



Métastases osseuses

Volume Cible	Dose totale/fractions	Technique recommandée	Technique possibles acceptables	Techniques déconseillées	Techniques en cours d'évaluation
<b>Rachis irradiation palliatives antalgique</b>					
Vertèbre(s) atteinte(s) et une vertèbre sus – et sous- jacente	20 – 30 Gy/4-10 fractions (Exceptionnellement 8 Gy/1 séance)	Radiothérapie conformationnelle tridimensionnelle	Radiothérapie conformationnelle avec modulation d'intensité	Radiothérapie hémicorporelle	Irradiation large multisites
Extension extravertébrale, en particulier intracanaulaire (IRM)	20 – 30 Gy/4-10 fractions		Radiothérapie bidimensionnelle	Faisceau unique postérieur	
<b>Os long</b>					
Lésion osseuse (+extension aux parties molles) + marges 5 cm craniocaudal / 2 cm latéral	20 – 30 Gy/ 10 fractions (Exceptionnellement 8 Gy / 1 fraction)	Radiothérapie conformationnelle tridimensionnelle	Radiothérapie bidimensionnelle	Faisceau unique	Irradiation large multisites
<b>Irradiation après chirurgie (os long ou vertèbre)</b>					
Volume cible anatomoclinique : tout le matériel chirurgical et la cicatrice	30Gy / 10 fractions 20Gy / 5 fractions	Radiothérapie conformationnelle tridimensionnelle	Radiothérapie bidimensionnelle	Faisceau unique Irradiation circulaire	
<b>Compression médullaire opérée ou non opérée</b>	30Gy / 10 fractions <sup>a</sup> 20Gy / 5 fractions (exceptionnellement 8-10Gy / 1 séance) <sup>a</sup>	Radiothérapie conformationnelle tridimensionnelle	Radiothérapie conformationnelle avec modulation d'intensité		Stéréotaxie hypofractionnée
<b>Douleurs neuropathiques</b>	20-30Gy / 4-10 fractions (exceptionnellement 8-10Gy / 1 séance) <sup>1</sup>	Radiothérapie conformationnelle tridimensionnelle	Radiothérapie conformationnelle avec modulation d'intensité		
<b>Ré-irradiation</b>					
Limité au volume atteint	Dose adaptée selon les doses antérieurement reçues	Radiothérapie conformationnelle tridimensionnelle Radiothérapie conformationnelle avec modulation d'intensité Stéréotaxique		Faisceau unique	
<b>Métastase unique (oligométastase)</b>					
Volume adapté selon extension ( <i>International Spine Radiosurgery Consortium Consensus Guidelines</i> )	Dose tumoricide Selon protocole Dose adaptée selon segment médullaire à proximité	Dans le cadre d'un essai thérapeutique Radiothérapie conformationnelle tridimensionnelle Stéréotaxie	Stéréotaxie Radiothérapie conformationnelle avec modulation d'intensité +/- volumique		

<sup>a</sup> Evidence-based medicine (EBM).

**Tableau 7 - Synthèse des recommandations de la radiothérapie dans les métastases osseuses (Extrait de (92))**



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## DECLARATION DES LIENS D'INTERETS

Les personnes ci-dessous ont déclaré des liens d'intérêt en oncologie thoracique pour des participations à des congrès, séminaires ou formations ; des bourses ou autre financement ; des rémunérations personnelles ; des intéressements ; ou tout autre lien pertinent dans les 3 dernières années :

ARPIN D : Takeda, Roche  
 AUDIGIER-VALETTE C : Roche, Abbvie, BMS, MSD, Takeda, Boehringer, AstraZeneca, Pfizer, Novartis, Fabre, Amgen, Lilly  
 AVRILLON V : BMS, Abbvie.  
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 BAYCE BLEUEZ S. : Roche, BMS, AMGEN  
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 GONZALEZ G. : Roche, Novartis, Pharmadom  
 GOUNANT V : Takeda, Lilly, Roche, AstraZeneca, BMS, Boehringer, Pfizer, Novartis.  
 GROUET A. : Boehringer, Novartis  
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 LE TREUT J. : AstraZeneca, Boehringer, Roche, BMS, MSD  
 LOCATELLI SANCHEZ M. : Boehringer, BMS, AstraZeneca, LFB  
 LUCIANI S : Pfizer  
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 MORO-SIBILOT D : Roche, Pfizer, Lilly, Boehringer, MSD, BMS, Takeda, AstraZeneca, Novartis, Amgen, Abbvie  
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Les autres participants et membres des groupes de travail n'ont déclaré aucun lien d'intérêt en oncologie thoracique.  
 Aucun participant ou membre d'un groupe de travail n'a rapporté de lien d'intérêt avec l'industrie du tabac.





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## MENTIONS LEGALES

La réunion de mise à jour des référentiels (édition 2019) a été organisée par l'Association de Recherche d'Information Scientifique et Thérapeutique en Oncologie Thoracique (ARISTOT).

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