



# Can Lung Cancer Patients Have Stereotactic Radiosurgery More Than Once?

**Timothy J. Kruser, MD**

Assistant Professor, Radiation Oncology  
Robert H. Lurie Comprehensive Cancer Center of Northwestern University

**David D. Odell, MD, MMSc**

Assistant Professor, Thoracic Surgery  
Robert H. Lurie Comprehensive Cancer Center of Northwestern University

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**Janet Freeman-Daily:**

Can a—can a patient have stereotactic radiosurgery more than once?

**Dr. Kruser:**

Very commonly, they do. So often, we'll see two or three spots that blossom, while other spots are behaving. And we'll treat those with radio surgery. And we'll keep monitoring and maybe switch their targetable, agent, their targeting agent. And six, nine months down the road, we see another two or three spots that are misbehaving, and we'll treat again with radio surgery. Again, trying to move it into a chronic battle rather than, an all-or-none.

**Janet Freeman-Daily:**

Okay.

**Dr. Odell:**

The role of intracranial surgery in this disease really has switched to when it's the brain lesion that is the—the driver at presentation.

And that's really where we see brain surgery having a role in this disease is when that's the only lesion that's—that's found or known of at the time. And that's what's causing symptoms. And where the neurosurgeons become involved is, usually, when the diagnosis of lung cancer is made at the time of resection of—of a small brain tumor. We've become much more, collaborative and—and involved early in the discussion.

And they, I think, do a much more, circumspect job now than they were able to do 10 or 15 years ago trying to identify if a patient comes in with a solitary brain lesion where it might be coming from before they move to surgical resection in the

brain for exactly the reasons that Tim just outlined. That we have much better, less invasive approaches to treating oligometastatic disease in the brain now.

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