T6 SPINAL
SOLITARY BREAST METASTASIS

University of Pittsburgh Medical Center CyberKnife® Team: Peter C. Gerszten, M.D., M.P.H.
Radiation Oncologist: Steven A. Burton, M.D.
Medical Physicist: Cihat Ozhasoglu, Ph.D.
Radiation Therapist: William J. Vogel, R.T.(T.)
Nurse: Annette E. Quinn, R.N.
CyberKnife Center: Shadyside Hospital University of Pittsburgh Medical Center Pittsburgh, PA
**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Sex:</th>
<th>Female</th>
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<td>Age:</td>
<td>56</td>
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<td>Histology:</td>
<td>Breast Metastasis to T6</td>
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**CLINICAL HISTORY**

- **Referred by:** Medical Oncology
- **Previous Treatment:** External beam radiation of 30 Gy in 10 fractions to the T6 vertebral body

**Case History**

The patient originally was diagnosed with a T2, N0 infiltrating ductal carcinoma of the right breast. Her cancer was treated with segmental resection. This was followed by radiation therapy to the breast to 61.2 Gy and four cycles of adjuvant 5-FU and methotrexate. Six years later, she presented to her medical oncologist with complaints of back pain. MR imaging revealed a solitary destructive lesion of the T6 vertebral body. Further workup failed to demonstrate other areas of metastatic disease. This solitary metastatic lesion was treated with external beam radiation in ten fractions to 30 Gy with temporary improvement in her symptoms.

However, a month later, persistent symptoms of pain prevented the patient from returning to work and interfered with her activities of daily living. She was therefore referred to the CyberKnife® Spine Center for further evaluation.

Her MRI showed tumor progression with significant compression of the spinal cord at the T6 level. She had no neurological deficits.

**CyberKnife Treatment Rationale**

The treatment of both malignant as well as benign tumors of the spine using CyberKnife radiosurgery began in 1997. Treatment of spine lesions using single fraction radiosurgery has been a successful treatment strategy at UPMC over the past four years.¹,²,³

Pretreatment MR: Sagittal T2 weighted and axial T1 weighted gadolinium-enhanced MRI reveals a pathologic compression fracture with significant spinal canal compromise.

Pretreatment CT showing the outlined tumor at the T6 level. This image set was used for treatment planning and stereotactic radiosurgical targeting on the CyberKnife System.
Planning Process and Goals
The tumor target volume of 10.3 cc was contoured to include the tumor at the level of the T6 vertebral body. Surrounding critical structures, including the spinal cord and esophagus, were contoured to minimize dose to those radiosensitive structures. The 80% isodose line represents the prescribed dose of 16 Gy to the tumor. The prescription isodose line covered 72.7% of the planning target volume with a conformality index of 1.14.

Treatment Delivery
The treatment utilized 103 separately targeted beams with the 15 mm collimator. The tumor volume measured 10.3 cc and only 0.3 cc of the spinal cord received greater than 8 Gy, consistent with the low conformality index. The patient reported no adverse side effects from the treatment delivery.
Outcome and Follow-Up
The patient was followed-up one month after completing CyberKnife® radiosurgery
- The patient experienced significant pain relief within one month
- She had no new neurological deficits
- One-month follow-up MRI revealed a decrease in tumor volume within the spinal canal and a significant decompression of the spinal cord (below right)
- There is no evidence of further vertebral body collapse
- The patient continues to experience pain relief at four months

Conclusion and CyberKnife Advantages
- The CyberKnife System can deliver a single high-dose of radiation, limiting the dose to the adjacent spinal cord, unlike conventional radiation therapy
- The major benefits of single fraction radiosurgery are a relatively short treatment time in an outpatient setting delivered in a minimally invasive fashion with good clinical response
- Reduction in spinal pain after CyberKnife radiosurgery has been shown to be a major benefit to patients in this as well as in other centers

References