



Lung Cancer Q&A: How Can Radiation Side Effects Be Reduced?

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Andrew Schorr:

Dr. Rosenberg, related to toxicity you referred earlier about MRI-guided radiation. What are you doing in the radiation oncology field to get at the cancer, but not effect either healthy tissue—and also lower the side effects that can go with radiation. People that fatigue and other things that go along with it. And all of you have been talking about higher quality of life where you might be living with lung cancer.

Dr. Rosenberg:

Yes. Yeah. It's a great question. And I think how we've approached this in radiation oncology is actually by shortening our treatment courses. And as our technology has improved it will also give us very small volumes of irradiation with high doses to destroy cancer cells, but also sparing normal tissues. And as patients are living longer with lung cancer, we kinda have to say sometimes they're responding well to chemotherapy or immunotherapy or targeted therapy, but one area is starting to grow, we use this targeted therapy called stereotactic body radiotherapy, SBRT. So, go after these important small areas that might be not responding appropriately or may even be resistant.

But these are targeted areas that we're irradiating that are very small in volume. That's really helped us limit toxicity, but to normal tissues going forward. And with the new MRI-guided treatment program, which is where my focus is gonna be, is that by having the MRI help us guide our treatment in real time, we can make our volumes even smaller. And by shrinking our volumes and targeting tumors more appropriately we can hopefully spare normal tissues and actually decrease side effects long-term for patients.

And so, again working with our medical oncology colleagues is that if there's an area of resistance that pops up, an area that we can very precisely target, we're still sparing a lot of the normal tissues in your body.

Andrew Schorr:

Okay. Precision radiation oncology?

Dr. Gray:

Yeah. Yes.

Andrew Schorr:

Okay.

Dr. Gray:

And we do that also. And if I may add that if there's somebody who's on a treatment benefiting and they just have one area that's kinda this rogue tumor that breaks through and becomes resistant, that definitely looping in the radiation oncologist, working with Dr. Rosenberg and his team, and targeting that specific area can be very effective for patients.

Andrew Schorr:

Okay.

Dr. Gray:

Before you switch therapy.

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