

# Brain Metastases – QUESTIONS

Clinical Case Conference  
UCSD Radiation Oncology  
SA-CME

1. According to Patchell's study of patients with a solitary brain metastasis treated with RT alone vs. Surgery +RT, what percentage of them were found to have an unexpected histology after resection or biopsy, followed by WBRT?
  - A) 2%
  - B) 11%
  - C) 18%
  - D) 25%
2. Following surgery for brain metastases, the Patchell study showed that addition of whole brain radiation improved the rate of:
  - A) overall survival.
  - B) seizure control.
  - C) death due to neurologic causes.
  - D) duration of functional independence (time to KPS<70%).
3. RTOG 90-05 studied the maximum safe SRS dose based on size of brain lesion. Patients treated on this study included all of the following except:
  - A) Recurrent brain metastases after surgical resection.
  - B) Recurrent brain metastases after radiation.
  - C) Untreated brain metastases.
  - D) Primary brain tumors.
4. Brain metastases are most likely to develop from which of the following malignancies?
  - A) Breast cancer
  - B) Prostate cancer
  - C) Melanoma
  - D) Lung cancer
5. Regarding the use of dexamethasone for brain metastases, all of the following are true EXCEPT:
  - A) Initial loading dose for symptomatic brain mets is 10mg IV.
  - B) A recommended PO dose regimen for asymptomatic brain metastases is 4mg Q6H.
  - C) PPI should be given concomitantly.
  - D) The dose of dexamethasone delivered via IV and PO routes are equivalent.