

AERO™ Academy Conference
8 Feb 2020

Brain and Prostate Case

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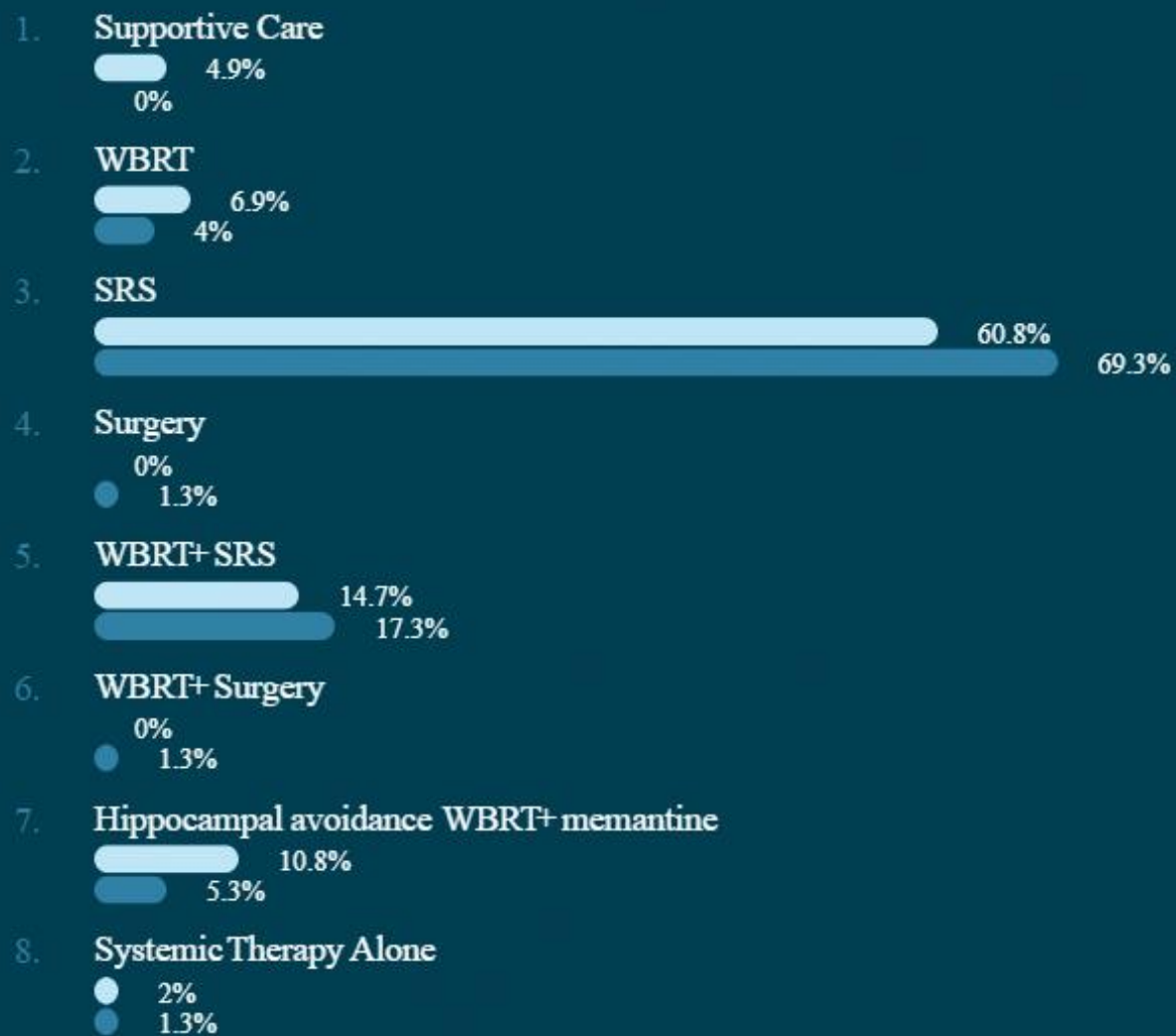
Tumor Board

Brain metastases

Q1: Treatment Recommendations

- 1- Supportive Care
- 2- WBRT
- 3- SRS
- 4- Surgery
- 5- WBRT + SRS
- 6- WBRT + Surgery
- 7- Hippocampal avoidance WBRT + memantine
- 8- Systemic Therapy Alone

Treatment Recommendations



Q2: Planning

1. All tumors in one plan
2. All tumors planned one by one

Planning

1. Alltumors in one plan



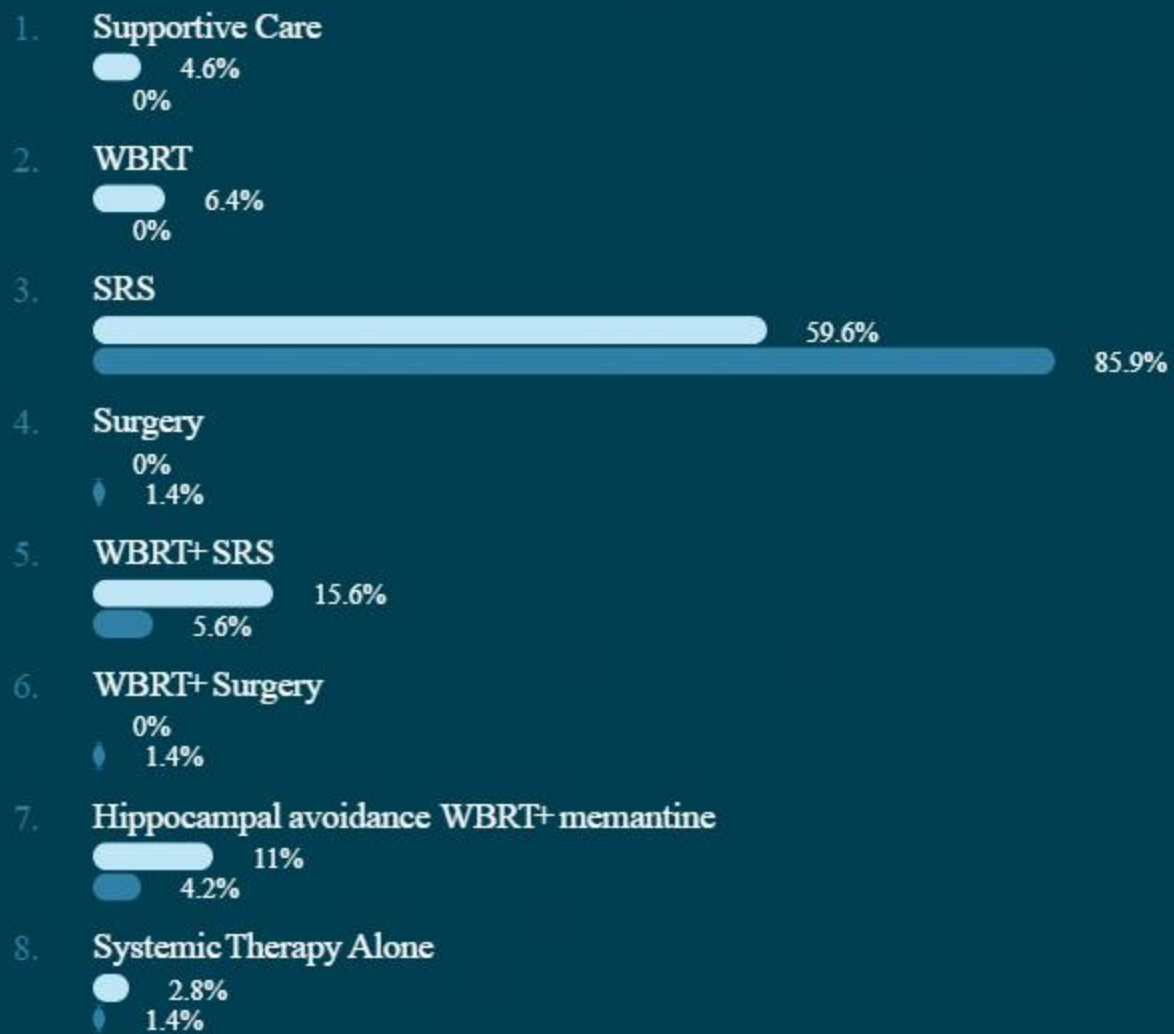
2. Alltumors planned one by one



Q3: Treatment Recommendations

- 1- Supportive Care
- 2- WBRT
- 3- SRS
- 4- Surgery
- 5- WBRT + SRS
- 6- WBRT + Surgery
- 7- Hippocampal avoidance WBRT + memantine
- 8- Systemic Therapy Alone

Treatment Recommendations



Tumor Board

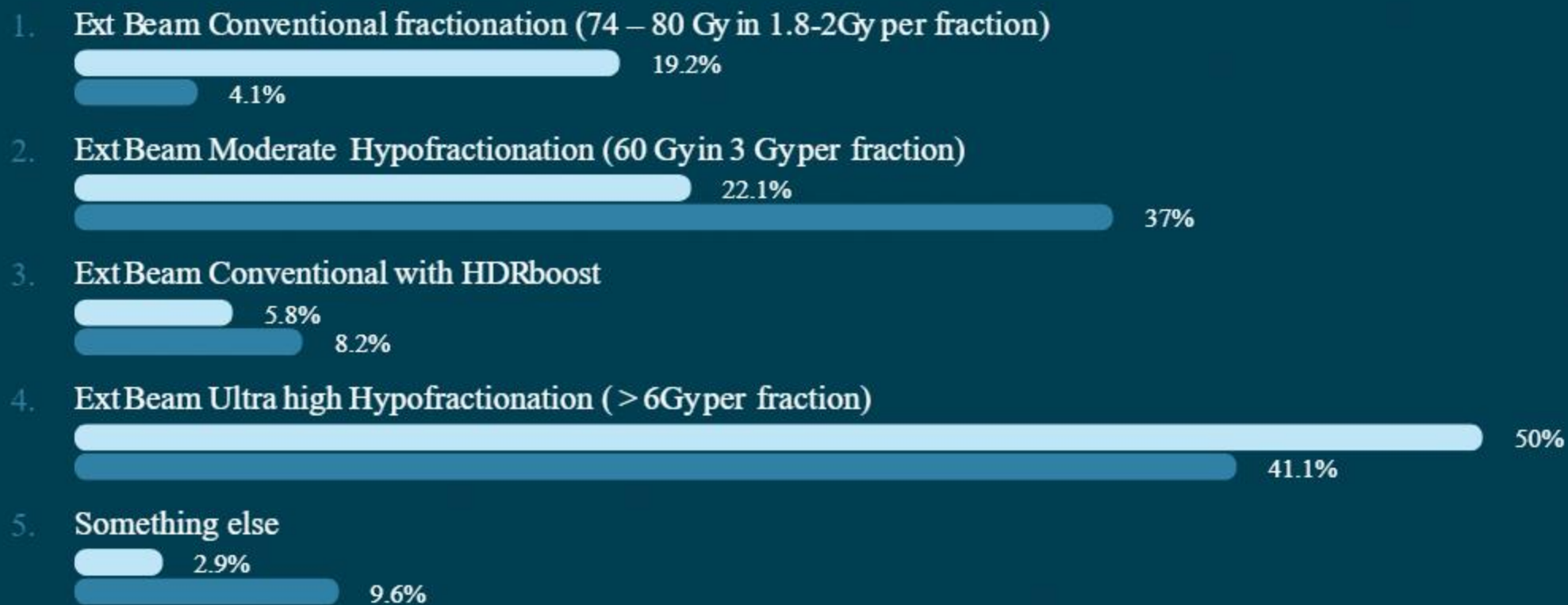
Prostate

Q3: He wants RT – what would you advise?

[60y PSA 9, Gleason 3 + 4, cT2b (right side) N0 M0]

1. Ext Beam Conventional fractionation
 - 74 – 80 Gy in 1.8-2Gy per fraction
2. Ext Beam Moderate Hypofractionation
 - 60 Gy in 3 Gy per fraction
3. Ext Beam Conventional with HDR boost
4. Ext Beam Ultra high Hypofractionation
 - > 6Gy per fraction
5. Something else 😊

He wants RT— what would you advise?



Q6: He wants RT – what would you advise?

[60y PSA 9, GI 3 + 4, cT2b N0 M0, EBRT 5 years ago, PSA now 2.87, PSMA avid Rt obturator node]

1. Offer Whole pelvic nodal RT (matching to previous RT) alone
2. Offer Whole pelvic nodal RT + hormone therapy
3. Offer SBRT to Right obturator node alone
4. Offer SBRT to Right obturator node + hormone therapy
5. Decline RT

He wants RT— what would you advise?

