Body Radiosurgery

Radiosurgery New York
Our experts who pioneered stereotactic fractionated body radiosurgery in the Western Hemisphere have tremendous experience treating many kinds of primary and metastatic cancers. Their experience is unparalleled.

Yet for each patient, their circumstance is unique. Each patient has a particular kind of cancer and a particular history when coming to Radiosurgery New York. Each patient has a specific site or sites of disease. Prior treatment, sensitivities to agents and procedures are significant factors which must be taken into account.

Therefore, while this booklet talks about the beauty of stereotactic radiosurgery - it is not for everyone. If you have an interest in stereotactic body radiosurgery - even if you have had prior chemotherapy, surgery or radiation - you should discuss your case individually with the doctors at Radiosurgery New York. They are the experts.

The doctors at Radiosurgery New York have the experience and knowledge in the field to help guide the patient. Of course, each person deciding on cancer treatment goes through an intensive Informed Consent Process which describes the risks, benefits and alternatives of therapy. Only after this procedure does the patient make their final, informed decision.

The attractiveness of stereotactic radiosurgery is the greater precision with which it is delivered, the ability to escalate the dose of radiation and to minimize the volume of healthy tissue that receives the prescribed dose of radiation.

What does it mean to control a cancer? In the field of stereotactic fractionated radiosurgery, controlling a cancer means that the cancer outlined and targeted for treatment stops growing, shrinks or disappears. This definition should not be unclear.
Since stereotactic radiosurgery is so different from standard radiation, chemotherapy or surgery, a separate definition has been developed over the years.

This definition means that the area - or tumor - that has been targeted will possibly cease to grow and that further treatment to that area will be unnecessary. The likelihood of local control is very high with stereotactic radiosurgery. This number usually ranges from 80 to 90%, depending on the type of cancer, volume and location. This high level of control usually remains for the rest of the patient's life in the targeted field. Of course, 80 or 90% is not 100% and failure can occur. Nothing is guaranteed in life - this we all know.

That is why we ask for follow-up scans on a regular basis. We also ask for follow-up scans to evaluate other parts of the body. Usually, these scans are done on a regular basis and can be done sooner depending on the patient's needs and symptoms.

Thus, while stereotactic radiosurgery is not for every patient - we decline to treat one-half of the potential patients who apply - we believe for selected patients, there is great appeal. More intense treatment locally, smaller fields of radiation (so healthy tissues receive lesser amounts of radiation), higher doses per fraction (means, in general, less treatments) with higher control rates.

While we understand other hospitals and physicians are interested in this project and will approach it in the future, the physicians at Radiosurgery New York have been involved with stereotactic radiosurgery for over a decade and have a variety of firsts including first in the Western Hemisphere, first in the United States and having the largest experience worldwide using this technology.

Most who inquire about stereotactic radiosurgery have questions. We try to answer those questions in many different ways. The first is by calling our physicians at 212-CHOICES, another is to e-mail questions to us at GIL.LEDERMAN@RSNY.ORG. We also have seminars open to the public where we discuss the general principles of this technology and show a variety of examples of our work. These are conducted at no charge. Our expert panel of physicians meets on a regular basis to review prospective candidates' films, reports and medical history, also at no charge. Consultations are also available with our physicians. Whatever is best for the patient - either an informal open meeting, a conversation on the phone with one of our physicians, or a personal consultation - is available at Radiosurgery New York.
Imagine a new world where radiation can be delivered to the cancer with focused beams to have more accurate delivery of radiation in more effective doses, while attempting to decrease adverse effects on healthy, normal tissues. This increases the radiation dose the cancer receives yielding better cancer control rates and possibilities - only dreamt about before! It is a new world that opens up many possibilities - higher doses of more focused radiation – controlling cancer better with fewer treatments and less adverse effects to surrounding tissues, in general.
Such is the world of Body Radiosurgery at Radiosurgery New York - the first group of physicians in the Western Hemisphere to perform Body Radiosurgery. Radiosurgery New York is a unique team of physicians, physicists, radiation technologists, dosimetrist and nurses – all sharing a distinct new vision. Our goal is to provide an atmosphere of advanced technology, experience, data and compassion.

Of course, Radiosurgery New York does not exist in a vacuum. Radiosurgery has been performed for the treatment of brain tumors for decades. Our doctors have led the way with refined development of non-invasive techniques called Fractionated Stereotactic Radiosurgery treating benign and malignant tumors. Results are superior for many tumors with better maintenance of function, fewer complications and lesser need for subsequent intervention generally. Each person merits an individual approach and each situation is unique. Of course, general comments do not apply in each case – that is between the doctor and the patient.

Data has been presented at national and international meetings. Radiosurgery New York has the experience to recommend, when appropriate, body radiosurgery for primary and metastatic cancers. Our technology - Fractionated Stereotactic Radiosurgery - can be used for cancers located most anywhere in the body - from head to toe – often even after standard radiation, surgery or chemotherapy hasn't provided the desired results. Of course, we are comfortable with other technologies – both to administer and to discuss.

Body Radiosurgery is neither invasive nor surgery. The name 'radiosurgery' is a misnomer. Body Radiosurgery is well-focused radiation using multiple, finely contoured beams from many different angles - all directed towards the cancer minimizing radiation volume to normal healthy tissue while maintaining the patient's body in a stable reproducible position. It's only one reason that we state that we approach cancer from different angles - it's true, literally and figuratively. This is all done non-invasively - without pins, screws, anesthesia or sedation.
Body Radiosurgery can be implemented in appropriate patients who desire a non-invasive treatment that may have great effectiveness in selected situations - for curative or palliative conditions. Some cancers cannot be cured, but patients may consider our treatment in place of chemotherapy, surgery or other therapies.

Imagine a plum in a breadbox. Now - imagine the breadbox is your body and the plum is the cancer. Standard radiation is forced by its characteristics to radiate larger areas - such as a breadbox - to hit the plum. Body Radiosurgery, because it is more precise, can hit the plum without attacking the whole breadbox with full doses of radiation. Avoiding treatment of the breadbox means sparing your body - often - unnecessary radiation. About size of the cancer - our flexibility in treatment of various sized tumors - from small to large -is vast.

Because Body Radiosurgery is more precise, higher than normal doses of radiation can be given over a shorter period of time. Since higher radiation doses may be given, fewer treatments might be necessary compared to standard external beam radiation, yet results may be superior. This is based upon biologic principles of radiation. In fact, many cancers thought to be resistant to standard radiation are likely to be controlled in the treated field after radiosurgery. These include – among others: kidney cancer, melanoma and sarcoma. We often treat these – as well as more common cancers – with a similar degree of success.

Indeed the vast majority of cancer treatments by our group with Body Radiosurgery - about 85% - are successful in the targeted area. Control doesn’t necessarily mean cure. Control means that the cancer in the area we treat stops growing, shrinks or disappears. Other treatment in other areas may be needed – perhaps even radiosurgery again!

Some cancers are poorly treated by conventional radiation or chemotherapeutic means. These include primary and metastatic cancers to sites as the lungs, abdominal cavity, mediastinum, adrenal glands, pelvis, kidney, pancreas, spleen, retroperitoneal, presacral space, liver and elsewhere. Primary liver cancers - like hepatomas - pancreatic cancers and lung cancers (among many other types) are frequently suitable for Body Radiosurgery. Other cancers, more than can be listed here, have been treated with Body Radiosurgery by our experts at Radiosurgery New York.
Stereotactic Body Radiosurgery might be contemplated even when standard radiation has already been performed. Body Radiosurgery is used as a ‘boost’ after conventional or standard radiation to increase the dose and improve the control rate of the primary cancer. Most all radiation oncologists (whether they are familiar with Body Radiosurgery or not) believe that higher radiation doses will provide greater cancer control. Our physicians probably have the world’s largest experience of re-radiation – that is, to repeat radiation after standard therapy hasn’t worked. It’s a critical area because many cancers are not controlled with standard type or dose radiation.

The vast majority of cancers treated by our group are treated successfully in the targeted area – meaning cessation of growth, shrinkage or disappearance of the cancer. There are numerous reasons people wish to locally control cancer. Some cancers were treated only with Body Radiosurgery while others had extensive prior surgery, chemotherapy and/or standard radiation therapy. Sometimes people select us because prior chemotherapy, surgery or radiation hasn’t worked. In certain situations, the uncontrolled cancer is causing pain, suffering or bleeding.

Body Radiosurgery offers a second chance for many patients especially when there are limited sites of disease. This may well be useful to those needing relief due to the cancer.

**HOW IS BODY RADIOSURGERY PERFORMED?**

Stereotactic Body Radiosurgery at Radiosurgery New York is based upon years of experience by our physicians having treated thousands with fractionated stereotactic radiosurgery. Indeed tens of thousands stereotactic radiosurgery procedures have been performed by our group of physicians over many years. Talented, well-trained, well-experienced personnel including physicians, physicists, dosimetrists, radiation therapists, nurses and other professionals are involved in our Body Radiosurgery program treatment. Also participating are radiologists, pathologists, medical oncologists as well as surgeons and statisticians to make a truly multi-disciplinary specialty Body Radiosurgery group at Radiosurgery New York.

Techniques developed and refined by our experts reliably stabilize the body painlessly and non-invasively with an external frame of reference. This allows cancer localization for computerized treatment planning. Fine cut imaging techniques are performed with the patient in the stereotactic body frame to define the tumor in relation to this external stereotactic frame of reference. Intensity Modulated Radiation Therapy (IMRT) helps shape the beam, but is only a small part of our sophisticated program at Radiosurgery New York.

**IMRT (Intensity Modulated Radiation Therapy) is used as part of our radiosurgery program to help shape the treatment field - at RSNY, it’s only a small part of our sophisticated program at Radiosurgery New York.**
Each body radiosurgery frame is custom-fit to insure maximum degree of precision localization. Once localized, physicians, physicists and dosimetrist using state-of-the-art dedicated computers select beams of radiation tightly tailored to attack the cancer while minimizing effects on the normal, healthy surrounding tissues. This means that radiation will be much better tolerated, in general, with superior outcomes than standard therapy even though we give higher treatment doses.

This three-dimensional stereotactic radiation is part of our daily armamentarium. Conformal radiation does not have this degree of sophistication nor these results. Ours is a technique with which we are most comfortable and perform repeatedly every day and every night for patients who come from around the block, country and throughout the world.

After the stereotactic body frame is custom-fitted individually for each patient, multiple quality assurance steps at each point verify and reverify the accuracy and precision of stereotactic Body Radiosurgery. High-resolution CT and/or MRI scans with the patient in the fiducial-marked stereotactic body frame are performed to facilitate our skilled staff's ability to localize the cancer and perform Body Radiosurgery. Our scanners, also, are state-of-the-art to best define sites of disease.

Fiducial markers located within the stereotactic frame help precisely guide us to the target. Once we are confident of the precision of Stereotactic Body Radiosurgery for each individual patient, Body Radiosurgery is performed. The stereotactic frame helps hold the patient securely and focuses the beam while IMRT shapes these same beams.

Each Body Radiosurgery treatment lasts approximately 30 minutes depending on the complexity of treatment. We use multiple customized radiation fields directed from many different angles and all finely collimated to attack an individual cancer site minimizing dose to the normal, healthy surrounding tissue. Each beam is custom-contoured for the patient's cancer with unique shapes and directions implemented to especially exclude normal, healthy tissue beyond the tumor as possible.

Radiosurgery New York physicians typically administer five hypofractionated treatments although treatments may be administered once-a-day, alternate days or even once a week. The schedule is made with our physicians' guidance and recommendations based upon experience for one's individual situation. An important aspect of Body Radiosurgery is that the course of treatment may be quicker overall than standard external beam radiation, chemotherapy or surgery and their associated convalescence period. Again, each situation is unique and decisions are made only with the patient's full consent and knowledge. In certain cases, we may offer daily treatments with radiosurgery precision, yet with conventional dose fractionation.
The principle of Body Radiosurgery is precise non-invasive delivery of high radiation doses to the cancer while normal healthy surrounding tissues are, in general, spared the effects of the radiation beam. This is in marked contrast to standard radiation, which is much less able to protect normal tissues from radiation effects. Data collected with thousands of procedures being performed for primary and metastatic cancer treatment. Frequently these cancers were considered to be untreatable by other modalities or to have treatment approaches that were much less promising. Cancers treated include primary tumors and metastases to the following:

**HEAD** - including brain primary (glioblastomas, astrocytomas, meningiomas, acoustic neuromas, chordomas, glomus tumors) and metastatic (regardless of site of origin)

**NECK** - primary or lymph node involvement (many head and neck cancers respond well even despite extensive prior treatment)

**LUNG** - cancers both primary and metastatic to such sites as brain, lymph node, liver, adrenal gland. Also, we treat cancers that have spread to the lungs - when appropriate.

**BREAST** - cancers both primary and metastatic to lung, liver and beyond such as lymph node, brain, bone.

**MELANOMA** - most commonly metastatic in most any site including brain, lung, liver, spleen, lymph node and others.

**LIVER AND RESPIRATORY SYSTEM** - cancers both primary and metastatic in the liver.

**GASTROINTESTINAL SYSTEM** - from oral through GI tract to the anus including metastases to liver and lung.

**ABDOMEN** - cancers both primary and metastatic including gastric, intestinal, adrenal, retroperitoneal, involvement of liver, kidney, inferior cava, splenic metastases, lymph node involvement.
KIDNEY - primary treatment as well as metastatic sites with high control rates in the treated site

PANCREAS - cancers both primary and metastatic - most commonly to the liver.

PROSTATE - cancers both primary and metastatic (a separate booklet about prostate cancer is available by calling 212-CHOICES).

MEDIASTINUM - cancers both primary and metastatic including lymph node involvement.

SPINE AND EXTREMITIES - cancers both primary and metastatic sarcomas including osteogenic, leiomyosarcomas, rhabdomyosarcomas and other sarcomal subtypes in the primary site as well as metastatic.

GYNECOLOGIC - cancers both primary and metastatic- including cancers of the uterus, ovaries and vagina.

UROLOGIC SYSTEMS - including kidneys, ureter, bladder, urethra, prostate.

AND MANY OTHERS - call or e-mail us with questions.

Each case, of course, is unique but a vast array of types of cancers including adenocarcinomas, squamous carcinomas, lung cancers, breast cancer, germ cell tumors, primary liver tumors, pancreas tumors, colon cancers, sarcomas, melanomas, renal cell, metastatic and primary head and neck cancers and others have been successfully treated and are included in ongoing data evaluation.

THE RESULTS...

Our experts have treated cancers in patients in almost all ages - including children. While both extremes are unusual, we have the experience over many years of work. Tumor size has varied from very, very small 0.01 cubic centimeter to very large - almost 6 liters - or 6000 cc. Again, the extremes are unusual but give an idea of our diversity in experience over the years.

Despite patients often, but not always, being heavily pre-treated with chemotherapy, surgery and radiation, they have responded to our treatment. Response, however, may not mean cure. Since each person and case is unique, prognosis must be discussed directly with your doctor. Of course, each patient ultimately decides what treatment is best suited to one's own unique concerns, needs and desires after fully being informed of all risks, benefits and alternatives. That is part of the Informed Consent process.

PRIMARY LIVER CANCERS

Primary liver cancers are malignancies that commence within the liver itself. Body Radiosurgery has been successfully implemented over the years for hepatocellular and other primary liver cancers. Body Radiosurgery for primary liver tumors such as hepatocellular carcinomas, cholangiocarcinoma and gall bladder cancers has been implemented.
Most patients unfortunately cannot undergo surgical resection of their primary liver cancer. We, at this time, do not seek to replace surgery with Body Radiosurgery for every patient. Our techniques should be viewed as an option for many of those unable or unwilling to have surgery - or for those that surgery, radiation or chemotherapy has not produced the desired results.

In fact, many patients come to us after being considered for surgery elsewhere and refused or were found to be inoperable at the time of surgery. The control rate of primary liver tumors is favorable for most in the treated area - meaning that most of treated targeted tumors stopped growing, shrank or disappeared in the treated area.

**LIVER METASTASES**

Liver metastases are cancers that have spread to the liver from other primary sites. Primary cancers in this category include from lung, breast, pancreas, gall bladder, kidney or renal, melanoma, sarcoma and colon amongst others and have been treated using body radiosurgery. The beauty of Body Radiosurgery is that it can be repeated, if necessary. Repeat treatment, while it can be done, is seldom necessary.

**LIVER METASTASES**

Liver metastases are cancers that have spread to the liver from other primary sites. Primary cancers in this category include from lung, breast, pancreas, gall bladder, kidney or renal, melanoma, sarcoma and colon amongst others and have been treated using body radiosurgery. The beauty of Body Radiosurgery is that it can be repeated, if necessary. Repeat treatment, while it can be done, is seldom necessary.

**PRIMARY LUNG CARCINOMAS**

Another attractiveness of Body Radiosurgery is that primary lung cancers can be treated with this technique-minimizing harm to the healthy normal lung yet delivering higher doses of radiation. Many patients with lung cancers have chronic pulmonary obstruction disease and thus limitation of respiratory function. Stereotactic radiosurgery usually minimizes the field of radiation to the healthy normal lung.

We have seen quick and dramatic shrinkage of many patients' lung cancers. Body Radiosurgery can be used alone or in combination after external beam radiation to boost the radiation dose to enhance success of treatment. Unfortunately there are no guarantees about treatment results. Yet there is compelling and attractive data to help guide one.

**PULMONARY OR LUNG METASTASES**

Lung metastases are cancer nodules that have spread to the lung from other primary sites. Pulmonary or lung metastases have been treated with Body Radiosurgery across the spectrum in size ranging from the small to the large. Standard radiation, in comparison, offers little in this specific category.
Most common origins of cancer that have spread to the lung including head and neck cancers, melanoma, renal cell, breast, sarcoma, gastro-intestinal, colon, pancreas, liver, germ cell cancers, thyroid, and other primaries. We can even treat lung cancers that have spread to other parts of the lung.

An attribute of Body Radiosurgery is that tumors both large and small can be treated with this technique. Many patients come to us with severe lung disease not felt to be candidates for standard surgery or radiation and yet, are followed after radiosurgery with good success observed, most commonly.

**PRIMARY PANCREAS CANCERS**

Primary pancreas cancers have been treated with a very high rate of success in the treated field. In fact, our group of physicians with Body Radiosurgery currently has successfully controlled about 90% of primary pancreas cancers in the treated area.

This should speak to the power of Body Radiosurgery for pancreas and indeed, many primary and metastatic cancers even located in delicate parts of the body. Our technique may be performed at time of original diagnosis, with or without chemotherapy and if necessary, with recurrences after standard therapy.

---

**PROSTATE CANCERS**

Prostate cancers have been a very special interest of our group. In fact, a whole information package is devoted to comparing our technique to surgery and other forms of radiation. To obtain this, call us at 212-CHOICES. Body Radiosurgery is frequently implemented after prostate seed implantation for maximum effectiveness of local treatment. Prostate seeds allow high doses to be delivered to the prostate while Body Radiosurgery consolidates the radiation to the prostate and the immediate surrounding tissues. We compare favorably to radical surgery or non-surgical radiation treatment with quality of life after treatment, in general. Our data is readily available in a separate publication and in our monthly open-to-the-public seminars.

We are proud to compare our prostate cancer results to conformal radiation, standard radiation and radical prostatectomy performed at other major centers in America. Urinary incontinence is nearly never an issue and the majority maintains sexual function.
KIDNEY CANCERS

Kidney cancer is potentially treatable either in the kidney itself, in the body as metastases or even in the brain. There are many patients with cancer confined to the kidney unable to have surgery on the kidney. Some medically cannot undergo the nephrectomy (removal of the kidney). Ninety percent of such cancers have been controlled in the treated area. A similarly high percentage of kidney cancers that have escaped the kidney and spread have been successfully treated with body radiosurgery. Kidney cancers historically were thought to be resistant to radiation - that is not correct. It was only a matter of selecting a more suitable dose of radiation utilizing radiosurgery technology developed by our doctors. Also, we have a track record treating kidney cancer in sites beyond the kidney - in many areas of the body and brain.

OTHER ABDOMINAL TUMORS

In the abdominal cavity, we treat primary and metastatic cancers. Abdominal cancers range the gamut from colon, germ cell, melanoma, ovarian, thyroid, kidney, pancreas, sarcoma and others. Size range is broad from the very small to the very large with the overwhelmingly majority of cancers showing cessation of growth, shrinkage or complete disappearance.

AND MORE....

Other tumors including sarcoma and lung and breast cancers have been treated with this modality at Radiosurgery New York. Selected patients with recurrent Hodgkin's and non-Hodgkin's lymphoma have been treated after prior unsuccessful cancer therapy. Since our physicians were the first in the Western hemisphere, it is likely that any specific type of cancer has a track record. It is best to speak directly with our physicians about your individual case for the most up-to-date information.

STUDIES SHOWS EFFECTIVENESS OF BODY RADIOSURGERY

Studies have shown the potential benefit of Body Radiosurgery in treating both primary as well as metastases. The appeal of radiosurgery is that high doses of radiation are precisely delivered. These doses are more likely to control cancers - especially when beams are focused on the cancer. We update our data regularly. This is important for our academic work and for patients and their families to be able to possess as much information as possible before making such a crucial decision about one's medical care.
WHO SHOULD BE EVALUATED FOR BODY RADIOSURGERY?

Patients desiring a **fresh, second opinion** about whether their cancer can be successfully treated should contact our physicians directly or send in their films for review and analysis at our Body Radiosurgery Conference. There is **no charge** for our experts to review your films at our twice-weekly experts' conference.

Many patients with cancers who cannot be treated successfully using standard therapy or those with cancers that have recurred despite standard chemotherapy, surgery or radiation may wish to inquire about Body Radiosurgery. Also, those wishing this innovative therapy as a boost radiation dose (after standard radiation) for local control should be motivated to investigate Body Radiosurgery by contacting our physicians. With our technology, Radiosurgery New York has the ability to treat cancers extending from the head to the toe using sophisticated non-invasive techniques.

Those interested in Body Radiosurgery are asked to send relevant information and pertinent radiographic studies - especially CT scans and/or MRI scans - to Radiosurgery New York for review. Twice each week our Body Radiosurgery Conference attended by expert physicians, meets to review candidates for Body Radiosurgery as well as previously treated body radiosurgery patients who send in new films for review. There, the multi-disciplinary team reviews each patient's case and determines the best treatment method. There's no charge for this review.

If the patient is felt to be an appropriate candidate and wishes to proceed, the Informed Consent process is continued, fully explaining all risks, benefits and alternatives.

We encourage those interested in Body Radiosurgery to inquire. Since Body Radiosurgery is so revolutionary, our experts are best informed about the usefulness of this technology.

There are monthly public seminars concerning Body Radiosurgery for those wishing to meet with our physicians in an informal setting and learn about the history, success and relevance of Body Radiosurgery for themselves. Risks, benefits and alternatives are always explained. Separate prostate cancer seminars are also open to the public on a monthly basis.
For those wishing to know more about the possibility of Body Radiosurgery, the best chance is to directly inquire. Our physicians will provide advice and treatment options, which we believe best serve the patient.

Our radiosurgery work continues to be evaluated and updated by our research group and our current results are presented at national and international meetings.

For more information on fractionated stereotactic body radiosurgery and other innovative treatment methods, for a free videotape or DVD and information packet or to register for one of our monthly seminars, please contact Radiosurgery New York at 1-212-CHOICES or e-mail us at GIL.LEDERMAN@RSNY.ORG.

Our web site is WWW.RSNY.ORG. Radiosurgery New York is located exclusively in the heart of New York City at Cabrini Medical Center near Gramercy Park on the East Side. For those traveling by local public means, automobile or coming from afar via train or plane, we will help provide detailed information to assist. Housing is available through many local hotels, apartments and bed and breakfast establishments. Call us for details. We are happy to help.

---

From his home in Iowa where he attended the University Of Iowa School Of Medicine to Harvard Medical School where he was trained in Medical Oncology at the Harvard Medical School Dana Farber Cancer Center and the Harvard Medical School Joint Center for Radiation Therapy, he has been a thoughtful advocate for innovative treatment for those with cancer. He is Board Certified in Radiation Oncology, Medical Oncology and as well, Internal Medicine. He was trained in Internal Medical at the combined Michael Reese/University of Chicago program.
Fractioned Stereotactic Body Radiosurgery

GALLERY

BEFORE: Lung cancer before FSR

AFTER: Lung cancer markedly diminished after FSR 3 years later.

BEFORE: Lung cancer before FSR

AFTER: Lung cancer after FSR - nearly gone

BEFORE: Lung cancer near spine before FSR

AFTER: Lung cancer, gone after FSR
CANCERS AND METASTASES TREATED BY FSR

BEFORE: Brain mets before FSR
AFTER: Brain mets after FSR, markedly reduced

BEFORE: Massive cancer of head and neck area before FSR
AFTER: Head and neck cancer dramatically shrunk after FSR

BEFORE: Metastatic cancer in mediastinum before FSR
AFTER: Metastatic cancer after FSR, reduced by more than 50%

BEFORE: Lung cancer mets to abdominal muscles before FSR
AFTER: Lung cancer mets nearly gone after FSR with pain completely gone
BEFORE: Biopsy proven adrenal mets before FSR

AFTER: Adrenal mets after FSR, normal scan, no cancer seen 4 years later

BEFORE: Recurrent fungating breast cancer before FSR

AFTER: Markedly smaller breast cancer after FSR, when no other treatment produced results

BEFORE: Massive metastatic sarcoma from humeral to nearly entire left thorax before FSR

AFTER: Metastatic sarcoma from humeral to nearly entire left thorax after FSR - when chemo didn’t work

BEFORE: Metastatic anal cancer before FSR causing great pelvic pain

AFTER: Metastatic anal cancer after FSR - shrunken by 99% - dormant for more than 2 years, patient is now pain free
Benefits of Treatment
for Radiosurgery New York for Body Radiosurgery

1. The doctors of RSNY were the first to bring non-invasive body stereotactic radiosurgery to the western hemisphere.
2. An extensive experience - probably the largest in the world - treating cancers of the brain, neck, chest, abdomen, pelvis and beyond using fractionated stereotactic radiosurgery.
3. Data presented at national and international meetings.
4. State-of-the-art equipment including the most sophisticated Varian 2100C multi-leaf collimation.
6. Intensity modulated radiation therapy (IMRT) is only part of the program incorporated with stereotactic body radiotherapy technology.
8. Outpatient treatment to maximize comfort and convenience of patients.
9. Data for treatment of tumors such as primary and metastatic cancers including those for lung, liver, pancrease, kidney, intestinal, gyneco logic, lymph node and diverse disease such as lung cancer, breast cancer, pancreas cancer, liver cancer, melanoma, sarcoma, kidney cancer and more.
10. An extensive experience in retreatment after radiation, chemotherapy or surgery has failed to deliver desired results.
11. A panel of expert physicians to review your films, reports and medical history at no charge.
12. Centrally located at Cabrini Medical Center in the heart of Manhattan by Gramercy Park.
14. An extensive, experienced team approach that should reassure patients and families about fractionated stereotactic body radiosurgery.

Radiosurgery New York
Cabrini Medical Center
227 East 19th Street
New York, New York 10003

E-Mail:
GIL.LEDERMAN@RSNY.ORG

Website:
WWW.RSNY.ORG

Phone:
212-CHOICES
or 212-995-6700

Overseas Phone:
001-212-995-6700

Fax Number:
212-995-6688