

The role of stereotactic radiotherapy in treating hard-to-reach tumors.

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Introduction

Stereotactic radiotherapy (SRT) has emerged as a groundbreaking advancement in the field of oncology, offering a precise and effective treatment option for hard-to-reach tumors. This technique, characterized by its ability to deliver highly focused radiation doses with pinpoint accuracy, has revolutionized cancer care by targeting tumors that are often challenging to treat with conventional methods [1].

In this article, we explore the role of SRT in addressing these complex cases, its underlying principles, and its clinical impact. Stereotactic radiotherapy involves the delivery of high doses of radiation to a specific target area, using advanced imaging techniques to guide and focus the treatment [2].

Unlike traditional radiotherapy, which may spread radiation over a broader area, SRT uses a combination of three-dimensional imaging and sophisticated delivery systems to concentrate the radiation precisely where it is needed. This precision minimizes damage to surrounding healthy tissues and maximizes tumor control [3].

The core principle of SRT is its reliance on detailed imaging, such as CT scans, MRI, or PET scans, to define the tumor's exact location and shape. This imaging data is used to create a three-dimensional model of the tumor, allowing clinicians to plan the treatment with exceptional accuracy. The radiation is then delivered through various techniques, including linear accelerators or gamma knife systems, depending on the tumor's location and characteristics [4].

Stereotactic radiotherapy is particularly beneficial for tumors located in areas that are difficult to access surgically or where traditional radiotherapy would pose excessive risks to surrounding organs. These include tumors in the brain, spine, and other critical regions. SRT is also used for metastatic tumors, where cancer has spread to distant sites and traditional treatments might not be feasible [5].

One of the primary advantages of SRT is its ability to deliver high doses of radiation with minimal exposure to healthy tissues. This precision allows for the treatment of tumors that are otherwise inaccessible or would cause significant side effects if treated with conventional methods. Additionally, SRT often requires fewer sessions compared to traditional radiotherapy, making it a more efficient treatment option [6].

Clinical studies have demonstrated that SRT can achieve high rates of tumor control and favorable outcomes for patients

with hard-to-reach tumors. For example, in brain tumors, SRT has been shown to be effective in controlling tumor growth and improving overall survival rates. The precision of SRT also translates to a lower incidence of treatment-related side effects, contributing to an improved quality of life for patients [7].

Despite its advantages, SRT is not without challenges. The precision required for SRT means that the technique is highly dependent on accurate imaging and patient positioning. Any movement or variation in the tumor's location can impact the effectiveness of the treatment. Additionally, the high doses of radiation used in SRT can still lead to localized side effects, depending on the tumor's location and the surrounding tissues [8].

Stereotactic radiotherapy is often used in combination with other treatment modalities, such as surgery, chemotherapy, or immunotherapy. This multimodal approach can enhance overall treatment efficacy and address various aspects of cancer management. For instance, SRT may be used to treat residual tumor cells after surgery or to target metastatic lesions not addressed by systemic therapies [9].

Ongoing research and technological advancements continue to expand the applications of SRT. Innovations in imaging techniques, treatment planning, and delivery systems are likely to enhance the precision and effectiveness of SRT even further. Additionally, combining SRT with novel therapies and personalized treatment approaches holds promise for improving outcomes for patients with complex and challenging tumors [10].

Conclusion

Stereotactic radiotherapy represents a significant advancement in the treatment of hard-to-reach tumors, offering a precise and effective alternative to traditional methods. Its ability to deliver high doses of radiation with minimal impact on surrounding healthy tissues makes it an invaluable tool in modern oncology. As research and technology continue to evolve, SRT's role in cancer treatment is expected to grow, providing new opportunities for improving patient outcomes and quality of life.

References

1. Salim N, Tumanova K, Popodko A, et al. Second chance for cure: Stereotactic ablative radiotherapy in oligometastatic disease. *JCO Glob Oncol*. 2024;10:e2300275.

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2. Kirsch C, Schaff E, Parikh PJ, et al. Stereotactic mri-guided adaptive radiation therapy for non-metastatic pancreatic cancer; Outcomes and toxicity analysis for patients treated in an underserved urban center.
3. Kumar N, Appasamy M, Ahsan S, et al. Starting the stereotactic radiosurgery facility in bangladesh: An initial experience. *Asian J Oncol.* 2021;7(01):32-9.
4. Tkachev SI, Medvedev SV, Romanov DS, et al. Stereotactic radiotherapy. Stereotactic radiosurgery and extracranial stereotactic radiotherapy.
5. Aluwini S, van Rooij P, Hoogeman M, et al. Stereotactic body radiotherapy with a focal boost to the MRI-visible tumor as monotherapy for low-and intermediate-risk prostate cancer: Early results. *Radiat Oncol.* 2013;8:1-7.
6. Tkachev SI, Medvedev SV, Romanov DS, et al. Stereotactic radiation therapy. Hypofractionated stereotactic radiation therapy in the treatment of recurrent head and neck tumors-a state of the art.
7. Prévost JB, Nuyttens JJ, Hoogeman MS, et al. Endovascular coils as lung tumour markers in real-time tumour tracking stereotactic radiotherapy: preliminary results. *Eur Radiol.* 2008;18:1569-76.
8. Lasak JM, Gorecki JP. The history of stereotactic radiosurgery and radiotherapy. *Otolaryngol Clin North Am.* 2009;42(4):593-9.
9. Hao C, Liu J, Ladbury C, et al. Stereotactic body radiation therapy to the kidney for metastatic renal cell carcinoma: A narrative review of an emerging concept. *Cancer Treat Res Commun.* 2023;35:100692.
10. Tyran M, Jiang N, Cao M, et al. Retrospective evaluation of decision-making for pancreatic stereotactic MR-guided adaptive radiotherapy. *Radia Oncol.* 2018;129(2):319-25.

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