



UMC Utrecht

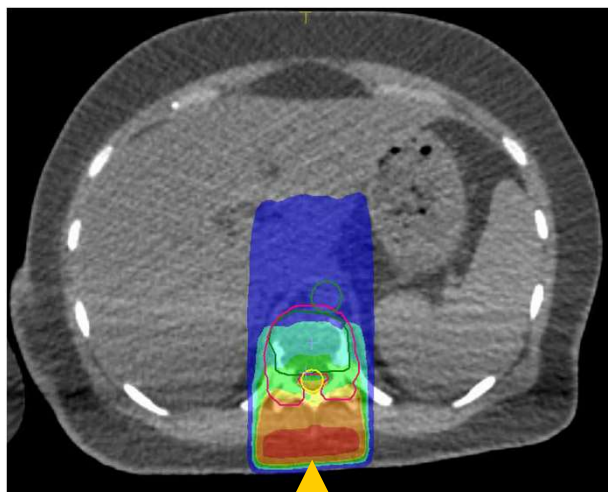
Quality of Life After Stereotactic Body Radiation Therapy Versus Conventional Radiation Therapy in Patients With Bone Metastases

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Disclosure

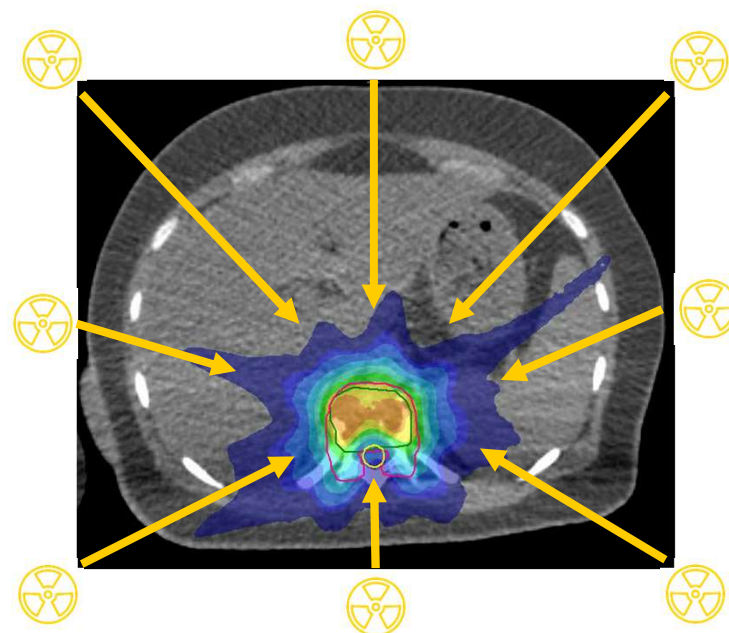
No conflict of interest

cRT



1000 cGy	2520 cGy
960 cGy	2000 cGy
880 cGy	1800 cGy
856 cGy	1620 cGy
800 cGy	1400 cGy
720 cGy	1200 cGy
500 cGy	1000 cGy
	800 cGy
	720 cGy
	500 cGy

SBRT



Kwaliteit van leven vragenlijsten

Methode: In- en Exclusie Criteria

- Pijnlijke botmetastasen (NRS \geq 3)
- \leq 2 te behandelen leasies
- Geen ernstige of toenemende neurologische uitval
- Geen eerder RT op target leasie
- Levensverwachting \geq 3 maanden
- Radiosensitieve tumor
- Leasie > 10cm
- Chirurgische stabilisatie noodzakelijk

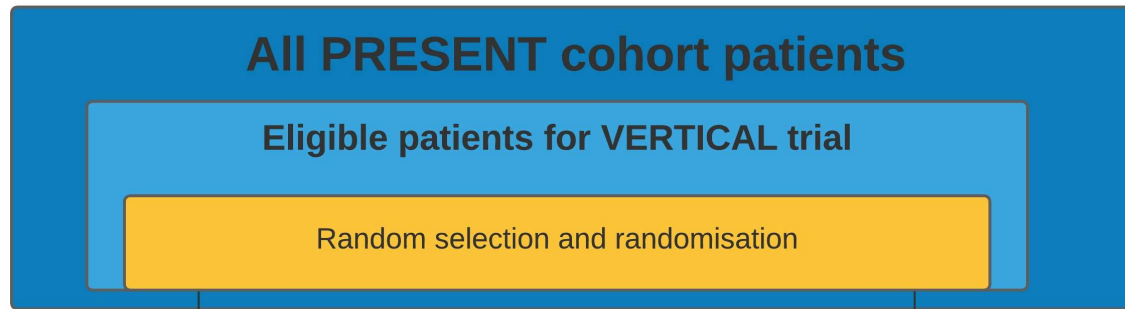
Trials within Cohorts (TwICs) Design

All PRESENT cohort patients

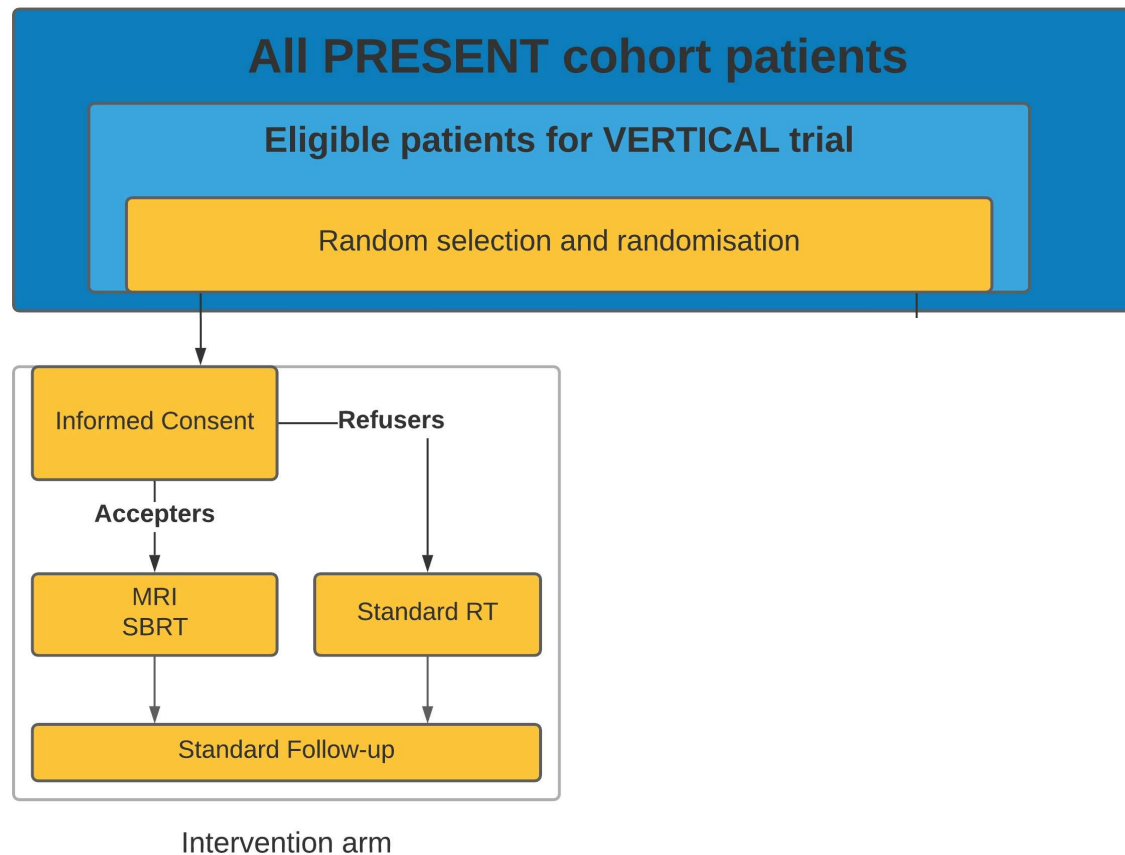
Trials within Cohorts (TwICs) Design



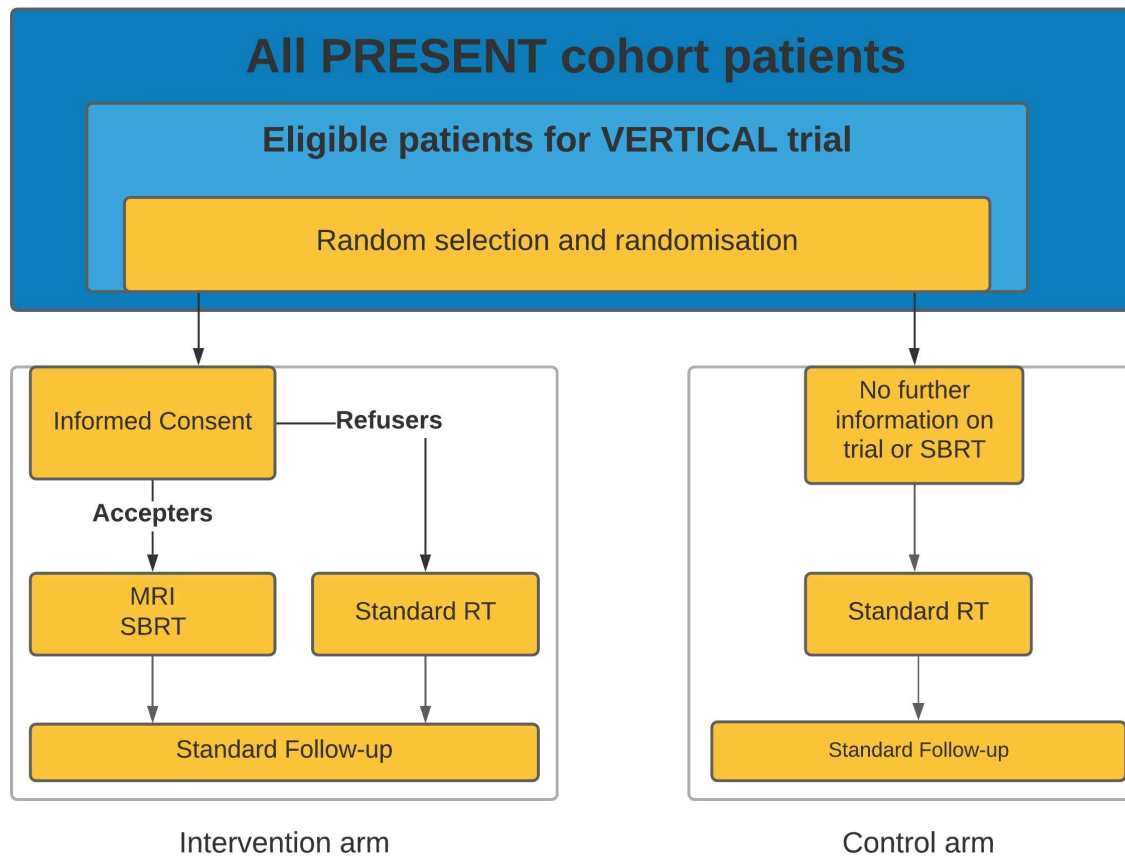
Trials within Cohorts (TwICs) Design



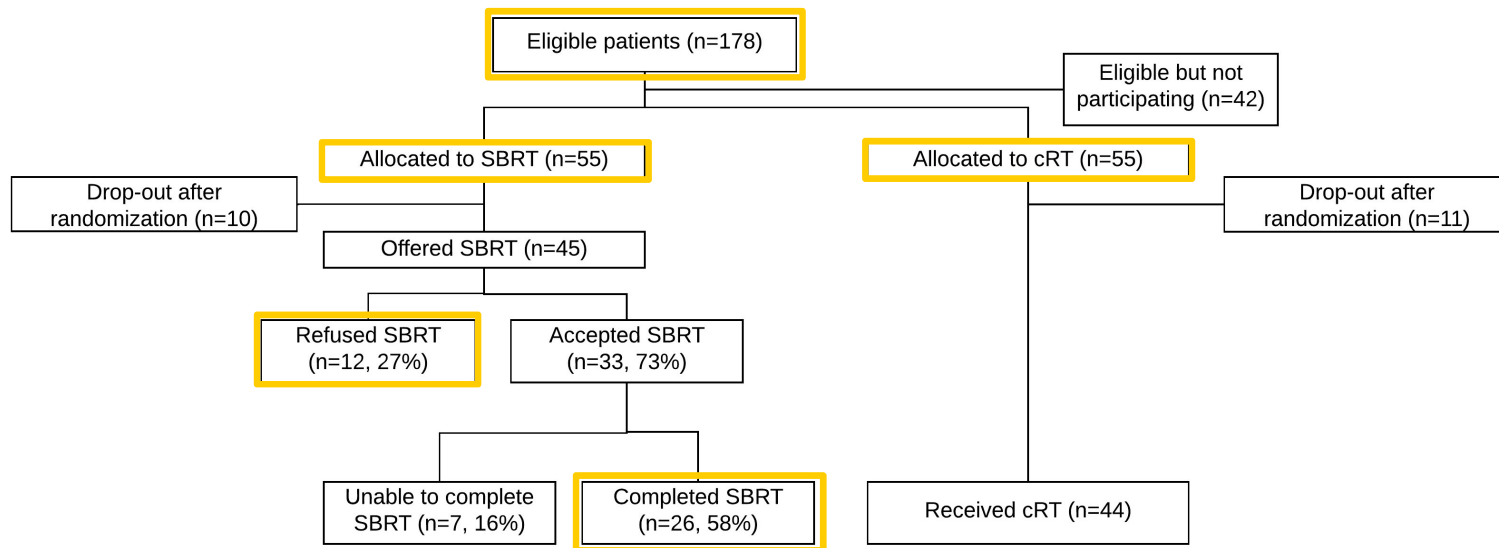
Trials within Cohorts (TwICs) Design



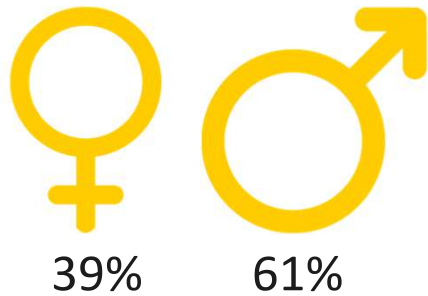
Trials within Cohorts (TwICs) Design



Resultaten

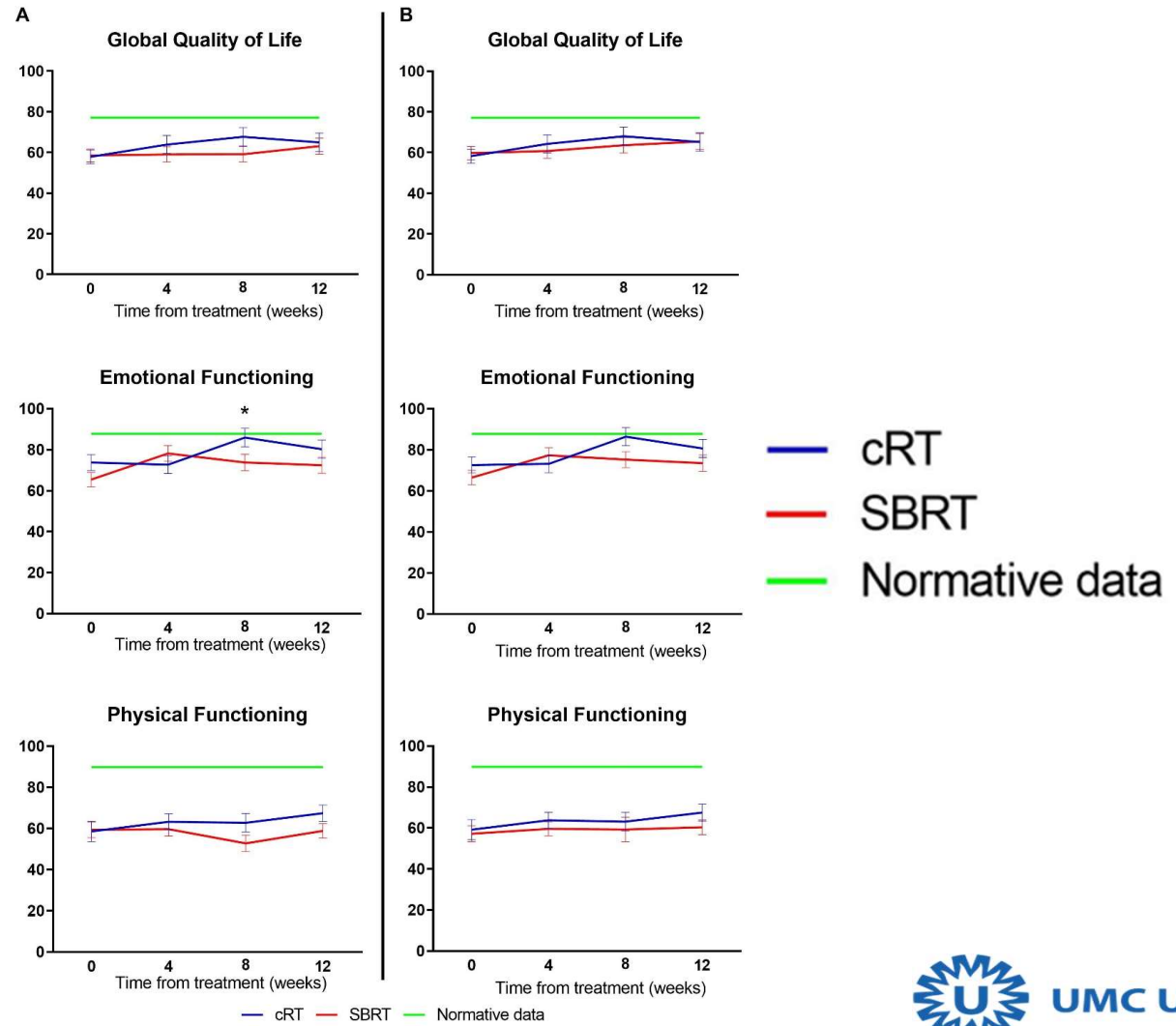


Resultaten

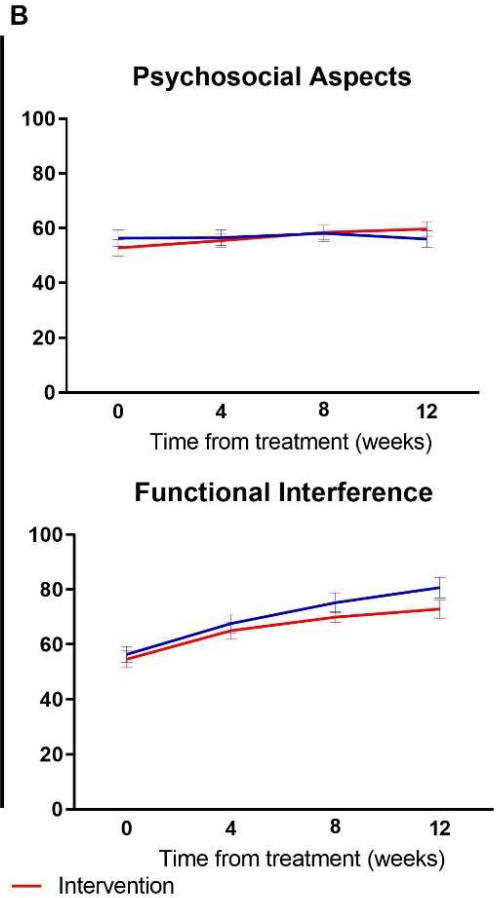
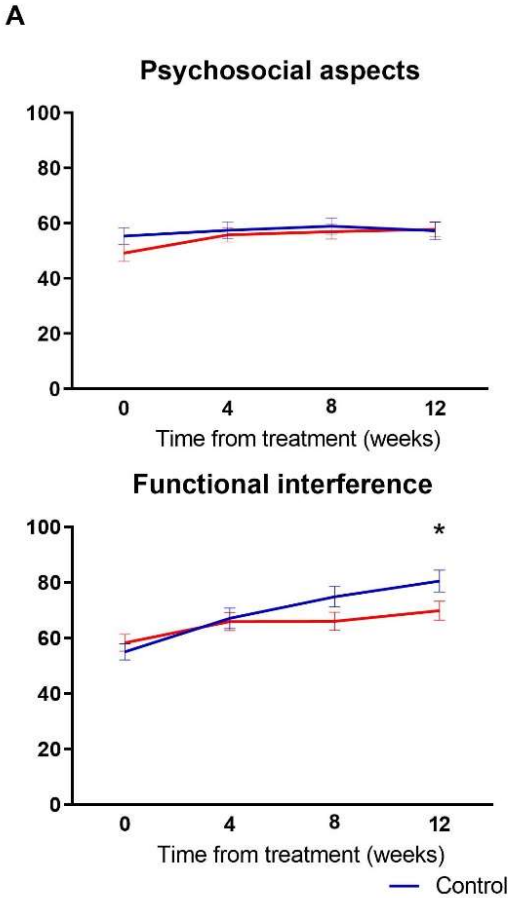


Baseline	cRT	SBRT
Gemiddelde pijnscore	6,2	6,6
Median KPS	80%	80%

QLQ-C15-PAL



QLQ-BM-22



QoL vergelijkbaar na cRT en SBRT

- . TWiCs-design bruikbaar bij palliatieve patiënten
- . Één op de vier patiënten geeft de voorkeur aan cRT
- . Één op de vijf patiënten is niet in staat SBRT af te maken.

Met dank aan

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