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## *Kita Sallabanda Diaz*

*Complutense University of Madrid, Spain*

### **Combined treatment of spine tumors**

Every year in the US 180,000 new cases are diagnosed and 20,000 of them with medullar compression. 5-14% of patients with cancer develop spine metastases, from them 33% bone, 4% leptomeningeal, 0.1-0.4% intramedullary. Of those with spinal metastases, 60% had breast, lung or prostate cancer. The treatment basically is based on surgery, radiotherapy combined treatment and radiosurgery. Until 1990 the first treatment was radiotherapy, later, surgery was practiced. Patchel trial demonstrated the superiority of surgery (Lancet 2005), Class I evidence. From then, NOMS and SINS criteria was considered. The development of technology in radiotherapy makes us to change the paradigm. Radiosurgery take a very important role in the treatment of spine tumors. The combined treatment is our first option, surgery + radiosurgery. The principal indication of spine radiosurgery as a primary treatment are residual tumors after surgery, recurrent tumors, multiple lesion, unfarmable localization, high risk for open surgery.

### **Biography**

Kita Sallabanda Diaz is currently working as an Associate Professor at the Complutense University of Madrid, a Tutor for residents of the San Carlos Clinical Hospital in Madrid and is a Professor of the International Master's degree in Advanced Technological Applications in Radiation Oncology. He is also working at the Genesiscare Madrid-Arturo Soria, while he is an External Medical Consultant at the San Carlos University Clinical Hospital in Madrid. He is the current President of the Spanish Society of Radiosurgery and the Neuro-Oncology Committee of the Clinical Hospital of Madrid. His areas of expertise are mainly in cyber knife SRS, epilepsy, cognitive functions and brain metastases.

[ksallabanda@gmail.com](mailto:ksallabanda@gmail.com)

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