

Treating Head/Neck and Lung Cancer

*More precise. Fewer side effects.
New hope for those with recurrence.*

For cancers of the head and neck and lung, radiation therapy is one of three primary treatments. The others are surgery and chemotherapy. Radiotherapy is often used in combination with cancer surgery and chemotherapy for best results. Today's state-of-the-art radiotherapy significantly improves local control, while dramatically reducing the potential for painful side effects.

Minimizing exposure, side effects and complications.

Using intensity-modulated radiation therapy (IMRT), our experienced, credentialed radiation oncologists are able to deliver more curative doses to head and neck tumors. Yet, irradiation of surrounding healthy tissue is significantly reduced. This is because IMRT, using detailed CT imagery and powerful computer planning and control, modulates its energy beam to the 3D shape of the tumor with unmatched precision. As a result of the reduced exposure, risk of mandibular fracture, spinal cord compression, permanent xerostomia and painful soft-tissue fibrosis is also reduced. The most common side effect of head and neck radiotherapy is xerostomia, but IMRT provides a substantial reduction in loss of salivary-gland function, both objective and subjective. (This is an important quality-of-life consideration.)

Maximizing the chance for survival.

Whether used alone or combined with surgery, IMRT has been shown to greatly increase patients' chance for survival.* This is due to reduced exposure of healthy tissue and increased doses to the cancer. Local control of head and neck cancers can be as high as 90 percent to 100 percent for some forms and stages of the disease.

Giving hope back to those who thought it was gone.

One problem with head and neck cancers is recurrence. Some patients who have been treated with radiotherapy in the past will have their cancer reappear. But cumulative radiation exposure can disqualify them for re-treatment. IMRT's lower overall radiation volumes could make repeat treatments possible. They may be low enough to permit IMRT treatment even when initial treatment was with conventional radiotherapy. But whether for an initial diagnosis or a recurrence, IMRT offers new hope in the form of more powerful treatment with fewer risks and a higher quality of life.

** International Journal of Radiation Oncology-Biology-Physics, the official journal of ASTRO, the American Society for Therapeutic Radiology and Oncology.*

We welcome your inquiries and referrals: (830) 257-2070.

