

# Stereotactic radiation feasible for oligometastatic cancer

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17 percent. Acute grade 2-plus toxicity was 7.5 percent, while 3-plus toxicity was 2 percent. Late-grade 2-plus and 3-plus toxicity were both 1.4 percent. At completion, six weeks, three months, and nine months after treatment, there was no significant change in quality of life (QoL). However, at six and 12 months, patients had statistically significant improvement in QoL.

"In this study, for patients with stage IV disease, we have a treatment paradigm that can result in long-term survival while maintaining overall quality of life," senior author Dwight E. Heron, M.D., said in a statement. "We had a sense this was the case from retrospective data, but the addition of prospective data is very convincing."

**More information:** [Abstract/Full Text](#)

(HealthDay)—Stereotactic ablative radiation therapy (SABR) for recurrent oligometastatic cancer is a feasible and tolerable treatment option, according to a phase 2 study published in the January issue of the *International Journal of Radiation Oncology, Biology, Physics*.

Philip Sutera, from the University of Pittsburgh School of Medicine, and colleagues assessed the role of SABR for oligometastatic cancer among 147 [patients](#) (median age, 66.4 years). Patient follow-up occurred within six weeks of completion of SABR and at three-month intervals.

The researchers found that the most common primary tumors were lung (21.8 percent; non-small-cell: 29 tumors, small-cell: three tumors), colorectal adenocarcinoma (21.1 percent), and head and neck (10.9 percent). Over a median follow-up of 41.3 months, the median overall survival (OS) was 42.3 months, with five-year OS of 43 percent. Five-year local progression-free survival was 74 percent, and distant progression-free survival was

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