Bone Mets – QUESTIONS

Clinical Case Conference
UCSD Radiation Oncology
SA-CME

1. What was a result of RTOG 94-17?
    A) 30 Gy in 10 fractions gave less toxicity than 8 Gy in 1 fraction.
    B) 8 Gy in 1 fraction is safe for treatment of spinal cord compression.
    C) More patients receiving 8 Gy needed narcotics at 3 months than in those receiving 30 Gy.
    D) There was no difference in pain relief at 3 months between patients receiving 30 Gy in 10 fractions vs. 8 Gy in 1 fraction.

2. What was an advantage of 30 Gy in 10 fractions compared to 8 Gy in 1 fraction in RTOG 94-17?
    A) Less acute toxicity.
    B) Less retreatment.
    C) Less stable pain.
    D) Less progressive pain.

3. Which of the following trials showed a pain control benefit to multiple fractions (vs. 8 Gy in 1 fraction) radiotherapy for bone metastases?
    A) RTOG 94-17 (Hartsell et al. JNCI 2005): 30 Gy in 10 fractions.
    B) Kaasa et al Radiother Oncol 2006: 30 Gy in 10 fractions.
    C) TROG 96-05 (Roos et al Radiother Oncol 2005): 20 Gy in 5 fractions.
    D) Foro et al Radiother Oncol 2008: 30 Gy in 10 fractions.
    E) None of these trials showed a pain control benefit to the longer regimen.

4. Which of the following is a contraindication for spine SBRT according to ASTRO consensus guidelines?
    A) MRI not available due to patient pacemaker.
    B) Paraspinal extension of metastasis.
    C) 2 contiguous spine segments involved.
    D) Area previously received 30 Gy with fractionated radiotherapy.

5. What is true of re-irradiation of painful bone metastases?
    A) Longer courses of fractionated radiotherapy have less toxicity than 8 Gy in 1 fraction.
    B) More patients have pathologic fracture after 8 Gy in 1 fraction compared to longer courses.
    C) More patients have spinal cord compression after 8 Gy in 1 fraction compared to longer courses.
    D) The overall response rate is comparable for 8 Gy in 1 fraction compared to 20 Gy in 8 fractions.