

BNOS 2015 Abstracts: Poster Presentations

PO84. WHOLE BRAIN RADIOTHERAPY (WBRT) FOLLOWING RESECTION OF BRAIN METASTASES: WHO DECIDES? AN AUDIT OF OUTCOMES AND CLINICIAN CONFIDENCE

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INTRODUCTION: Whole brain radiotherapy (WBRT) following brain metastases resection improves intra-cranial disease control without improving overall survival (OS). Expanding treatment options mean the role of WBRT should be individualised. We undertook a study to determine the rates and outcomes of post-op WBRT and the confidence of site-specific oncologists (e.g. breast, lung) in decision-making in this field. **METHOD:** Demographics and outcomes of patients who had brain metastases resected between 04/12 -

04/14 were retrospectively collected. Consultant opinion was collated via an on-line survey. **RESULTS:** 97 patients were identified (primary sites: lung 34%, breast 24%, colorectal 14%, renal 7%, melanoma 4%, others 17%). 68 (70%) underwent WBRT; it was omitted in 29 patients (21: too unwell/progressive disease, 5: previous cranial RT, 2: post-op chemo, 1: unknown). Median time to WBRT: 5.7 weeks, range 1-15.7 weeks. WBRT commenced >6 weeks post-op in 34%, with variation between disease groups. Median OS was 12.2 and 4.8 months in the WBRT and non-WBRT groups respectively. Intracranial progression was confirmed on imaging in 32% of patients in the WBRT group (73% local recurrence, 27% distant) and 45% in the non-WBRT group (69% local, 31% distant). For the whole group, 12 month OS was 40.8%, 24 month 21.5%. 78% (28/36) of survey respondents thought that decisions on WBRT use should be made by the neuro-oncology MDT. Only 14% felt completely confident in decision making and 11% very familiar with evidence in this field. **CONCLUSION:** WBRT is rarely electively withheld in our unit. There is scope to improve post-resection decision-making, pathways and education. Neuro-oncology MDTs play an important role in in this area.