TWO DECADES OF STEREOTACTIC RADIOSURGERY AND RADIOTHERAPY AT A NATIONAL REFERRAL CENTER: A 6 831-PROCEDURE EXPERIENCE FROM MEXICO (2003–2025)

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22 years	6,831	45 years	56%	~60%
Oct 2003–Aug 2025	stereotactic radiation procedures	median age (IQR 33–56)	women	referred from outside Mexico City

PURPOSE & METHODS

Purpose

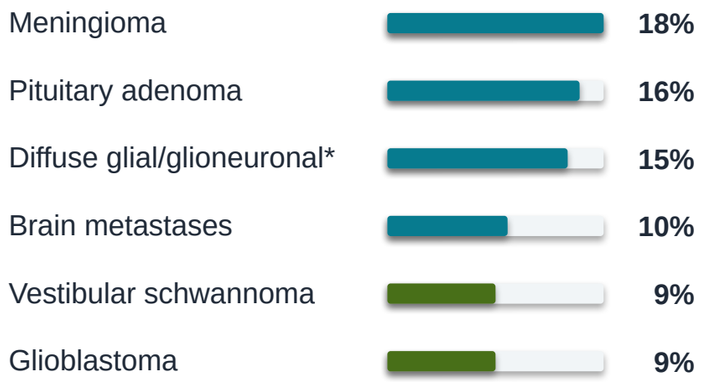
Long-term institutional data describing stereotactic radiosurgery (SRS) and stereotactic radiotherapy (SRT) practice in Latin America remain scarce. This 22-year registry report summarizes stereotactic radiation activity at INNN, a national referral center in Mexico.

Methods

- **Registry:** prospectively maintained INNN stereotactic radiation registry.
- **Period:** October 2003 through August 2025.
- **Classification:** diagnoses harmonized into contemporary categories.
- **Treatment groups:** SRS; hFSRT, 2–5 fractions; FSRT, >5 fractions.
- **Analysis:** descriptive statistics and temporal trends.

COHORT PROFILE

Most common diagnoses



**Excluding glioblastoma*

Age and referral pattern

- Median age 45 years (IQR 33–56); women 56%.
- Vascular malformations: median 28 years.
- Metastases and glioblastoma: sixth decade.
- ~60% referred from outside Mexico City.

RESULTS & IMPLICATIONS

Treatment pattern

- **Reported modality use:** conventional RT 52.9%; single-fraction SRS 49.5%; hFSRT 4.7%.
- **Displayed as reported values;** no mutually exclusive denominator inferred.
- **Meningioma and pituitary adenoma:** near-equal SRS and conventional RT use.
- **Diffuse gliomas and glioblastoma:** predominantly conventional RT.

Conclusions

- Among the largest single-institution stereotactic radiation series in Latin America.
- SRS and SRT were used in nearly equal proportions.
- Modality selection was driven by diagnosis and lesion characteristics.
- Systematic outcome tracking should optimize care and inform future trials.

Take-home message

Registry-based practice data can guide outcome-focused clinical research.

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