Abstract Preview - Step 3/4

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7.1 Radiosurgery for Intracranial Diseases Topic:

Novalis Stereotactic Radiosurgery for Vestibular Schwannomas: the Toulouse Title:

Stereotactic Radiosurgery Unit experience

 $\underline{\text{V.F. Lubrano}}^{1,2}$, V. Delabar³, J.-A. Lotterie¹, P. Duthil¹, S. Monfraix¹, B. Debono¹, B. De Germay¹, F. Thouveny¹, J.-C. Sol⁴, I. Latorzeff¹, J.F. Sabatier¹ Author(s):

¹University Hospital of Toulouse, Toulouse Stereotactic Radiosurgery Unit, Toulouse, France, ²ToNIC, Toulouse NeuroImaging Center, Université de Toulouse, Inserm, UPS, France, Toulouse, France, ³University Hospital Of Lyon, Lyon, France, ⁴University Hospital of Toulouse, Toulouse, Institute(s):

France

Objective. To determine the outcome of patients treated for sporadic vestibular schwannomas Text:

(VS) in the Toulouse Stereotactic Radiosurgery Unit.

Patients and Methods. In a retrospective study, we identified those patients treated between january 2008 and december 2012, who had a sporadic VS and at least 36months- follow-up

(FU) with MRI scan each 6 months.

Results. A total of 119 patients were included. Mean-age was 61±13years; 59.7% were female, 40.4% were male. Mean FU was 75±17mo. At the time of radiosurgery, 42.6% of patients had

40.4% Were male. Mean FU was 75 ± 17 mo. At the time of radiosurgery, 42.6% of patients had serviceable hearing and 8.8% some degree of facial palsy. A previous surgery was found in 15.3% of the population. Mean volume was $1.1 \text{ cc} \pm 1.1$ (range: 0.1 - 5.4 cc). Median prescription dose to the tumor margin was 11.1 ± 0.91 Gy. The overall control rate was 91.8%. The results differed with the Koos grade: 100% for grade 1, 92,7% for grade 2, 93,5% for grade 3, 77,8% for grade 4. An increase of tumor volume was found at 6 months in 71.6% of cooses, it was predictive of failure if superior to 60% of the initial found at 6 months in 71.6% of cases. It was predictive of failure if superior to 60% of the initial volume with a sensitivity of 62% and a specificity of 89% on ROC analysis. Serviceable earing was maintained in 56% of patients (audiometric data available for 25 cases). New or worsening of a pre-existing facial palsy occurred in 5.6% of patients. Trigeminal nerve symptoms appeared in 8.4% of patients but 5/6 patients with pre-treatment symptoms were improved. Both complications were significantly related to the increase of volume at 6 months (respectively p< 0.02 and p< 0;01) and to the KOOS grade (p< 0.04 and p< 0;003). Conclusion. Novalis SRS is an effective treatment for VS with a tumor control obtained in 91,8% of cases, with low morbidity. Size variation at the first MRI FU scan could predict the outcome.

Conflict of interest: Nothing to disclose

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