

Intracranial metastases radiotherapy

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- [The Efficacy and Safety of Brain Radiotherapy Combined With Immune Checkpoint Inhibitors \(ICIs\) for Small-Cell Lung Cancer \(SCLC\) Patients With Brain Metastases \(BMs\)](#)
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Radiotherapy is a common option for [intracranial metastases treatment](#), which can help manage symptoms, reduce tumor size, and improve quality of life. Here are the primary types of radiotherapy used for intracranial metastases:

1. [Whole brain radiotherapy for intracranial metastases](#) (WBRT)

2. Stereotactic Radiosurgery (SRS) Indication: Best suited for patients with one to three well-defined brain metastases. Procedure: A high dose of radiation is precisely targeted at the tumor(s) using advanced imaging techniques. Examples: Systems like Gamma Knife or CyberKnife are commonly used. Benefits: Minimizes exposure to surrounding healthy brain tissue and can provide a curative approach for small tumors. Limitations: Not suitable for large tumors or when there is significant edema. 3. Stereotactic Radiotherapy (SRT) Indication: Similar to SRS but used for larger tumors or when multiple treatments are needed. Procedure: Delivers radiation in a more fractionated manner compared to SRS. Benefits: Allows for higher total doses while reducing toxicity. Limitations: May take longer to achieve tumor control compared to SRS. 4. Palliative Radiotherapy Indication: Used for patients with extensive metastases or those not candidates for more aggressive treatments. Procedure: A lower dose may be delivered to alleviate specific symptoms such as pain or neurological deficits. Benefits: Can improve quality of life without aggressive treatment. Limitations: Not aimed at curative treatment; more focused on symptom management. Side Effects and Considerations Acute Effects: Fatigue, headache, nausea, and skin reactions. Late Effects: Cognitive decline, particularly with WBRT; radiation necrosis is a risk with SRS/SRT. Supportive Care: Corticosteroids may be used to manage edema and other symptoms. Conclusion The choice of radiotherapy depends on various factors, including the number, size, and location of metastases, the patient's overall health, and prior treatments. A multidisciplinary team approach is essential for optimal treatment planning and management of side effects.

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