Universitätsklinikum Würzburg

Klinikum der Bayerischen Julius-Maximilians-Universität

Klinik und Poliklinik für Strahlentherapie Direktor: Prof. Dr. M. Flentje



HIT-Endo-Kraniopharyngeom 2000

Preliminary Irradiation Data

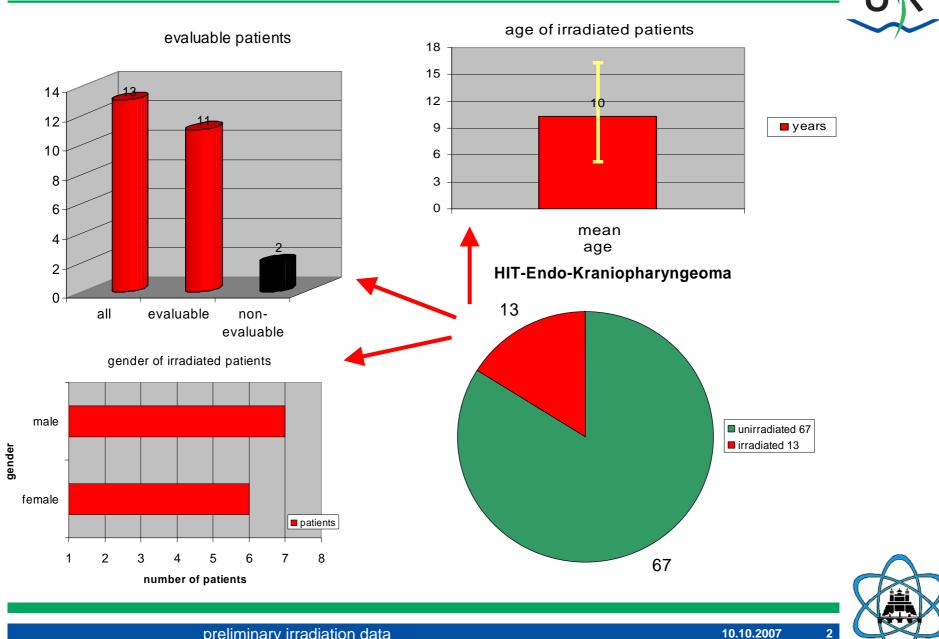
"parameters for the future"

Pohl F, Flentje M Department of Radiooncology Julius-Maximilians-University Würzburg, Germany





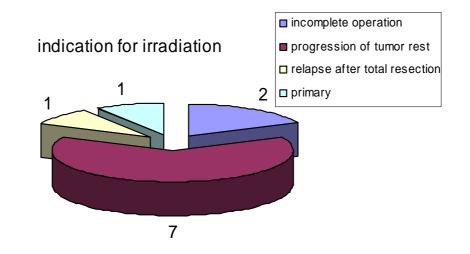








- In 10 of 11 irradiated patients the primary therapy was surgery.
- In 7 of 10 patients who underwent surgery with incomplete resection a progression of the tumor rest occured.
- The maximum number of surgery preceeding irradiation was 3 with a mean value of 2.
- The maximum time to irradiation from first diagnosis were 56 month with a mean value of 13 month.

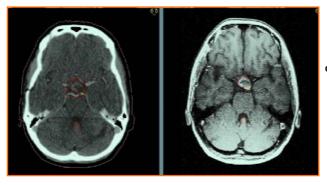


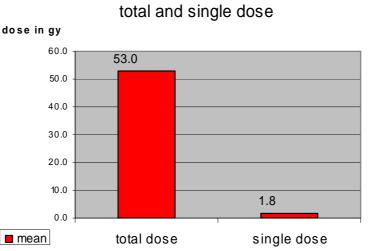


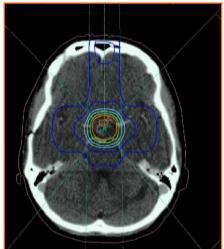




- All 11 irradiated patients were immobilized with an individual thermoplastic mask.
- All 11 irradiated patients got 3-dimensional CT-planning, the used energy was at least 6 MV photons.
- One patient was treated with a stereotactic single dose of 12 Gy.
- The mean total dose was 53 Gy (range 50,4 54 Gy).







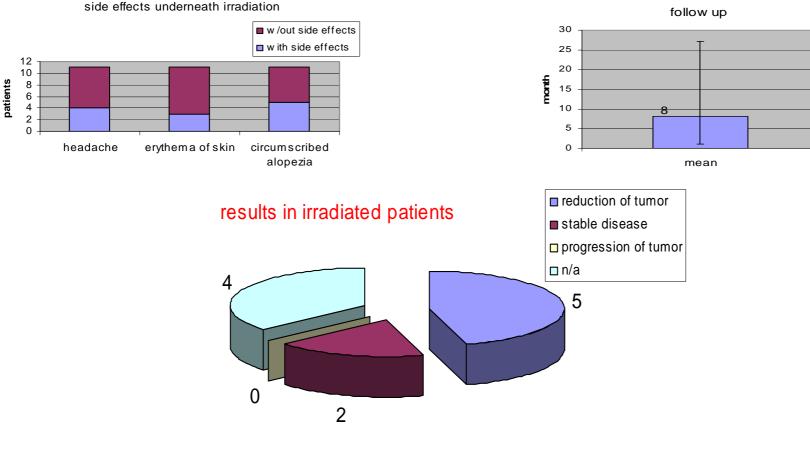






In 5 cases the irradiation leads to a reduction of tumor size.

Irradiation was well tolerated with only light side effects.



follow up

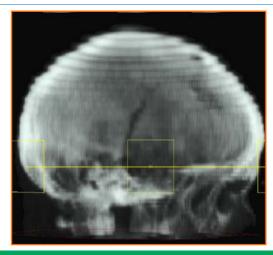


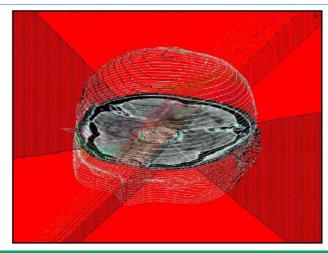
5





- The planning and treatment of irradiation in HIT-Endo Craniopharyngeoma 2000 is high-quality. The treatment is well-tolerated.
- The frequency of progression after incomplete resection is still unclear due to missing data.
- With a short follow up we could see a reduction of tumor size in 5 of 10 irradiated patients.
- Because of the short follow up there is no conclusion to the survival of irradiated patients possible.



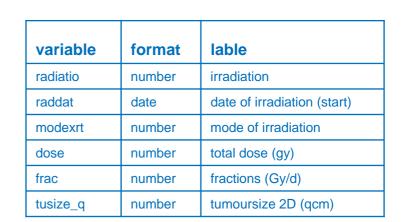




german parameters, more ?



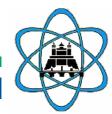
variable	lable
indikation of XRT	primary, post resection
mode of XRT	extern, intern
duration XRT	start, end
dose	total dose (gy)
frac	fractions (Gy/d)
energy	MV
field size	length, wide
volume: 90%-isodose	ccm
technique of XRT	3-D-planning, conventional
seed-implantation	Source, application time
Yttrium-instillation	application time
stereotactic XRT	dose, source, time



+ planning records, portal controls by mail

Additional parameters ?????

cyst formation, morbidity during/post RT (e.g. SIOP-LGG 2004), dose at organs of risk (chiasma, optic nerve, pituitary gland, hypothalamus), disruption of RT, immobilisation



7







