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Stereotactic radiosurgery for glioblastoma: retrospective analysis.

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PURPOSE: This retrospective study was done to better understand the conditions for which stereotactic radiosurgery (SRS) for glioblastoma may be efficacious. **METHODS:** Between 2000 and 2007, 33 patients with a pathological diagnosis of glioblastoma received SRS with the Novalis Shaped Beam Radiosurgery system. Eighteen patients (54%) underwent salvage SRS for recurrence while 15 (45%) patients received upfront SRS following standard fractionated RT for newly diagnosed glioblastoma. **RESULTS:** There were no RTOG grade >2 acute side effects. The median survival after SRS was 6.7 months (range 1.4 - 74.7). There was no significant difference in overall survival (from the time of initial diagnosis) with respect to the timing of SRS ($p = 0.2$). There was significantly better progression free survival in patients treated with SRS as consolidation versus at the time of recurrence ($p = 0.04$). The majority of patients failed within or at the margin of the SRS treatment volume (21/26 evaluable for recurrence). **CONCLUSION:** SRS is well tolerated in the treatment of glioblastoma. As there was no difference in survival whether SRS is delivered upfront or at recurrence, the treatment for each patient should be individualized. Future studies are needed to identify patients most likely to respond to SRS.

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