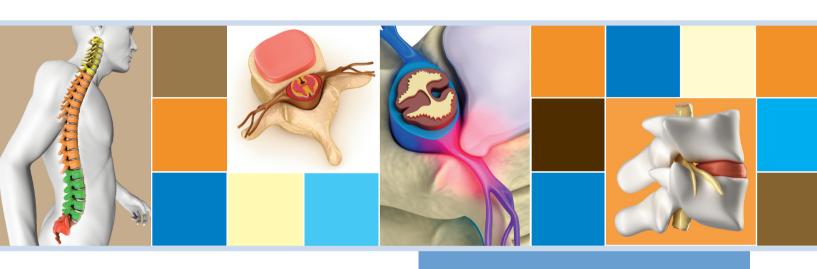


FOR PATIENTS WITH SPINAL METASTATIC CANCER

Surgical Resection With Postoperative Radiotherapy

Preserves & can even improve neurologic function; reduces pain; can extend survival; prevents future deformity



Cancer patients with spinal metastatic disease often experience spinal cord compression or spinal instability, leading to severe, intractable pain and impaired neurologic function. Studies document that decompressive surgery followed by radiotherapy can extend survival, preserve or even improve ambulation, provide significant pain relief and reduce the need for opioids compared with patients who receive radiotherapy alone.*

What Sets Us Apart

- Procedure is performed with the O-Arm® intraoperative imaging system for spinal surgeries — the only system of its kind in Western New York — which:
 - *Creates 360-degree 3D scans in seconds
 - *Reduces risk of surgery-related neurologic deficits
 - *Improves outcomes
 - *Reduces need for reoperation
- Patient's treatment plan is created by a multidisciplinary team that includes an oncologist, neurosurgeon, and radiation oncologist.
- High-volume center
- Surgeons board-certified in neurological surgery.

*Lancet 2005 Aug 20-26;366(9486):643-8

Indications

Direct decompressive surgery may be an option for patients with myelopathy, especially those with a known history of cancer who experience back or neck pain and a change in balance or gait, or who need assistance in walking. In patients with spinal instability, surgical stabilization may be recommended prior to radiotherapy.

If neuroimaging reveals spinal metastasis, the patient should be evaluated by a spinal surgeon to determine the need for surgery prior to radiation.

Note that this surgery is not the same as spinal fusion surgery for degenerative disease.

Early Referral Essential

The longer myelopathy is left untreated, the more difficult it is to treat successfully. Preservation of any remaining function is a major goal; in some cases, it is even possible to restore lost function. Patients undergoing spinal surgery prior to radiotherapy have clinical outcomes that are superior to those of patients who undergo spinal surgery in a previously irradiated area.

Meet the Team



Andrew J. Fabiano, MD, FAANSAssistant Professor of Neurosurgery and Oncology Director, Spinal Oncology Center



Robert Fenstermaker, MDProfessor of Neurosurgery and Oncology
Chair, Department of Neurosurgery
Director, Neuro-Oncology Program

Confer with an RPCI Physician / Request Information / Refer a Patient

Call us today to discuss a case, confirm a diagnosis or refer a patient: **716-845-RPMD** or **716-845-7763**, or email rpmd@roswellpark.org.



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