Radiation therapy saves eye cancer patients’ sight

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NEW ORLEANS — Radiation therapy is allowing some eye cancer patients to retain both their sight and health, a team of Boston radiation specialists announced here Tuesday.

Melanoma, a usually malignant tumor in the iris that contains black pigment, meant surgical removal of the eye and a diminished chance for long-term survival only a dozen years ago, the 30th annual meeting of the American Society for Therapeutic Radiology and Oncology was told.

Today’s melanoma patients are keeping their eyes and, with the help of glasses, vision good enough to drive an automobile, the specialists said.

Dr. John Munzenrider of the Massachusetts General Hospital Cancer Center told the ASTRO conference that more than 1,000 patients — ranging in age from 14 to 91 — with uveal melanoma have received proton beam therapy at the Harvard Cyclotron since 1975.

Munzenrider said 80 percent of the first 128 patients were surviving five years after therapy. He also said 69 percent of the treated eyes had a visual acuity of 20/200 or better.

Local recurrence of tumor has affected 14 eyes in that initial patient group, the doctor said, requiring treatment at times ranging from four to 65 months after proton beam therapy. Five of those patients had an eye surgically removed, he said.

Earlier in the day, two Pittsburgh specialists told the conference that the “gamma knife” is proving useful in treating intracranial tumors deemed unremovable by conventional microsurgery.

Dr. L. Dade Lunsford of the University of Pittsburgh School of Medicine and Dr. John Flickinger of Presbyterian-University Hospital reviewed initial experience with the technique in 77 patients treated since August 1987. The patients either had intracranial lesions considered unresectable by microsurgery or lesions that remained after previous attempted removal, they said.

Although many of the cases are too recent to yield detailed results, the doctors cautioned, tumor regrowth has not been confirmed in any patient treated so far. There was no patient mortality, they added.

About one-third of the patients had transient headache or nausea soon after the irradiation, the doctors said, and three patients with epilepsy suffered seizures after completion of the radiosurgery despite administration of therapeutic levels of anti-convulsants. No patients displayed new neurologic deficits, they said.

Gamma knife radiosurgery, which does not breach the skull, gets a patient out of the hospital in about two days instead of the 10 days usually required after open cranial surgery, the doctors said, reducing hospital costs by 30 percent to 70 percent.

The Pittsburgh gamma knife permits treatments of lesions much larger than previously treated because of its 18-millimeter diameter collimator system and the ability to combine multiple radiosurgical lesions in a single treatment session, they said.