A Comparative Study of Frame-Based vs Mask-based Fixation for Gamma Knife Treatment of Vestibular Schwannoma

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Background

Methods

- Gamma Knife Radiosurgery (GKRS) is a wellestablished treatment for vestibular schwannomas.
- Traditionally, rigid stereotactic Leksell frames ensure precision in GK treatment.

Study Design: Retrospective observational cohort study **Patients Included:** Patients with vestibular schwannomas treated with GKRS at UT Southwestern Medical Center between 2015 and 2022 **Cohorts:**

• The Gamma Knife Icon (Elekta AB, Stockholm, Sweden) introduced a frameless thermoplastic maskbased fixation for improved patient comfort and workflow.

Objective

- To compare recurrence rates and time to recurrence in vestibular schwannomas treated with GKRS using frame-based versus frameless thermoplastic maskbased fixation.
- To our knowledge, this is the **first study** to directly compare these fixation techniques in patients with vestibular schwannomas.

- Cohort 1: Fixation Frame-Based Fixation
- Cohort 2: Frameless Thermoplastic Mask-Based Fixation

Data Collected:

- Patient & Tumor Data: Demographics, laterality, tumor lacksquarediameter.
- Treatment Details: GK dose, immobilization type (frame vs. mask).
- <u>Recurrence</u>: Confirmed tumor growth on imaging • (excluding pseudoprogression) and time to recurrence **Statistical Analyses:**
 - Multivariable Logistic & Cox Regression: Assessed recurrence rates, time to recurrence, and risk factors, adjusted for age, gender, and tumor diameter.
 - Log-Rank Test: Compared recurrence-free survival between fixation groups.



Variable: n(%) or median (range)	Frame	Mask	Total Cohort	p- value	Variable	Frame	Mask	Total Cohort	p-value
Number of Patients	60 (73.2)	22 (26.8)	82	-	Recurrence (n (%))	5 (8.3)	2 (9.1)	7 (8.5)	1.000
Age (years)	72.6 (37-91)	72.0 (55-83)	73.5 (37-91)	0.582	Recurrence-Free Survival	91.1 (3.3)	72.6 (4.5)	90.5 (3.0)	0.697
Sex Distribution				0.228	(months) (mean (SD))				(log rank)
Female	32 (46.7)	15 (68.2)	47 (57.3)	-	Multivariable Logistic Regression			OR (95% CI)	
Tumor Diameter	176(70-310)	164(60-330)	17.0 (6.0-33.0)	0 4 1 8	Recurrence		OR (9	5% CI)	p-value
(mm)	17.0 (7.0-51.0)	10.4 (0.0-33.0)	17.0 (0.0-33.0)	0.710					
Laterality	aterality			0.388	Immobilization: Frame (0) or I	0.61 (0.06 – 6.09)		0.672	
Left	31 (51.7)	9 (40.9)	40 (48.8)	-					
Gamma Knife	1302.5 (1252-	1302.0 (1201-	1302.0 (1201-	0 420	Multivariable Cox Regressio		HR (9	5% CI)	p-value
Dose (cGY)	1402)	2502)	2502)	0.430 Recurrence					
Follow-Up	51.5 (5-98)	24.5 (5-79)	41.5 (5-98)	< 0.00	Immobilization: Frame (0) or [Mask (1)	1.00 (0.	11 - 9.03)	1.000
Duration (months)	51.5 (5-98)	24.3 (3-79)	41.3 (3-90)	1					

Conclusion

• No significant difference in recurrence rates or time to recurrence between frame-based and mask-based

fixation for vestibular schwannomas treated with GKRS.

Findings suggest both immobilization methods are safe and effective for vestibular schwannoma management. Immobilization choice can be based on patient comfort, procedural efficiency, and need for repeatability rather than recurrence risk.

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