GUIDELINES FOR SRT/SRS

Stereotactic radiosurgery (SRS) refers to treatment of any intracranial site consisting of 1 fraction only.

Stereotactic body radiotherapy (SBRT or SRT) refers to use at any extra cranial site or any intracranial site consisting of 2 -5 fractions.

**hospitals should have following infrastructure**

Treatment machines which are capable of delivering SRS/SRT

1. Gamma knife
2. X knife (Linear accelerator based **WITH LESS THAN 5mm leaf thickness**)
3. Cyberknife
4. Tomotherapy
5. Proton Therapy

Associated Treatment planning system
Associated Dosimetry systems

**Indications and maximum dosages for SRS:**

1. Arteriovenous malformation (AVM) : 24 Gy
2. Trigeminal neuralgia (TGM): 80 Gy
3. Meningioma: 20 Gy
4. Acoustic neuroma/ Vestibular Shwannoma
5. Pituitary adenoma
6. Craniopharyngeoma
7. Ependymoma
8. Glomustumor
9. Pineal gland tumor
10. Uveal melanoma
11. Spinal tumors, primary :8 to 10Gy

In other conditions, a dose of 14 to 18Gy can be used

**In general, SRS is not suitable for tumours or lesions 4 cm or larger in diameter or immediately adjacent to eloquent structures such as the optic apparatus and brainstem if a dose of higher than 12 Gy is needed to control the tumour.**

**Indications for SBRT/SRT**

1. Non-small cell lung cancer with following conditions: 60-66Gy in 3 fractions
   - Single lesion less than or equal to 5 cm; **and**
• Lesion is inoperable based on a) tumour location or b) individual is not a surgical candidate because of medical contraindication (for example, limited pulmonary reserve); and
• Procedure is done for a curative intent [staging- no known distant metastasis (M0); no metastasis to regional lymph nodes (N0)].

1. Spine tumours, primary: 30Gy in 5 fractions
2. Liver, primary: 30Gy-45Gy in 3 fractions
3. Pancreas: 24-30Gy in 3 fractions
4. Prostate: 30Gy-45Gy in 3 fractions
5. Brain Tumour: 30Gy in 5 fractions
6. When SRS is not feasible because of the size and location

The doses mentioned for both SRS and SRT should be used as guidelines but they could vary based on the individual volume and doses to adjacent normal structures.

**The following details should be provided at the time of claim submission**

1. Screenshots of plans - Axial, sagittal and coronal planes
2. Screen shot DVH (Dose volume Histogram)
3. Screen shot of BEW (Beam’s Eye View)
4. To provide treatment history through RT chart via record and verification system (R&V).
   No paper based RT chart with manual entry should be accepted.

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