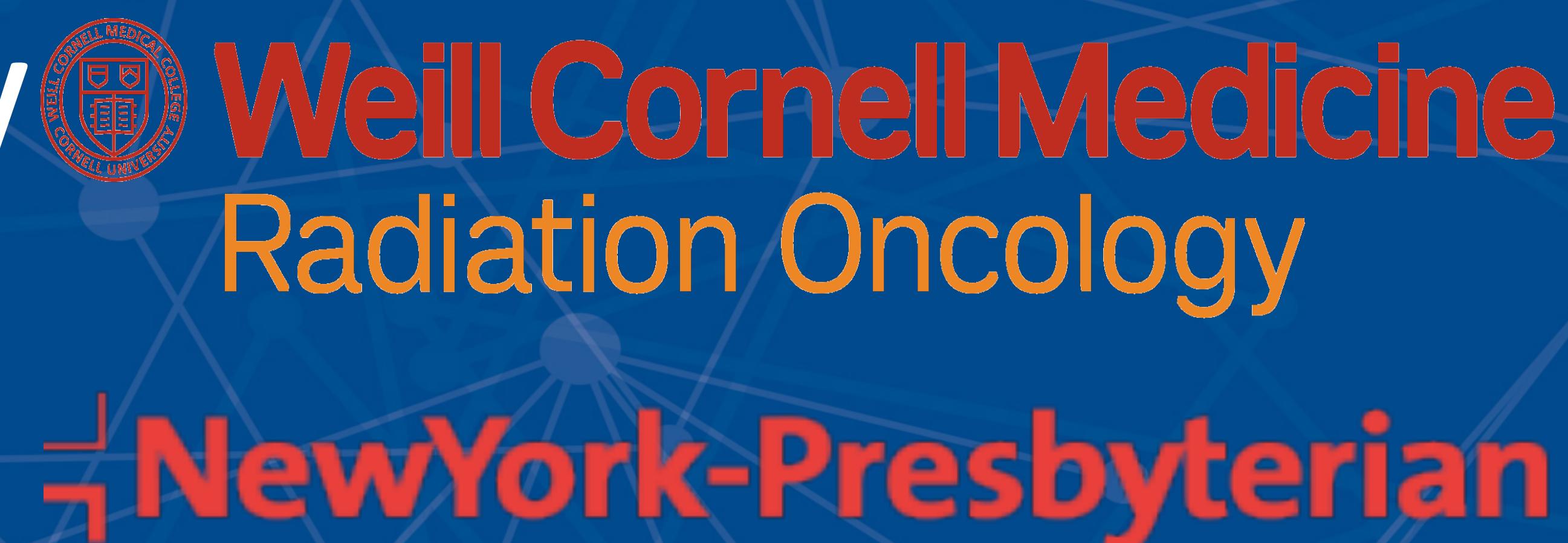


Time to administration of stereotactic radiosurgery to the cavity after surgery for brain metastases. A real-world analysis.

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OBJECTIVES

- Assess real-world LR for BM pts referred for SRS
- Identify predictors of SRS timing

BACKGROUND

- For single/sx BMs, surgery ↓ sx, ↑ LC, ↑ independence, ↑ OS¹
- Resection alone → ~50% LC^{1,2}
- Adjuvant RT ↑ LC (73-90%), ↓ new BMs, ↓ neuro death¹⁻³
- Adjuvant SRS not delivered immediately, to allow for healing & cavity shrinkage/stabilization
- With ↑ time surgery → SRS, risk of tumor repopulation
- **No consensus on optimal adjuvant SRS timing!**
- Often, only outcomes of pts w timely SRS reported → **Actual efficacy likely lower than reported!**
- Subset of pts never receive SRS for variety of reasons
- **Etiology of interval to SRS, its causes & impact on LC not well-understood**

¹Patchell et al. *N Engl J Med*. 1990; ²Patchell RA et al. *JAMA*. 1998; ³Kocher et al. *J Clin Oncol*. 2011.

METHODS

Patient Selection

- Retrospectively reviewed path records, 2012-2018

Eligibility criteria:

- Adults
- Path-confirmed BM from solid tumor
- Surgically resected
- Referred for adjuvant SRS
- ≥1 mo f/u
- No prior localized tx (surgery, SRS, brachy)

SRS

- LINAC: Varian iX w X-Knife or Novalis Truebeam w ExacTrac
- Immobilization: Frame-based or thermoplastic mask
- Thin-slice, volumetric T1+C MRI brain sequences co-registered
- Treatment planning: BrainLab
- CTV = resection cavity + contrast enhancement; PTV = CTV + 2 mm
- Dose: 18-33 Gy (median 24 Gy) in 1-5 fx
 - Prescribed to 80% isodose line

Endpoints

• 1^o endpoint: time to adjuvant SRS

- 1) ≤4 weeks postop
- 2) >4-8 weeks postop
- 3) >8 weeks postop
- 4) Not completed

• 2^o endpoints: LR, LRFS, OS, causes of intervals surgery → SRS

RESULTS

- Time to SRS only predictor of LR (p<0.01)
- ↑ LR & ↓ LRFS w time to SRS (p<0.01) (Fig. 1 & 2)
- Predictive of ↑ time to SRS
 - NSCLC (p=0.04)
 - Earlier yr of tx (p<0.01) (Fig. 3)
- Causes of time to adjuvant SRS >4 weeks (Fig. 4)
 - Logistics
 - Mgmt of 1^o or systemic disease
 - Mgmt of pre-existing conditions

Table 1: Demographic, disease & treatment characteristics, by time to adjuvant SRS

	All (n=159)	≤4 weeks (n=44)	>4-8 weeks (n=62)	>8 weeks / no SRS (n=53)	p-value
Demographics					
Age, yrs. (median, IQR)	64.0 (55.0, 70.0)	62.5 (55.0, 70.0)	64.5 (52.3, 69.0)	65 (56.0, 70.0)	0.88 ^a
Gender (n, %)					
Male	69 (43.4)	16 (35.4)	29 (46.8)	24 (45.3)	0.54 ^b
Female	90 (56.6)	28 (63.6)	33 (53.2)	29 (54.7)	
Race (n, %)					
White	69 (43.4)	24 (54.4)	26 (41.9)	19 (35.8)	0.07 ^b
Non-white	21 (13.2)	6 (13.6)	7 (11.3)	8 (15.1)	
RPA (n, %)					
I	28 (17.6)	8 (18.2)	8 (12.9)	12 (22.6)	0.42 ^b
II	91 (57.2)	26 (59.1)	40 (64.5)	25 (47.2)	
III	40 (25.2)	10 (22.7)	14 (22.6)	16 (30.2)	
Disease characteristics					
Size, cm (median, IQR)	2.9 (2.5, 3.8)	3.0 (2.7-3.9)	2.8 (2.5-3.7)	2.9 (2.5-3.9)	0.54 ^a
Pathology (n, %)					
NSCLC	69 (43.4)	16 (36.4)	23 (37.1)	30 (56.6)	0.04 ^{b,d}
Other	90 (56.6)	28 (63.6)	39 (62.9)	23 (43.4)	
Add'l BM (n, %)					
77 (48.4)	19 (43.2)	29 (46.7)	29 (54.7)	0.25 ^b	
Active syst dz (n, %)					
111 (69.8)	32 (72.7)	41 (66.1)	38 (71.7)	0.95 ^b	
Treatment characteristics					
Yr of tx (n, %)					<0.01 ^b
2012-2014	47 (29.6)	7 (15.9)	16 (25.8)	24 (45.3)	
2015-2016	47 (29.6)	10 (22.7)	22 (35.5)	15 (28.3)	
2017-2018	65 (40.9)	27 (61.4)	24 (38.7)	14 (26.4)	
GTR (n, %)	132 (83.0)	34 (77.3)	54 (87.1)	44 (83.0)	0.49 ^b
RT Fx & Dose (n, %)					0.92 ^b
1 fx (18-20 Gy)	10 (7.2)	2 (4.5)	5 (8.1)	3 (9.4)	
3 fx (24-33 Gy)	69 (49.6)	22 (50.0)	32 (51.6)	15 (46.9)	
5 fx (25-30 Gy)	59 (42.4)	20 (45.5)	25 (40.3)	14 (43.8)	
Syst tx postop (n, %)	104 (65.4)	28 (63.6)	48 (77.4)	28 (52.8)	0.02 ^b

^aKruskal-Wallis test; ^b Chi-square test or chi-square test for trend;

^cCerebellar location vs. other; ^d NSCLC versus other pathology.

CONCLUSION

- For resected BM, ↑ LR w ↑ time surgery → SRS
- NSCLC pathology & earlier yr of tx associated w ↑ time surgery → SRS
- Causes of ↑ interval to SRS: logistics, mgmt of 1^o & systemic dz, mgmt of comorbidities
- Opportunity to ↑ LC w improvements in workflow, multidisciplinary mgmt

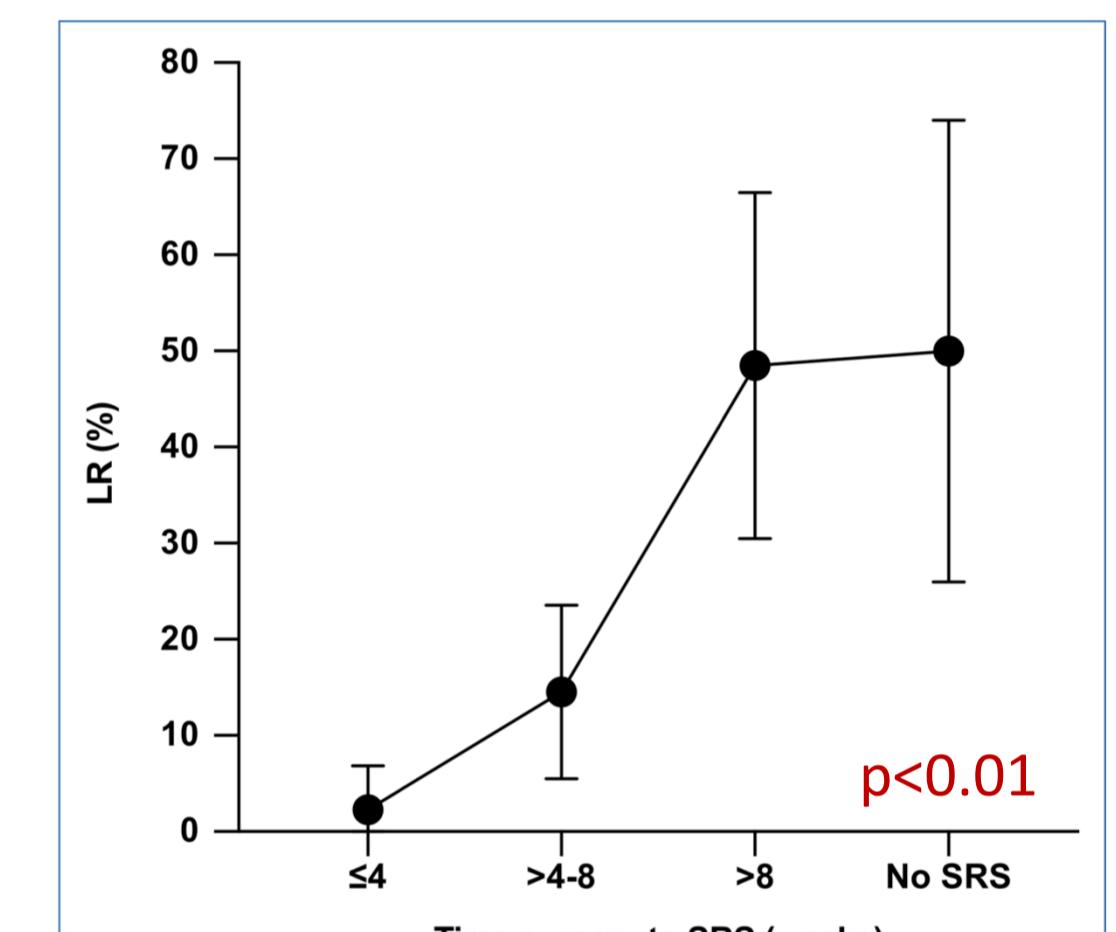


Fig. 1: LR by time to SRS (95% CI)

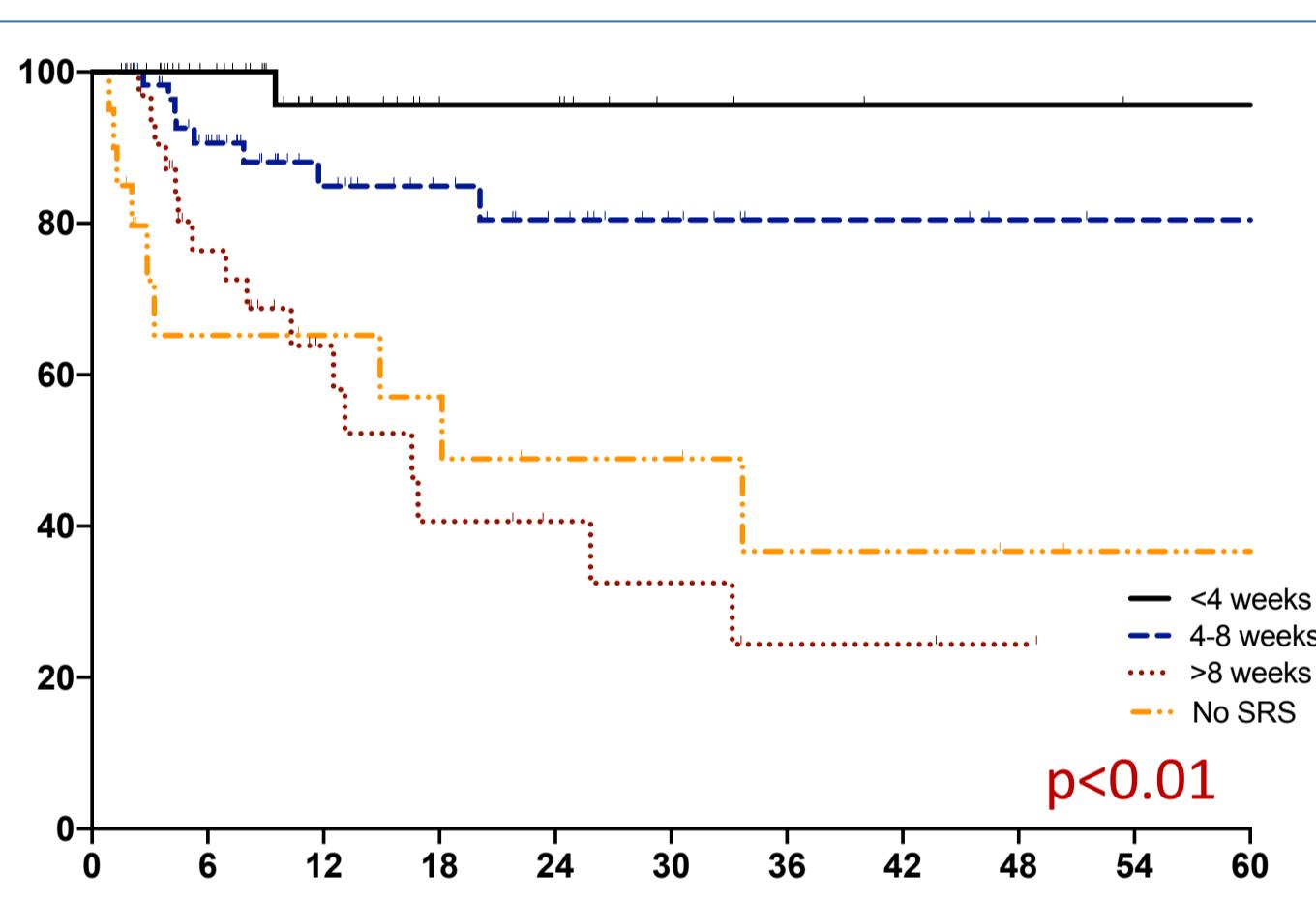


Fig. 2: LRFS by time to SRS

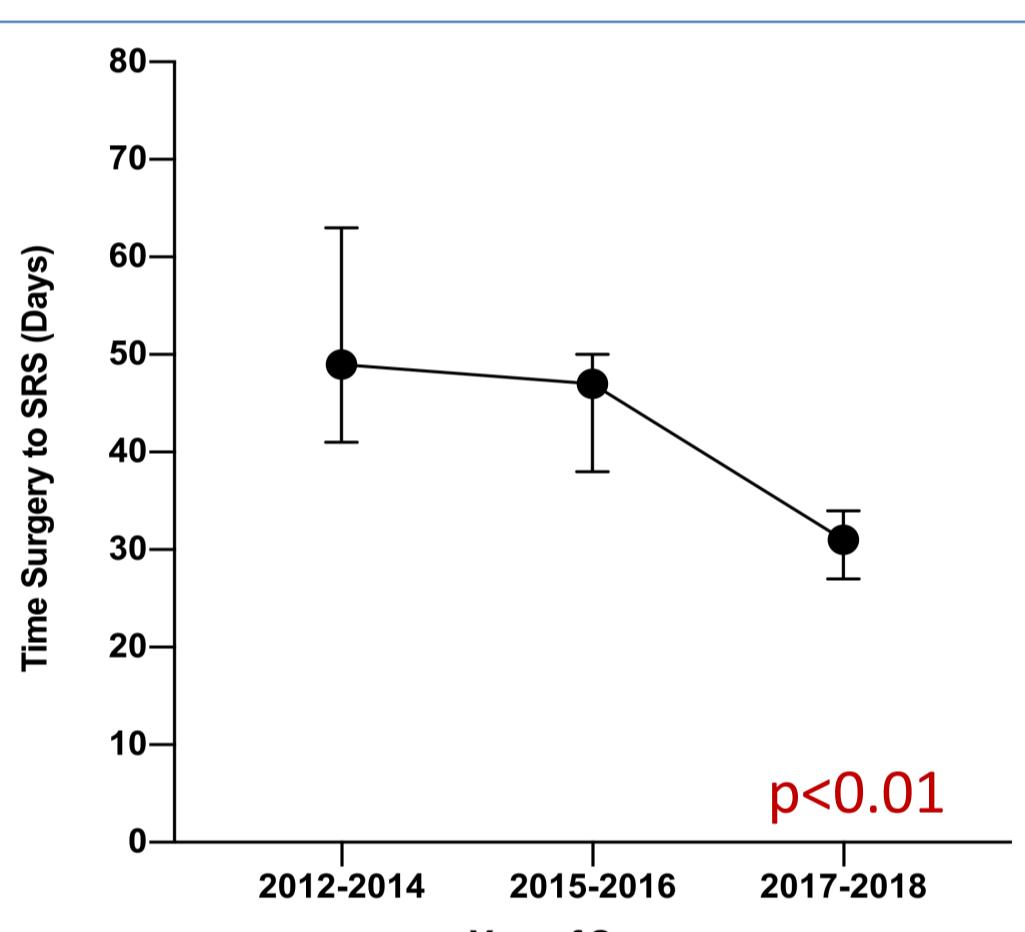


Fig. 3. Time surgery → SRS by yr

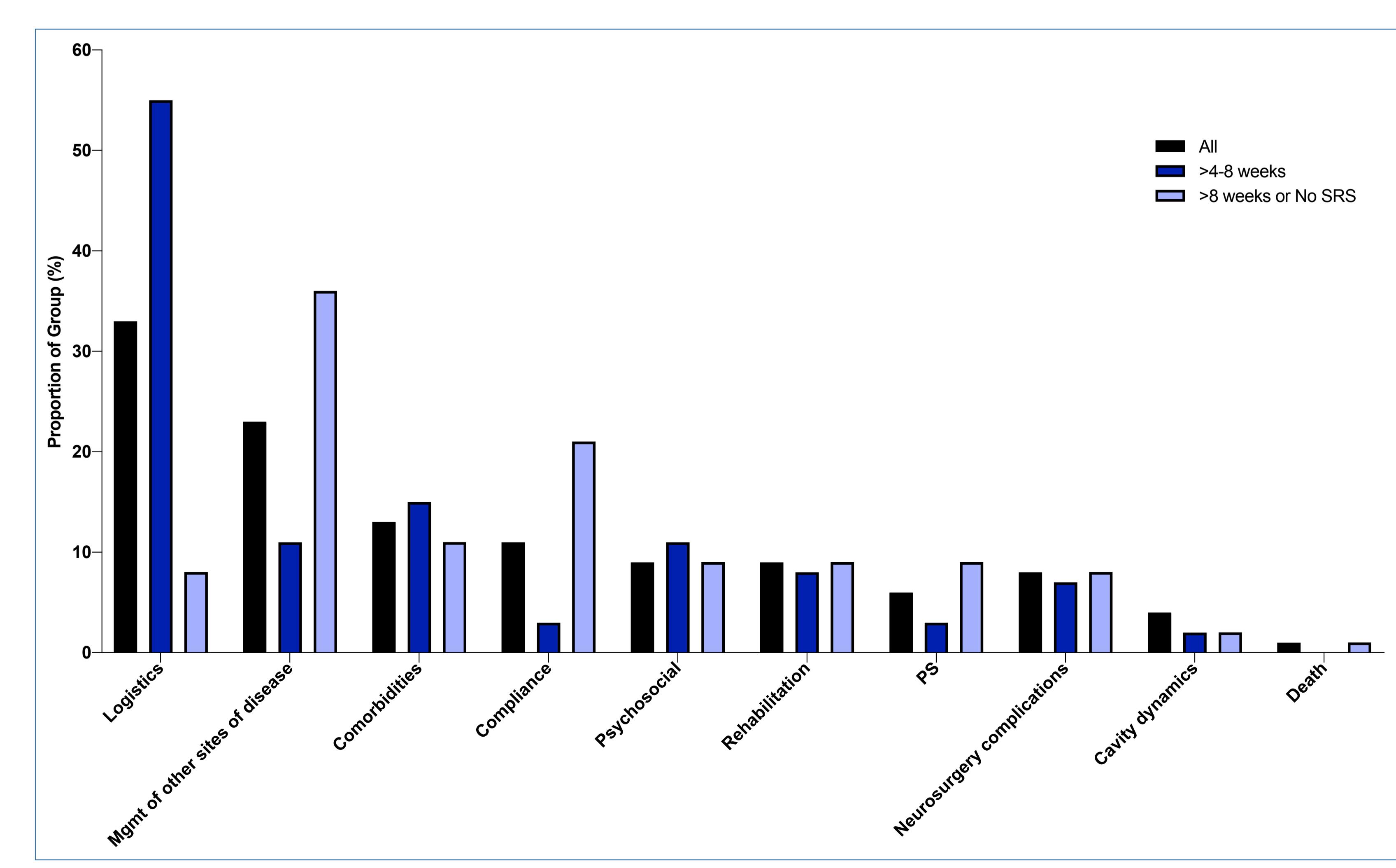


Fig 4: Causes of interval to SRS >4 weeks postop