

radiosurgery New York

A Fresh Second Opinion
May Change Your Life
Custom Tailored
Treatment

GIL.LEDERMAN@RSNY.ORG

1384 Broadway at 38th

New York, 10018

212-CHOICES

**FRACTIONATED BRAIN
RADIOSURGERY 1ST NYC**

LARGEST ACOUSTIC NEUROMA FSR EXPERIENCE WORLDWIDE

FIRST IN AMERICA

First In New York

MENINGIOMAS

**BRAIN TUMOR PIONEER
DR. LEDERMAN'S VISION**

First for You!

First in America

CANCER TREATMENT

GLIOBLASTOMAS

**NON-INVASIVE TREATMENT
FROM HARVARD TO NEW YORK**

1ST IN WESTERN HEMISPHERE

BRAIN METASTASES

Radiosurgery New York



stereotactic
doctors
metastatic
radiosurgery
benign
acoustic
tremendous
Hemisphere
Well

experience

First for You!

Radiosurgery New York
many
unparalleled
pituitary
patient
treating
knowledge
experts
pioneered
cancers
meningiomas
York
Western
tumors
fractionated
Dr. Ledermann
primary
New York
neuroomas
help

WELCOME

Our experts who first pioneered Fractionated Stereotactic Body Radiosurgery in the Western Hemisphere were the FIRST TO BRING FRACTIONATED BRAIN RADIOSURGERY TO NEW YORK! We have tremendous experience treating primary brain tumors and metastatic cancers. This experience is unparalleled.

Imagine a new world where brain tumors can be treated innovatively using non-invasive, outpatient, focused Stereotactic Radiosurgery. We attack benign and malignant brain tumors while simultaneously working to protect healthy, normal brain tissue.

It's a world where fractionated stereotactic radiosurgery (FSR) avoids the invasion of surgery. All our work is painless and outpatient. Each treatment lasts about 20 minutes. There is **NO** anesthesia, **NO** sedation, **NO** pins and **NO** cutting.

Every patient has a specific site of disease. Prior treatments are significant factors that we evaluate. Patient and family preference is critical.

We believe in the beauty of Stereotactic Radiosurgery. If you have an interest in Stereotactic Body Radiosurgery - even if you have had prior chemo, surgery or radiation - you may wish to discuss your case directly with the experts at RSNY who have experience to offer a fresh second opinion.

The appeal of Stereotactic Radiosurgery is the greater precision with which it is delivered compared to standard treatment, the ability to escalate the dose of radiation and to minimize the volume of healthy tissue that receives the prescribed radiosurgery dose. Because of the precision and dose escalation, fewer treatments in less time often can be offered.

FROM AMERICA'S ORIGINAL RADIOSURGERY PIONEER

Stereotactic Radiosurgery produces greater confidence in treatment and greater likelihood of decreasing the radiation field, thus reducing radiation to healthy tissue.

Further, Hypofractionation means fewer doses of radiation given. Each treatment has greater intensity - which should mean greater effectiveness based upon known radiobiologic principles.

Thus, patients have the potential advantage of Stereotactic Radiosurgery combined with the treatment benefits of Hypofractionation in the hands of the experienced leader in the field.




Dr. Gil Lederman MD



MOST INSURANCES, MEDICARE, NY MEDICAID ACCEPTED.

HOW IS FRACTIONATED BRAIN RADIOSURGERY CARRIED OUT AT RSNY?

PAINLESSLY!

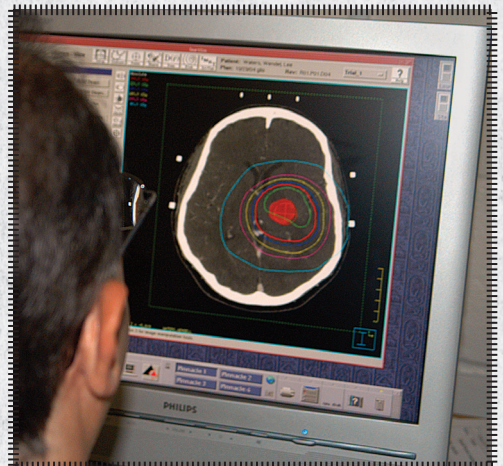


For each Patient, our skilled staff constructs a custom-fitted, non-invasive head frame. The next step is imaging studies using the non-invasive head frame as a point of reference. This process takes about thirty minutes. Physicians and our talented physics department create a unique treatment plan for each patient, which is then re-confirmed and double and triple-checked by

1. A non-invasive stereotactic headframe is painlessly made for each patient - allowing precise treatment.

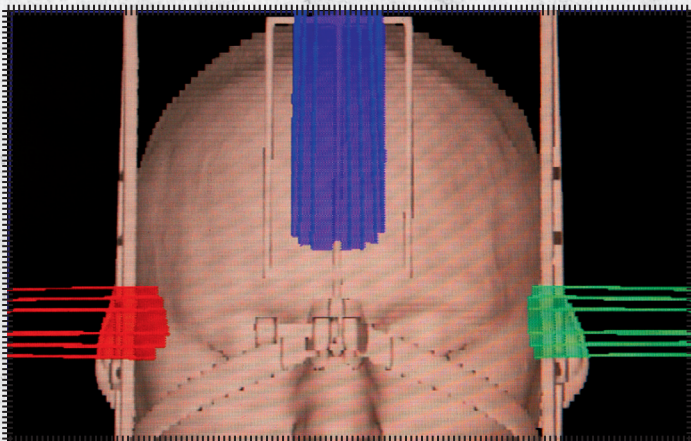
the physicians and physicists. Multiple quality assurance steps verify and re-verify each action - from head frame creation to imaging, planning, head frame placement and treatment.

Because treatment is totally non-invasive, patients maintain their usual function throughout. Patients are completely awake and alert throughout the entire pain-free, non-invasive, non-claustrophobic Fractionated Radiosurgery. All treatment is outpatient. Strong voices



2. Treatment planning is performed by physician, physicist and dosimetrist. This allows confidence that Radiosurgery accurately hits the tumor.

from successfully treated patients have great enthusiasm globally for Fractionated Stereotactic Radiosurgery approach at Radiosurgery New York. Previously treated patients are our most ardent supporters - passing on to friends and family a new treatment option.



3. Non-invasive beams painlessly hit the tumor. Treatment is completed within minutes and the patient returns to usual activities.

In our extensive experience, FSR is vastly different compared to single fraction radiosurgery and open surgery. Our sophisticated fractionated radiosurgery takes place in a unique, dedicated medical facility in the heart of New York City with physicians having decades of experience of thousands of patients.

Fractionation offers special appeal for treatment of brain tumors. It enhances treatment safety while focusing treatment on the tumor. We avoid the pain, the medications and hospitalization associated with the single-fraction pins into-the-skull treatment of the past.

Fractionated stereotactic radiosurgery represents the leading technologic edge for patients with benign and malignant brain tumors. Work pioneered by our physicians of Radiosurgery New York continued to be most advanced and attractive.

What is so different now is our experience. We've performed tens of thousands of radiosurgeries.

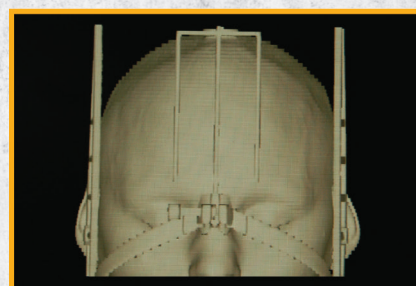
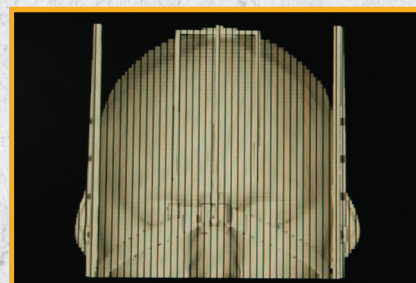
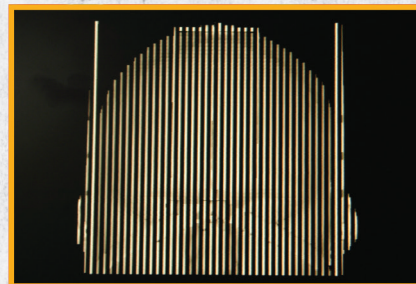
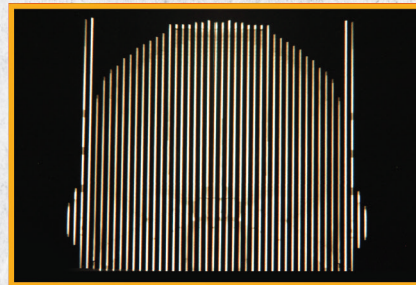
A primary difference between standard radiation and fractionate stereotactic radiosurgery is that standard radiation must - because of less precision - radiate large amounts of normal healthy brain - compared to radiosurgery, which focuses on the tumor.

Think of a plum in a breadbox.

Imagine the plum is the tumor while the brain is the breadbox. Standard radiation treats the breadbox.

We hit the plum!

That means we can escalate the dose to the tumor and diminish much of the unnecessary dose to normal brain tissue. That should mean less chance of late adverse effects. Stereotactic radiosurgery has a greater degree of accuracy than just conformal radiation. There are issues concerning risks, benefits and alternatives that must be discussed.



WHY FRACTIONATE RADIOSURGERY?

Radiation oncologists believe that wide using fractionated stereotactic radiosurgery for acoustic neuromas. Fractionation exploits the difference between normal tissues and tumors thus resulting in a safer and superior outcome. This is why fractionated stereotactic radiosurgery is so important. Scientists have known for decades the potential benefits of fractionation; that's why we are the leaders in fractionated stereotactic radiosurgery.

It's our physicians' large experience that helps to know when to increase or decrease doses! For benign conditions - such as acoustic neuromas - we are famous for using the lowest biologic effective dose in order to effectively treat the tumor and minimize harm to the surrounding fifth, seventh, eighth cranial nerves and brain stem. It's for the patients' benefit.

Fractionation allows healthy, surrounding tissues to repair radiation effects that single fraction radiosurgery cannot. Our system permits us the ability to fractionate - or divide - the dose, which is based upon biologic principles to make treatment safer. This is true for benign tumors such as acoustic neuromas, meningiomas and pituitary tumors, as well as malignancies.

6 We have the largest experience world-

Fractionation for malignant and benign tumors

means diminished toxicity & more efficacy!

That's our goal..

More Efficacy!

Avoid Toxicity!

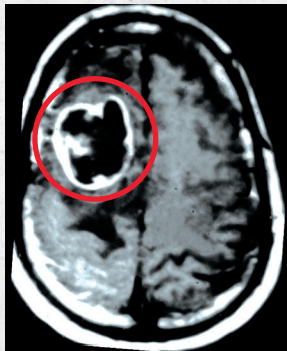
Another major difference between single shot radiosurgery and fractionated stereotactic radiosurgery is that our system is non-invasive avoiding pins in the skull, which causes discomfort and limits usefulness of the technique. Unlike single shot radiosurgery, we have an UNLIMITED ARRAY of beam sizes - custom-made - for TUMOR TREATMENT RANGING FROM THE VERY SMALL TO THE VERY LARGE.

THE DESIRED TREATMENT IS ONE THAT PRODUCES THE MOST APPROPRIATE AND BENEFICIAL DOSES OF RADIA-

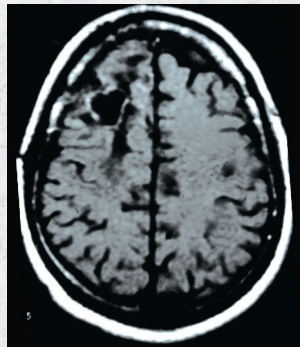
TION DELIVERED TO THE TUMOR WHILE MINIMIZING EFFECTS TO THE NORMAL HEALTHY BRAIN. Fractionated stereotactic radiosurgery helps us achieve this goal most elegantly. This booklet discusses the benefits in brief. For more information about your specific condition, please speak to our physicians.

RADIOSURGERY FOR PRIMARY BRAIN TUMORS

Primary Glioblastoma treated by us with Fractionated Radiosurgery before and 1 year later showing marked improvement.



BEFORE FSR



REMISSION AFTER

Malignant primary tumors including astrocytomas and glioblastomas as well as cancers metastatic to the brain. Primary tumors commence in the brain, while metastases have spread to the brain through the bloodstream. These cancerous conditions have been - and are - extensively studied by our radiosurgery group.

Our data for the treatment of recurrent highgrade primary brain tumors like glioblastomas is appealing - using **FRACTIONATED RADIOSURGERY. FRACTIONATION BENEFITS ARE NUMEROUS.** For malignant tumors, **THERE IS PROTECTION OF THE HEALTHY SURROUNDING TISSUE WHILE MAINTAINING - OR IMPROVING - EFFICACY OF TREATMENT.** Furthermore, there is a much less need for subsequent operation or intervention when our techniques are implemented compared to single fraction radiosurgery.

Our retreatment data for recurrent highgrade primary brain tumors like glioblastomas is appealing - using **FRACTIONATED RADIOSURGERY. FRACTIONATION BENEFITS ARE NUMEROUS.** For malignant tumors, **THERE IS relative PROTECTION OF THE HEALTHY SURROUNDING TISSUE WHILE MAINTAINING - OR**

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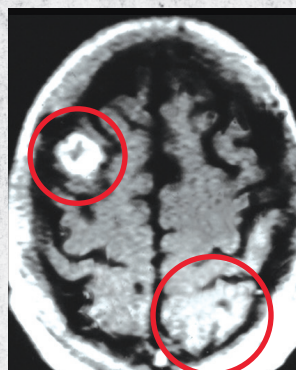
BRAIN METASTASES

Brain metastases means the cancer started elsewhere in the body and spread via the bloodstream to the brain. Our work shows benefit from fractionated Stereotactic Radiosurgery for those with single or multiple metastases - even when not successfully treated by prior surgery or radiation.

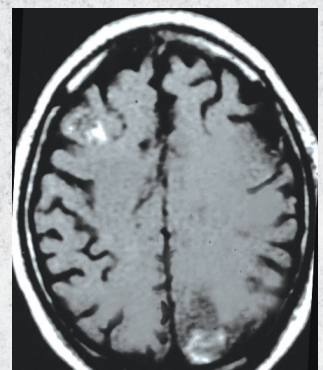
FRACTIONATED RADIOSURGERY ALLOWS TREATMENT OF LARGER CANCERS OR THOSE IN THE MOST DELICATE PARTS OF THE BRAIN (LIKE THE BRAINSTEM AREA OR BY DELICATE CRANIAL AND OPTIC NERVES) - WITH A GREATER DEGREE OF SAFETY THAN OTHER METHODS OF RADIATION.

RADIOSURGERY MAY REPLACE THE NEED FOR WHOLE BRAIN RADIATION IN MANY PATIENTS. Whole brain hits healthy tissues. Many choose radiosurgery specifically to avoid unnecessary side effects. Other patients select radiosurgery for brain metastases that have remained or grown despite standard radiation or surgery. Our Radiosurgery treatments last about 20 minutes.

Multiple brain metastases treated by us with Fractionated Radiosurgery before FSR and after showing marked improvement.



BEFORE FSR

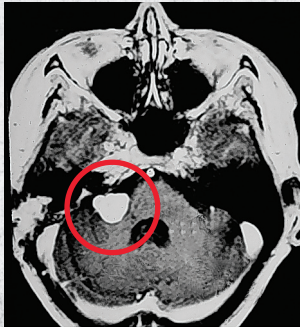


REMISSION AFTER

BENIGN BRAIN TUMORS

The most common benign tumors treated by our expert physicians include **MENINGIOMAS**, **ACOUSTIC NEUROMAS** and **PITUITARY TUMORS**. Other neuromas and schwannomas are treated with a high degree of confidence.

Acoustic Neuroma treated by us using FSR in remission with marked shrinkage years later - a great response!



BEFORE FSR

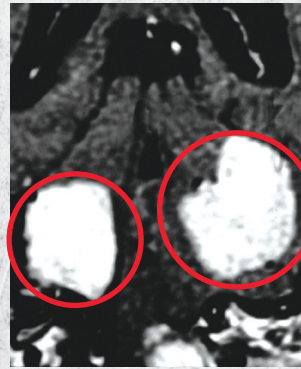


REMISSION AFTER

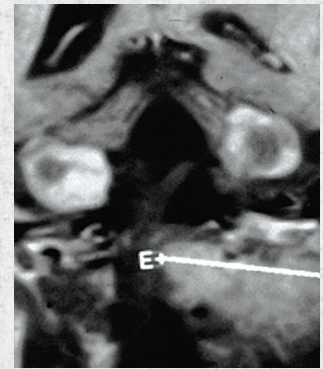
ACOUSTIC NEUROMAS

Fractionation for benign tumors like **ACOUSTIC NEUROMAS** means the toxicity of treatment is markedly diminished compared to single fraction radiosurgery or open surgery. While there are no guarantees, people with acoustic neuromas treated here are more likely to **MAINTAIN HEARING, FACIAL AND TRIGEMINAL NERVE FUNCTION, AVOID HOSPITALIZATION AND SURGERY**. Fractionation with low dose radiosurgery helps to **PROTECT THE VITAL FIFTH, SEVENTH AND EIGHTH CRANIAL NERVES**. Our program is unique in many regards. **WE HAVE THE LARGEST FRACTIONATED PROGRAM WORLDWIDE**. We deliver the lowest biologic dose worldwide - and the **MAJORITY**

Bilateral Acoustic Neuroma, NF2, in remission after our FSR!



BEFORE FSR



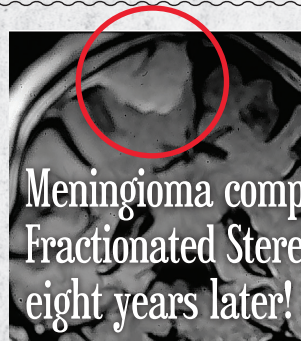
REMISSION AFTER

OF OUR PATIENTS MAINTAIN OR IMPROVE THEIR HEARING. Also, it is protective of the nearby brainstem. Treatment is most commonly given in five sessions.

The majority of our patients maintain or improve their hearing. Furthermore, the likelihood of harm to the delicate fifth (trigeminal) and or seventh (facial) cranial nerves is markedly diminished.

MENINGIOMAS

MENINGIOMAS are usually benign tumors derived from the coverings of the brain. They often have a characteristic appearance but can be located on any part of the brain surface - even invading the brain itself. Some menin-



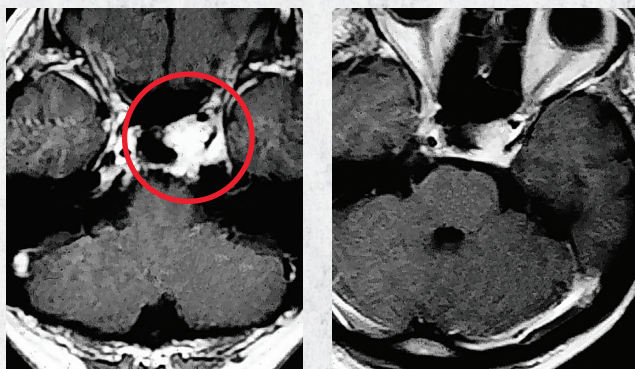
BEFORE FSR



REMISSION AFTER

Meningioma completely gone after our Fractionated Stereotactic Radiosurgery eight years later!

Meningioma which caused double vision in a young artist treated with our FSR. All symptoms gone within weeks. Seven years later tumor in remission - patient great!



BEFORE FSR

REMISSION AFTER

gliomas become more aggressive or even malignant. We often see patients who choose not to have surgery or in whom the risk of surgery to the healthy brain is too great. Often, unfortunately, tumor left behind after surgery continues to grow. Other tumors are wrapped around delicate structures such as blood vessels, nerves or portions of the brain.

WE HAVE AN EXPERIENCE SPANNING THREE DECADES USING RADIOSURGERY. THE CONTROL RATE IN OUR HANDS UTILIZING FRACTIONATED STEREOTACTIC RADIOSURGERY IS 97% FOR MENINGIOMAS WE TREAT.

Dr Lederman was not only present

at the birth of radiosurgery here,

but in fact, was the STORK!

Treatment-lasting about 20 minutes-is non-invasive, painless and outpatient. Of course, follow-up imaging evaluation should confirm efficacy of Radiosurgery.

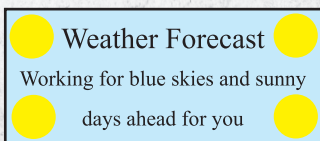
PITUITARY TUMORS

Pituitary tumors are benign tumors located near the delicate optic chiasm. Growth of the pituitary tumor affects patients in several ways - one is by production of abnormal levels of hormones affecting the body in a myriad of ways - and two, is growth of the tumor pressing on the optic structures causing partial or complete blindness. There are options of treatment including medical, surgical and radiation. In select cases, we recommend Fractionated Stereotactic Radiosurgery with its high success and safety rates.

HEAD AND NECK CANCERS

Head and neck cancers offer a **VERY APPEALING TARGET FOR RADIOSURGERY** - located adjacent to critical structures. **WE HIT THE CANCER AVOIDING SURGERY.** Cancer growth may impair many function of very critical structures. That is why stopping or shrinking the cancer is so important. This is true for new as well as recurrent cancers. We have a **TREMENDOUS EXPERIENCE RETREATING CANCERS** of the head and neck area when traditional therapy did not produce the desired results. **WHEN TREATED WITH UNIQUE APPROACHES PIONEERED BY OUR PHYSICIANS, CANCERS OF THE HEAD AND NECK AREA HAVE HIGH RESPONSE RATES WHERE WE TREAT.**

MANY COME AFTER STANDARD RADIATION, CHEMO AND/OR SURGERY FAILED TO WORK. IT'S A TASK WE'RE COMFORTABLE WITH.



RadioSurgery

GIL.LEDERMAN@RSNY.ORG

1384 Broadway,

DR. LEDERMAN IS RESEARCH TO INNOVATION!

Dr. Gil Lederman, at Harvard Medical School, BOLDLY FIRST DISCOVERED, ANALYZED AND REPORTED the adverse cardiac effects of standard radiation. He's the same Physician who FIRST BROUGHT STEREOTACTIC BODY RADIOSURGERY TO AMERICA!

What's the connection? A MAN WORKING TO IMPROVE HEALTH CARE OVER DECADES. Dedicating time and energy to be triple-trained and triple board-certified. NINE YEARS OF EDUCATION AFTER MEDICAL SCHOOL! FINDING A PROBLEM WITH STANDARD RADIATION AND PRODUCING A SOLUTION - STEREOTACTIC BODY RADIOSURGERY.

Focusing Radiosurgery non-invasively, but directly TO HIT THE CANCER also allows MORE DOSE TO BE DELIVERED TO THE TUMOR MORE PRECISELY IN LESS TIME. This is superior in many, many ways. By targeting the cancer, he can help avoid critical structures like the heart--compared to standard radiation therapy!

The logic is simple. YET IT TOOK NEARLY 100 YEARS TO ARRIVE AT THIS POINT. Dr. Gil Lederman is the RARE TRIPLE-TRAINED, TRIPLE BOARD-CERTIFIED HARVARD-EDUCATED RADIATION ONCOLOGIST.

He developed Fractionated Stereotactic Brain Ra-

diosurgery for treatment of benign and malignant tumors including glioblastomas, metastases, meningiomas, pituitary, glomus tumors and more. Dr. Lederman has the **WORLD'S LARGEST EXPERIENCE** treating acoustic neuromas with Fractionated Radiosurgery.

He understood the importance of FRACTIONATION for Stereotactic Brain Radiosurgery. By fractionating Brain Radiosurgery, Dr. Lederman could use a **PAINLESS NON-INVASIVE**, relocatable head frame rather than a old style, invasive system that screws into the skull.

FRACTIONATION BIOLOGICALLY MEANS MORE PROTECTION OF THE HEALTHY SURROUNDING BRAIN - which produces more appealing results. He was **FIRST IN NEW YORK** and one of the FIRST in the nation to perform **FRAC-TIONATED BRAIN RADIOSURGERY**.

PATIENTS clamored for Stereotactic Body Radiosurgery treatment of **CANCERS FROM HEAD TO TOE**. Patients and their families easily UNDERSTAND the importance of such a HUGE STEP FORWARD IN CANCER TREATMENT. Dr. Lederman was first to perform STEREOTACTIC BODY RADIOSURGERY IN THE WESTERN HEMISPHERE.



CANCER TREATMENT PIONEER

DR. LEDERMAN CHANGED THE COURSE OF MODERN DAY CANCER TREATMENT.

This means primary and metastatic cancers anywhere in the body could be CONSIDERED for **RADIOSURGERY**. Since radiosurgery targeted the cancer directly, healthy tissue in general could be excluded from full dose treatment. This INNOVATIVE therapy could be delivered generally in a much SHORTER time with fewer treatments.

Dr. Lederman REPORTED his treatment data of PRIMARY OR METASTATIC, NEWLY DIAGNOSED OR RECURRENT, SMALL OR LARGE TUMORS at national and international medical meetings. His work includes treatment of a vast array of cancers - lung cancer, pancreas cancer,



New York

"A Fresh Second
Opinion is Always
Welcomed"

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FIRST IN AMERICA!

liver cancer, gastro-intestinal, kidney cancer, sarcoma, melanoma and many more. A particular specialty of Dr. Lederman is RETREATMENT of previously unsuccessfully treated cancers—whether the cancer was treated in the past by radiation, surgery or chemotherapy.

Every patient is UNIQUE. For particular information it is BEST to discuss this directly with Dr. Lederman.

His focus for PROSTATE CANCER TREATMENT includes **PRODUCING SUPERIOR RESULTS, AVOIDING RADICAL SURGERY AND MAINTAINING SEXUAL AND URINARY QUALITY OF LIFE WHENEVER POSSIBLE.** Dr. Lederman's vast experience over decades may be of benefit to you and your loved ones.

To get a
FRESH, SECOND OPINION

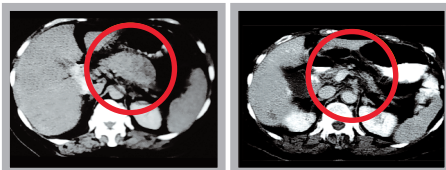
Get a fresh second **DOCTOR!***
on your team

**of course, best might be a Harvard-trained, triple
board-certified, original pioneer in Radiosurgery.*

We are happy to work with
all your doctors, as you wish.

FROM HARVARD TO NEW YORK

Pancreas Cancer Disappears After Radiosurgery at RSNY



BEFORE RS

GONE AFTER RS

ABOUT DR. LEDERMAN

From his home in Iowa, attending the University Of Iowa College of Medicine to Harvard Medical School where he was trained in Medical Oncology at the Harvard Medical School Dana Farber Cancer Institute and the Harvard Medical School Joint Center for Radiation Therapy, Dr. Lederman has been a thoughtful patient advocate of innovative cancer treatment.

Dr. Lederman has authored many abstracts and papers in the fields of medical oncology and radiation oncology. He was the **FIRST PHYSICIAN AT HARVARD MEDICAL SCHOOL** to investigate, recognize and report cardiac toxicity resulting from standard radiation.

This important observation was critical to Dr. Lederman's goal to develop a more precise, more effective and safer

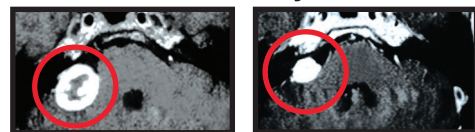
method of delivering highly focused radiation. Crucial to this, was his extensive experience in medical oncology and observation of cancers either being resistant or developing resistance to chemotherapy. **STEREOTACTIC RADIOSURGERY WAS A NATURAL OUTGROWTH OF HIS PERSONALITY AND TRAINING, PRACTICE, OBSERVATIONS AND INSTINCTS.**

Dr. Lederman's experience and training may produce a **UNIQUE APPROACH** for each patient. A fresh second opinion may produce a fresh, second chance for success.

He is **TRIPLE BOARD CERTIFIED** in Radiation Oncology, Medical Oncology and as well, Internal Medicine. He was trained in Internal Medical at the combined Michael Reese/University of Chicago program.

Dr. Lederman is the first physician to perform non-invasive stereotactic body radiosurgery in the Western Hemisphere and has the a very large experience treating patients worldwide.

Acoustic Neuroma 15 years after FSR



BEFORE RS

GONE AFTER RS

MOST INSURANCES, MEDICARE, NY MEDICAID ACCEPTED.

Radiosurgery New York

FIRST IN AMERICA

A Fresh Second Opinion
May Change Your Life

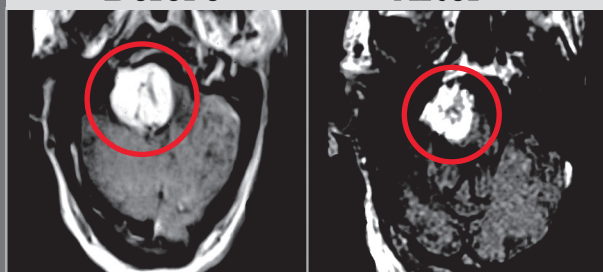
First for You!

P r o u d o f o u r w o r k !

ACOUSTIC NEUROMAS - EXAMPLES OF OUR WORK!

Before

After



Acoustic Neuroma in remission years after our Fractionated Radiosurgery.

Before

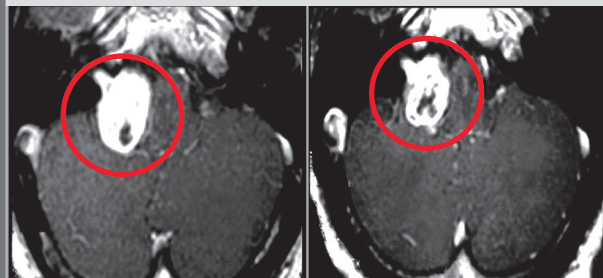
After



Acoustic Neuroma in remission 9 years after our Fractionated Radiosurgery.

Before

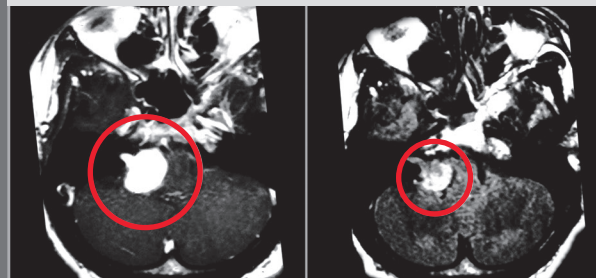
After



Acoustic Neuroma (NF2) in remission years after our Fractionated Radiosurgery.

Before

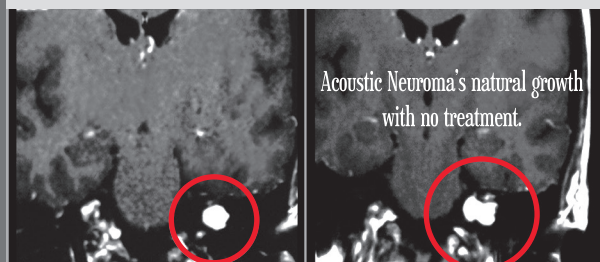
After



Acoustic Neuroma in remission 8 years after our Fractionated Radiosurgery.

Initial Scan

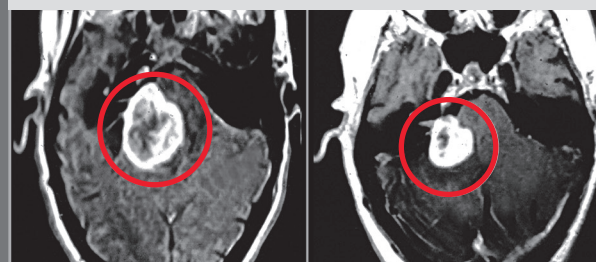
No Treatment 3 Yrs Later



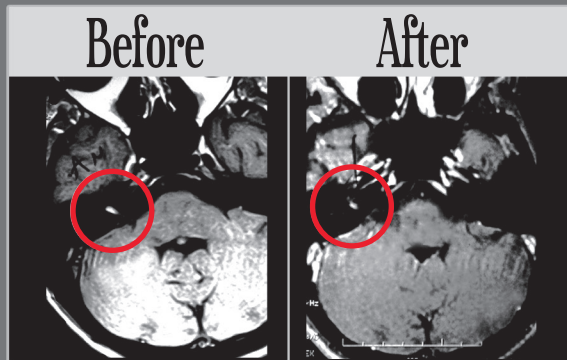
Diagnosed with AN but refusing treatment, scans show growth over 3 years.

Before

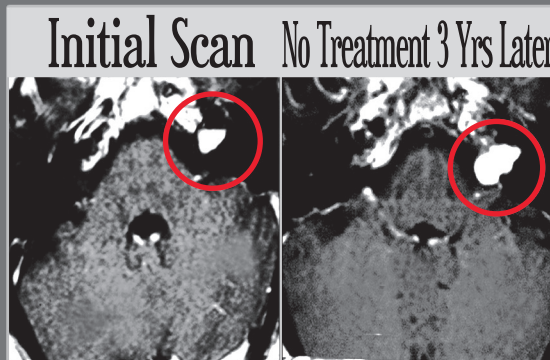
After



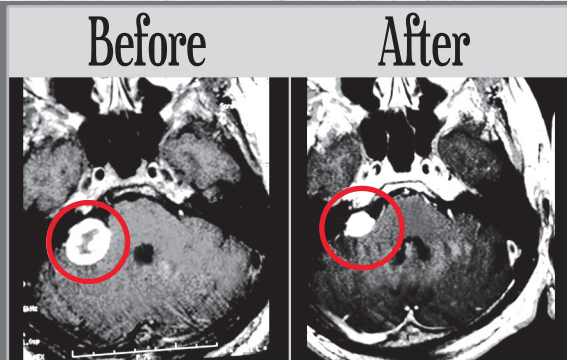
Acoustic Neuroma in remission 9 years after our Fractionated Radiosurgery.



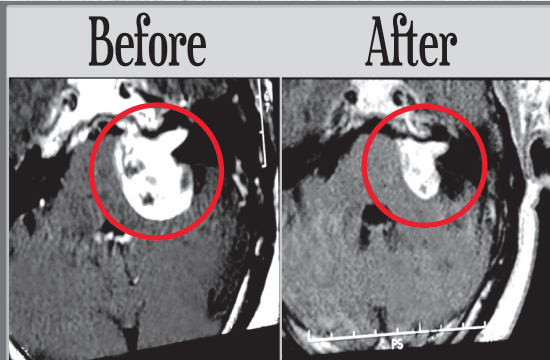
Tiny intracranial AN in remission 3 years after our Fractionated Radiosurgery.



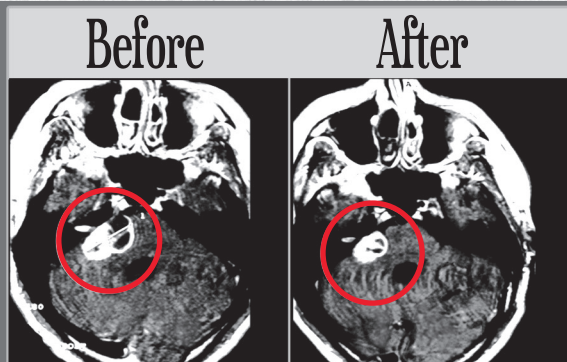
Diagnosed with AN but refusing treatment, scans show growth over 3 years.



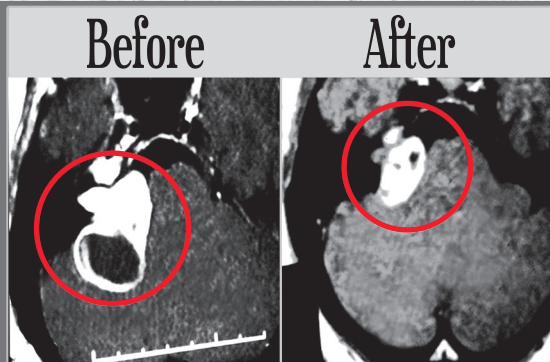
Acoustic Neuroma in remission 11 years after our Fractionated Radiosurgery.



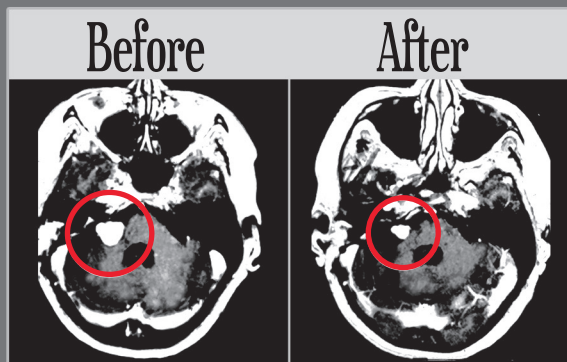
Acoustic Neuroma in remission 11 years after our Fractionated Radiosurgery.



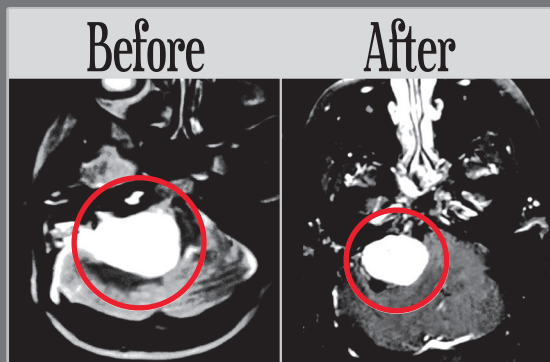
Acoustic Neuroma in remission 10 years after our Fractionated Radiosurgery.



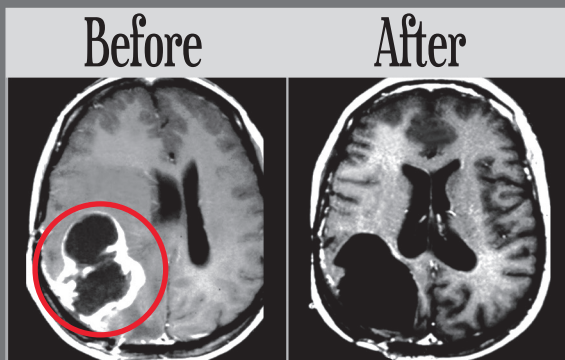
Acoustic Neuroma in remission 9 years after our Fractionated Radiosurgery.



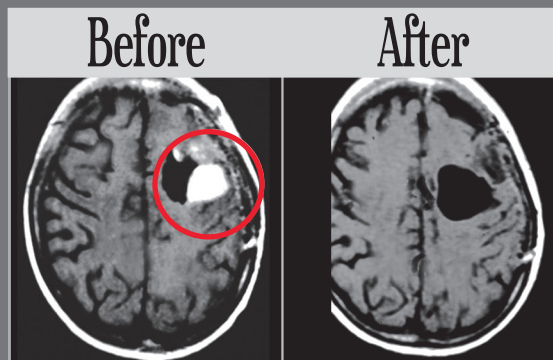
Acoustic Neuroma in remission 9 years after our Fractionated Radiosurgery.



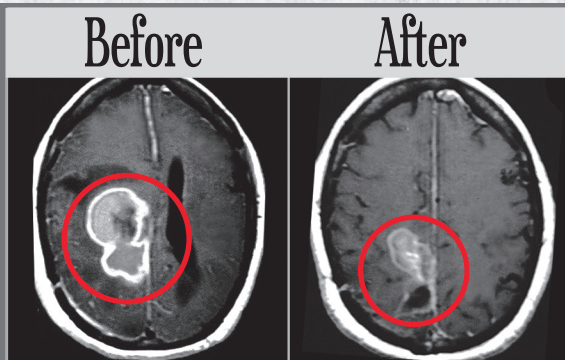
Massive Acoustic Neuroma before and in remission after our Fractionated Radiosurgery.



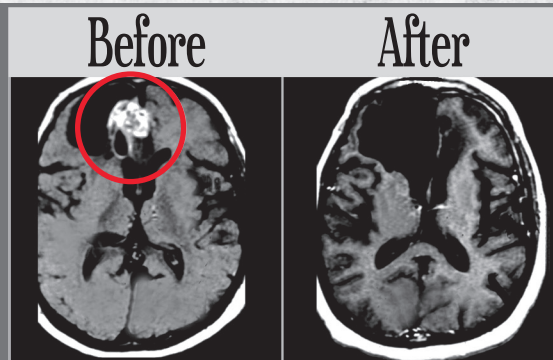
Recurrent Glioblastoma in remission
6 years after our FSR.



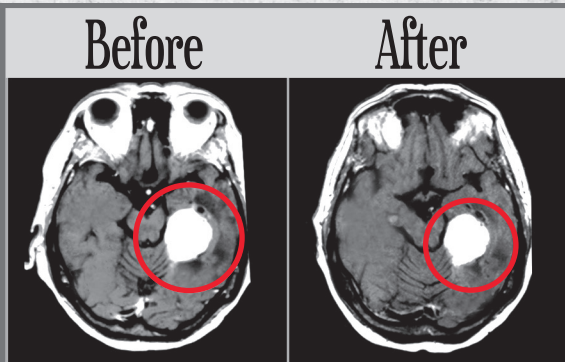
Recurrent Glioblastoma in complete
remission after our Radiosurgery.



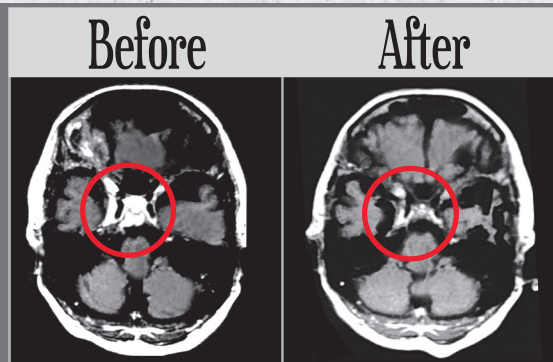
Glioblastoma in remission 1 year
after our Radiosurgery.



Recurrent Glioblastoma 20 years
after our FSR - cancer free.



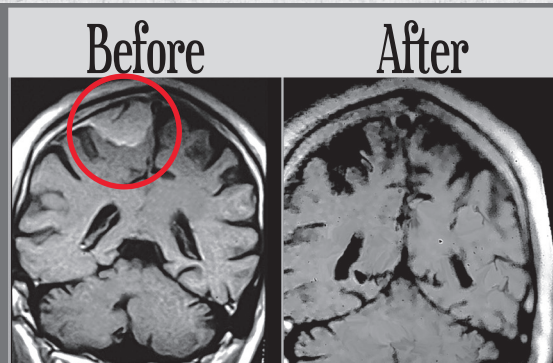
Meningioma in remission 12 years after
our Fractionated Radiosurgery.



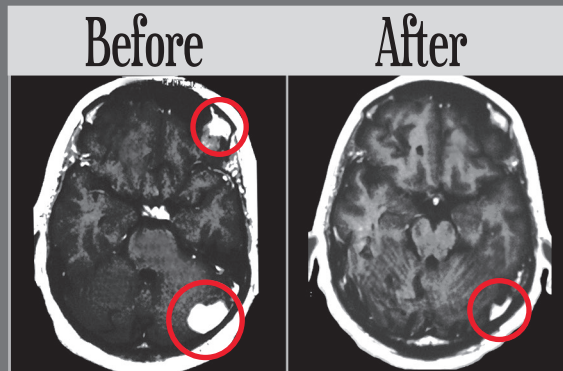
Meningioma in remission years after
our Fractionated Radiosurgery.



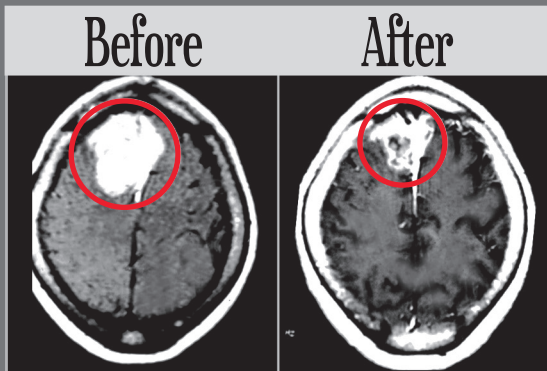
Meningioma in remission years
after our Fractionated Radiosurgery.



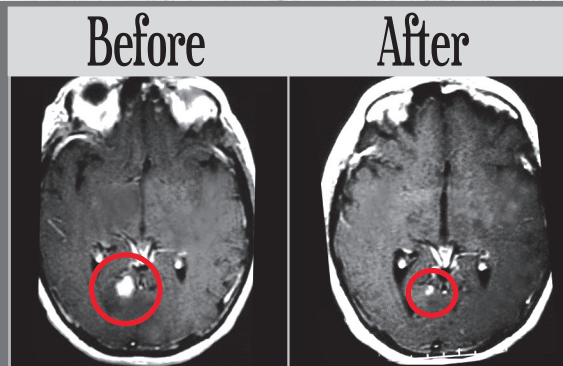
Meningioma completely gone 10 years
after our Fractionated Radiosurgery.



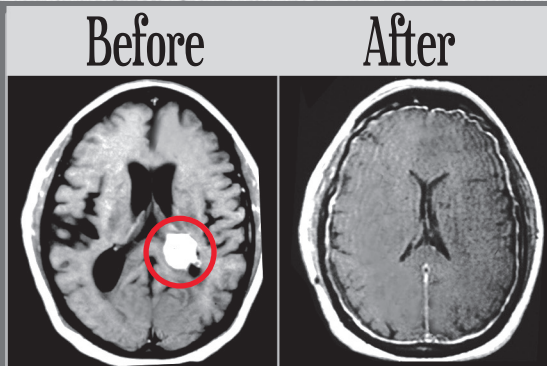
Multifocal Brain Metastases in remission after our Fractionated Radiosurgery.



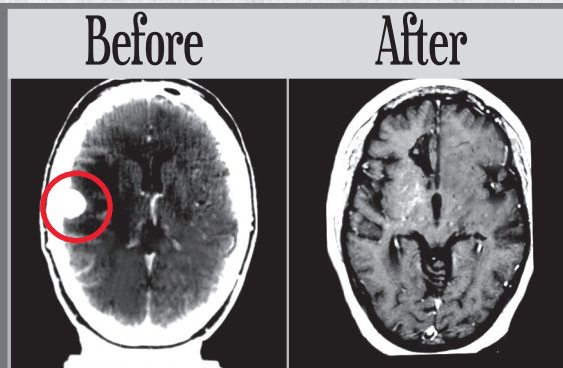
Large Brain Metastasis in remission after our Fractionated Radiosurgery.



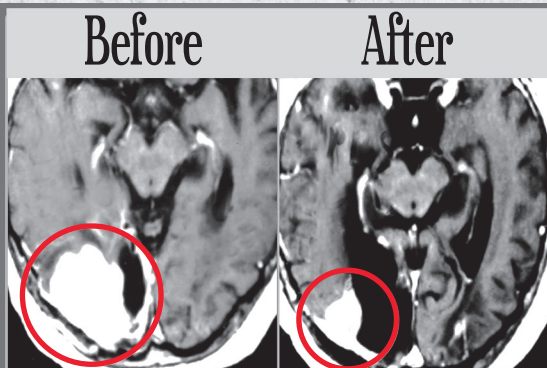
Brain Metastasis in remission after our Fractionated Radiosurgery.



Metastasis totally gone after our Fractionated Radiosurgery.



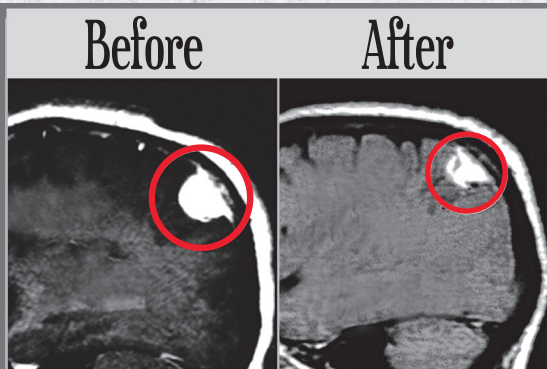
Metastatic Melanoma totally gone 11 years after our Fractionated Radiosurgery.



Large Brain Metastasis in remission after our Fractionated Radiosurgery.



Cystic Brain Metastasis in remission after our Fractionated Radiosurgery.



Brain Metastasis in remission after our Fractionated Radiosurgery.

Before

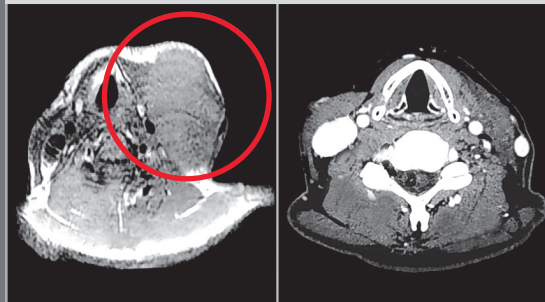
After



Metastatic cancer in the left neck completely gone after our FSR.

Before

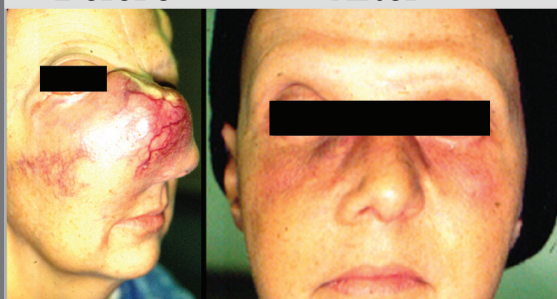
After



CT confirms remission of left neck cancer after our Fractionated Radiosurgery.

Before

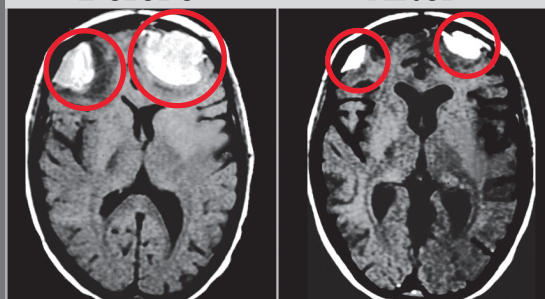
After



Massive Esthesioneuroblastoma in remission after our Fractionated Radiosurgery.

Before

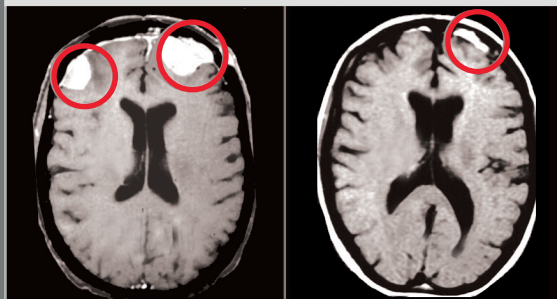
After



Scans confirm remission of Esthesioneuroblastoma after our FSR.

Before

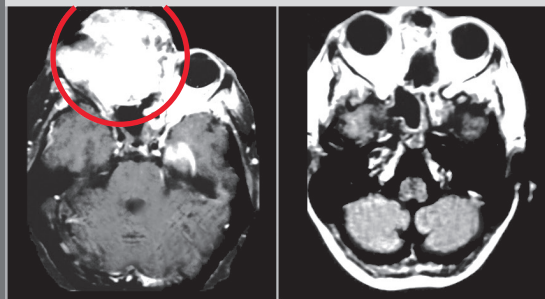
After



Scans confirm remission of Esthesioneuroblastoma after our FSR.

Before

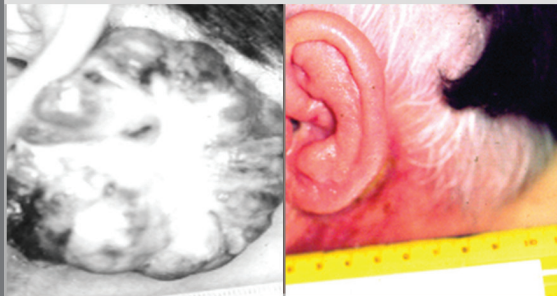
After



Scans confirm remission of Esthesioneuroblastoma after our FSR.

Before

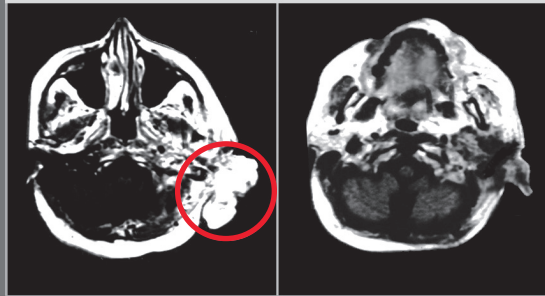
After



Massive Squamous Cancer completely gone after our Fractionated Radiosurgery.

Before

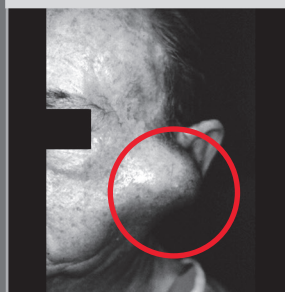
After



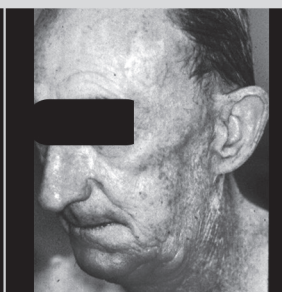
Scans confirm complete remission of Squamous Cancer after our FSR.



Before

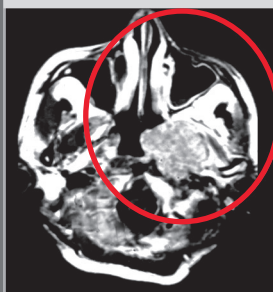


After

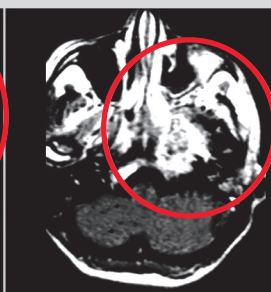


Massive cancer completely gone after our Fractionated Radiosurgery.

Before



After

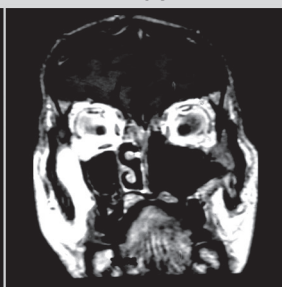


Recurrent head and neck cancer in remission after our FSR.

Before



After

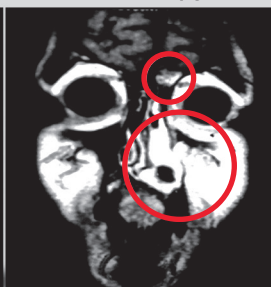


Adenoid Cystic Cancer in complete remission after our FSR.

Before

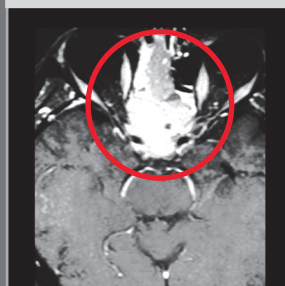


After



Head and Neck Cancer in remission after our Fractionated Radiosurgery.

Before

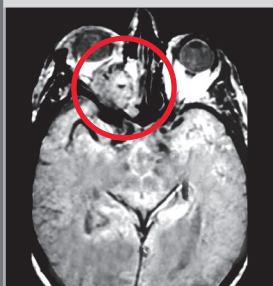


After

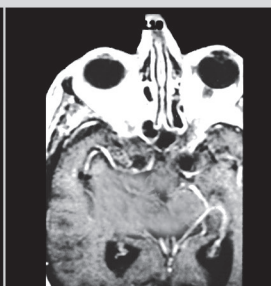


Nasopharynx Cancer in remission 5 years after our Fractionated Radiosurgery.

Before



After



Recurrent Nasopharynx Cancer invading orbit in remission after our FSR.

Before

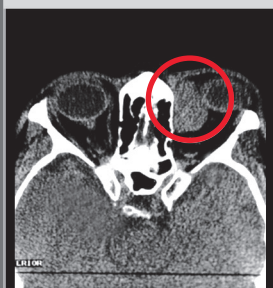


After

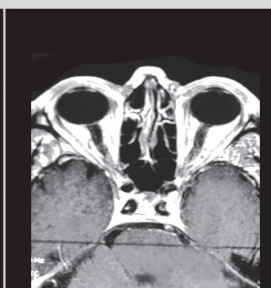


Recurrent Brain Metastasis in remission after our Fractionated Radiosurgery.

Before



After



Cancer of the left eye causing double vision in complete remission after our Radiosurgery.

FIRST IN AMERICA

- ✓ **DR. LEDERMAN WAS FIRST IN NEW YORK WITH FRACTIONATED BRAIN RADIOSURGERY!**
- ✓ **AN EXTENSIVE RADIOSURGERY EXPERIENCE OVER DECADES TREATING BENIGN AND MALIGNANT BRAIN TUMORS - GLIOBLASTOMAS, ASTROCYTOMAS, METASTASES, ACOUSTIC NEUROMAS, MENINGIOMAS, PITUITARY TUMORS HEAD AND NECK CANCERS AND MORE...**
- ✓ **DR. LEDERMAN WAS FIRST IN AMERICA AND FIRST IN THE WESTERN HEMISPHERE TO PERFORM BODY RADIOSURGERY.**
- ✓ **DATA PRESENTED** at national and international meetings.
- ✓ **RADIOSURGERY IS NON-INVASIVE, OUTPATIENT AND NON-CLAUSTROPHOBIC TREATMENT.**
- ✓ **WORLD'S LARGEST EXPERIENCE TREATING ACOUSTIC NEUROMAS WITH FSR.**
- ✓ **DATA FOR TREATMENT OF PRIMARY AND METASTATIC CANCERS** including lung, liver, pancreas, kidney, intestinal, gynecologic, lymph node, breast cancer, prostate, liver cancer, melanoma, sarcoma **AND MORE.**
- ✓ **An extensive experience - probably the world's greatest - using Radiosurgery for RE-TREATMENT IF STANDARD RADIATION, CHEMO OR SURGERY FAILS TO DELIVER DESIRED RESULTS OR IS NOT TOLERATED.**
- ✓ **AN EXTENSIVE EXPERIENCE - probably the largest in the world - treating cancers of the brain, neck, chest, abdomen, pelvis and beyond using Radiosurgery.**
- ✓ **OUR EXTENSIVE, EXPERIENCED TEAM** approach should reassure patients and their family.
- ✓ **OUR NEW MODERN RADIATION CANCER TREATMENT FACILITY IS LOCATED - SUPER CONVENIENTLY IN THE HEART OF MANHATTAN CLOSE TO BUSES, TRAINS AND SUBWAYS - EASY ACCESS FROM ALL AIRPORTS FOR INTERNATIONAL PATIENTS.**
- ✓ **MOST INSURANCES, MEDICARE, NY MEDICAID ACCEPTED.**
- ✓ **BEST** is to make an appointment and meet Dr. Lederman in person. Easy physician contact by calling **212-CHOICES (212-246-4237)** or email **Gil.Lederman@RSNY.org**



Our experienced team performs Fractionated Stereotactic Radiosurgery to attack cancer from many different angles - in contrast to standard radiation. Hypo-Fractionation is biologically different and we believe, better.

Dr. Lederman was the first in America and the first the Western Hemisphere to perform Body Radiosurgery and probably has the largest experience in the world.

People with newly diagnosed or recurrent cancers are invited to contact Radiosurgery New York. We provide answers and

solutions to those in need. The team at Radiosurgery New York is highly experienced with more than two decades performing Radiosurgery. We are flattered at imitation.

We are justifiably proud being first in America to perform Fractionated Body Radiosurgery. You may find our experience beneficial. That is why so many come to receive therapy at Radiosurgery New York. Innovation and experience the key ingredients.

Feel free to call, write or visit us about your concerns or questions.

