Intraoperative Radiotherapy in times of individualized medicine:

opportunities to combine high-precision radiation technologies

2014 ISIORT update vision focused on electrons



Prof. Dr. Felipe A. Calvo Hospital General Universitario Gregorio Marañon Madrid, Spain

3 decades after...

An special tribute to Prof. Dr. Luther W. Brady

In times of individualized medicine... IORT 2014 and after...

Peter P. Yu ASCO President 51th... Messages

"Illumination and innovation: transforming data into learning"

- -Best clinical results = Best personal (values) results
- -30% non-USA members: diversity
- -Money and politics = affordable individualized medicine

ASCO 2014 "Science and Society"

Van der Schueren Award 2011...



3 years after...



Is radiotherapy...

Is precise radiotherapy...

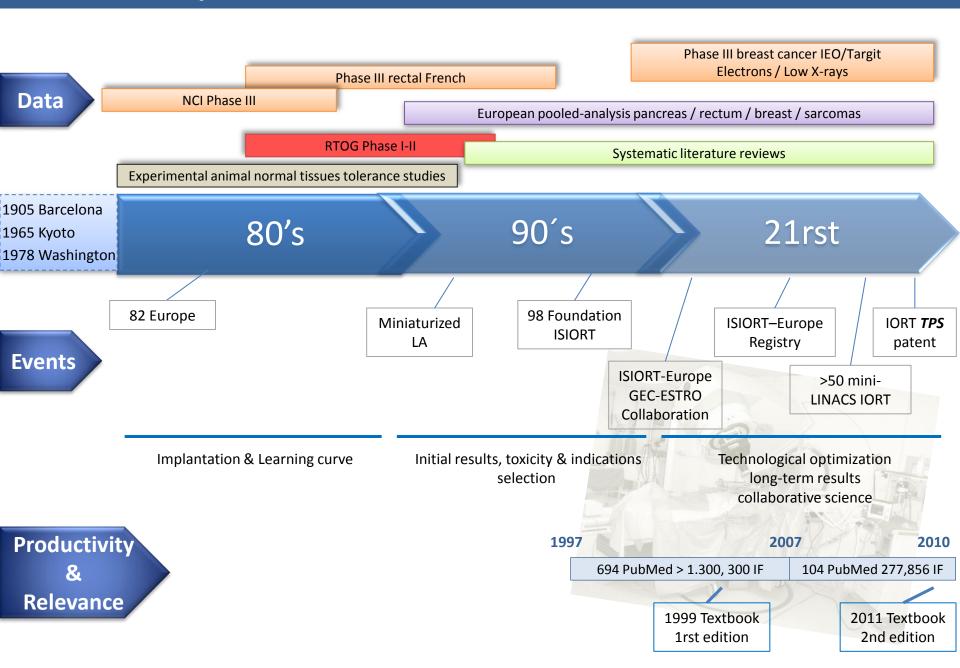
Is a precise component of RT for dose-escalation...

Is an efficient alternative for RT dose-de-escalation...

Adds a radiobiological safety margin to surgical resection...

Does not interferes with systemic therapy

Historical Perspective



The Past

The present

The future

- Tissue tolerance knowledge
- Standardization procedures (Surgery + Radiotherapy)
- Patient transportation





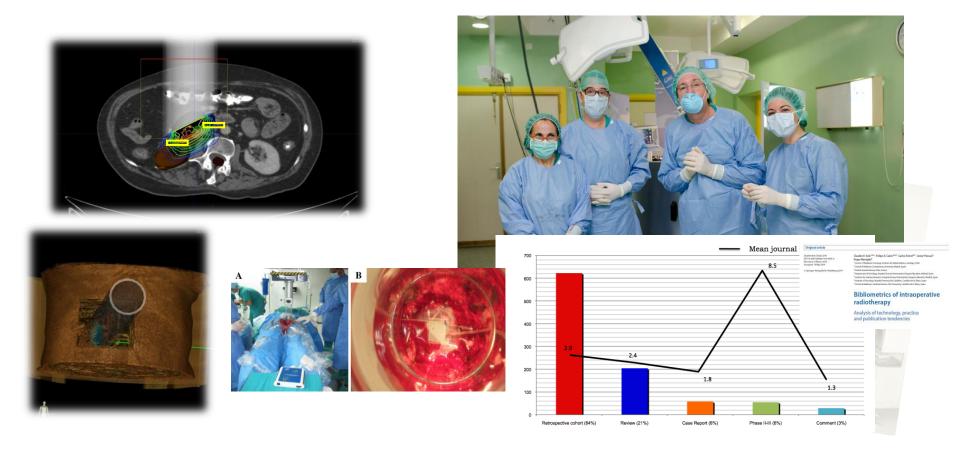


The past

The Present

The future

- Miniaturized IORT dedicated technology
- Virtual TPS IORT, in vivo dosimetry... (radio-surgical specific elements)
- Dose-escalation vs Dose-de-escalation alternatives trials



IORT...

Is radiotherapy... feasible and tolerable

Is precise radiotherapy... able to be planned and registered

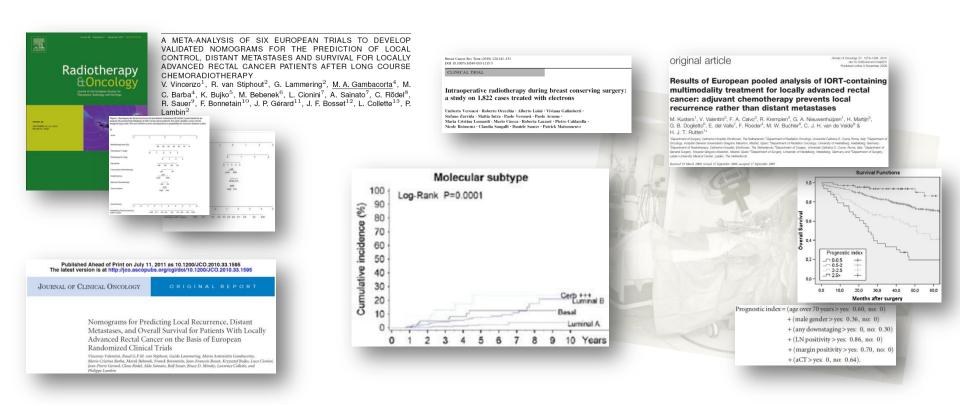
Is a precise component of RT for dose-escalation...

Is an efficient alternative for RT dose-de-escalation...

Adds a radiobiological safety margin to surgical resection...

Does not interferes with systemic therapy...

- Tailored / individualized oncology & IORT
 - Nomogram guided IORT
 - Molecular guided IORT
- "Making friends": IMRT/IGRT + IORT (super-hypofrationated RT)

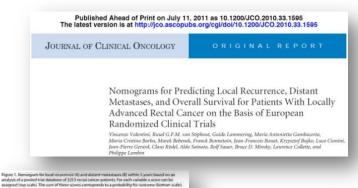


The past

The present

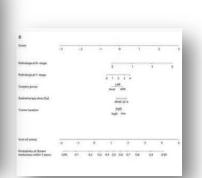
The Future

- Tailored / individualized oncology & IORT
 - Nomogram guided IORT
 - Molecular guided IORT
- "Making friends": IMRT/IGRT + IORT (super-hypofrationated RT)

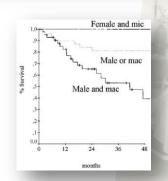


.

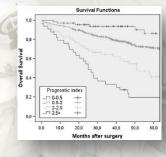
600 ST - 62 ST ST - 67 GR - 69 SW











Prognostic index = (age over 70 years > yes: 0.60, no: 0)

- + (male gender > yes: 0.36, no: 0)
- + (any downstaging > yes: 0, no: 0.30)
- + (LN positivity > yes: 0.86, no: 0)
- + (margin positivity > yes: 0.70, no: 0)
- +(aCT>yes: 0, no: 0.64).

A Postoperative Nomogram for Local Recurrence Risk in Extremity Soft Tissue Sarcomas After Limb-Sparing Surgery Without Adjuvant Radiation

Oren Cahlon, MD,* Murray F. Brennan, MD,† Xiaoyu Jia, MS,‡ Li-Xuan Qin, PhD,‡ Samuel Singer, MD,† and Kaled M. Alektiar, MD*

(Ann Surg 2012;255:343-347)

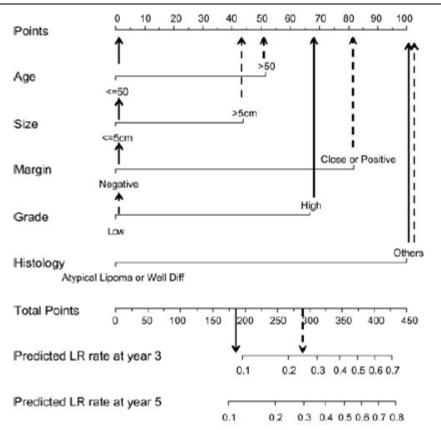


FIGURE 4. Two hypothetical cases. Case #1 (solid arrows) where total points were 167 based on age <50, size <5 cm, negative margin, but high grade histology yielding a predicted LR at 3 years <10%. Compared to case #2 (dashed arrows) where total points were 278 yielding a predicted 3 year LR that is 25%.

The past

The present

The Future

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 - Molecular guided IORT
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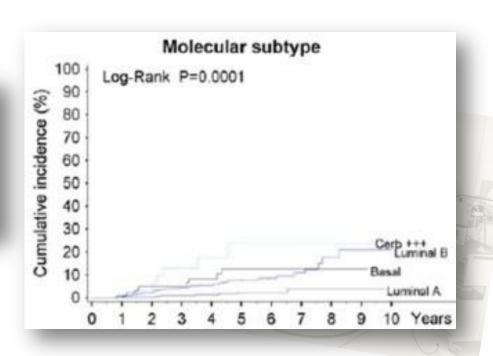


Breast Cancer Res Treat (2010) 124:141-151
DOI 10.1007/s10549-010-1115-5

CLINICAL TRIAL

Intraoperative radiotherapy during breast conserving surgery:
a study on 1,822 cases treated with electrons

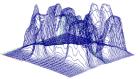
Umberto Veronesi · Roberto Orecchia · Alberto Luini · Viviana Galimberti ·
Stefano Zurrida · Mattia Intra · Paolo Veronesi · Paolo Arnone ·
Maria Cristina Leonardi · Mario Ciocca · Roberta Lazzari · Pietro Caldarella ·
Nicole Rotmensz · Claudia Sangalli · Daniele Sances · Patrick Maisonneuve



The past

The present

The Future

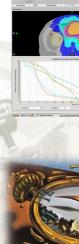


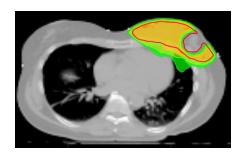
- Tailored / individualized oncology & IORT
 - Nomogram guided IORT
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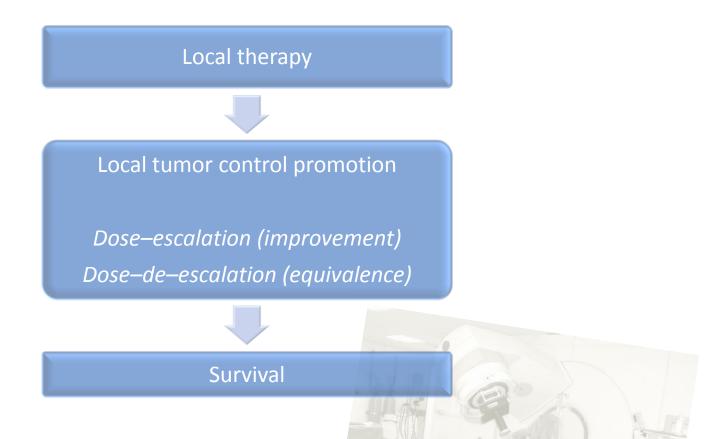


IORT options in times of technological high-precision revolution

Clinical opportunities...



Academic contribution: multidisciplinary oncology



- Topography of intensification
- Dose-dense radiotherapy (shorter treatment time)
- Normal tissue tolerance balance

Disease Models for Dose-escalation: Results and Opportunities

iORT is a precise boost to be combined with high-precision RT

- Pancreatic cancer (cuasi-uncurable disease)
- Esophago gastric
- Locally advanced rectal cancer
- Soft tissue sarcomas
- Breast cancer
- Mono-oligotopic recurrent cancer (cuasi-uncurable disease)

IORT Results: Locally advanced unresectable pancreatic cancer



1981-2005, 23 Institutions, 862 patients 8-16 months median survival time (12 months) 50-100% pain relieve effect (80%)

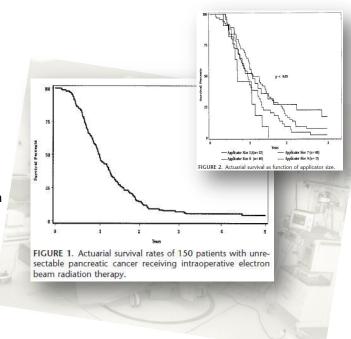


Ung-term Results of Intraoperative Electron Beam Irradiation (IOERT) for Patients With Unresectable Pancreatic Cancer

Christopher G. Willett, MD, * Carlos Fernande: Del Castillo, MD,† Helen A. Shih, MD,* Sarvelt Goldberg, PhD,* Peter Biggs, PhD,* Jeffrey W. Clark, MD,‡ Gregory Lauwers, MD,§ David P. Ryan, MD,‡ Andrew X. Zhu, MD, PhD,‡ and Andrew L. Warshaw, MD,†

2005

1978-2001, 150 patients, MGH-Boston 13 months MST, 8 long-term survival <6 cm \applicator 17% 3-y OS



IORT Results: Locally advanced unresectable pancreatic cancer

2011

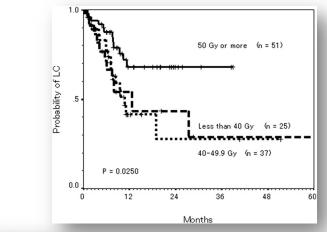


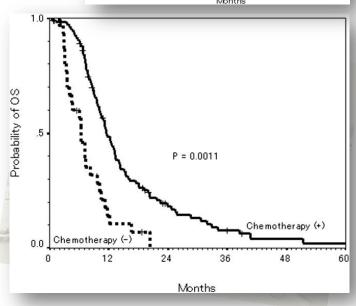
2000-2006, 144 patients, 34 institutions

Local control 51%, 2 years

EBRT 50 Gy + IORT= LC 71%

Survival CT 18% vs 0% 2 years





Updated Long-Term Outcomes and Prognostic Factors for Patients With Unresectable Locally Advanced Pancreatic Cancer Treated With Intraoperative Radiotherapy at the Massachusetts General Hospital, 1978 to 2010

Sophie Cai, BA¹; Theodore S. Hong, MD²; Saveli I. Goldberg, PhD²; Carlos Fernandez-del Castillo, MD³; Sarah P. Thayer, MD, PhD³; Cristina R. Ferrone, MD³; David P. Ryan, MD⁴; Lawrence S. Blaszkowsky, MD⁴; Funice L. Kwak. MD. PhD⁴: Christopher G. Willett, MD⁵; Keith D. Lillemoe, MD³; Andrew L. Warshaw, MD³; and Jennifer Y. Wo. MD²

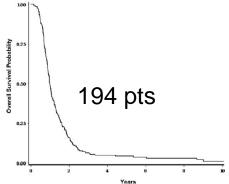


Figure 1. Overall survival is shown among patients with unresectable locally advanced pancreatic cancer who were treated with intraoperative radiotherapy (N = 194).

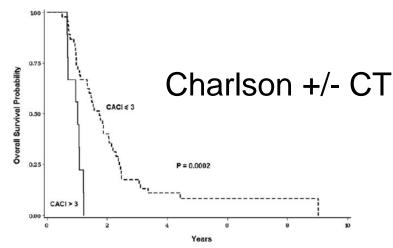
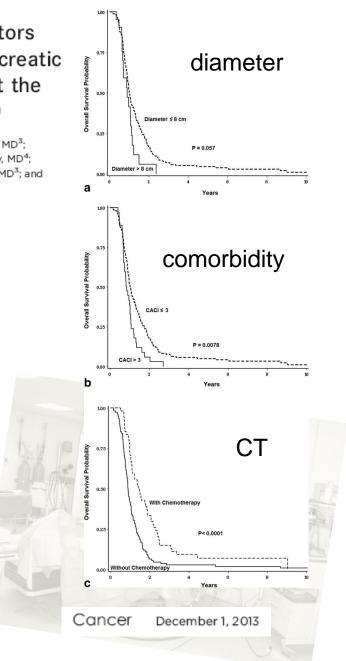


Figure 3. Overall survival of patients treated with chemotherapy is shown stratified by Charlson age-comorbidity index (CACI) (N = 57).



IORT Results: pancreatic cancer post-resected

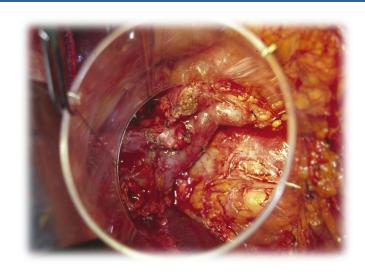
3 decades... a summary



1985-2009, 778 patients, 23 Institutions

9-19 months MST (16 mo)

9%-55% local recurrence



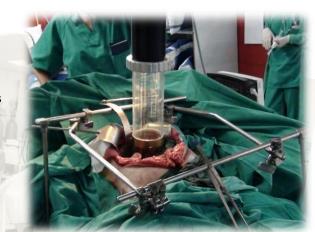


1985-2006, 270 patients,

Gemelli, San Rafaelle, Marañón, Heildelberg, Paracelsus

Local control @ 5-y 23% (T3-4, R2, N+)

2009



OS 5-y 18% (preoperative CRT MST 30 MO vs 20 MO)

IORT Results: pancreatic cancer post-resected

3 decades... a summary

ARTICLE IN PRESS

Radiotherapy and Oncology xx (2007) xxx-xxx www.thegreenjournal.com

Review

Intraoperative radiotherapy in pancreatic cancer: A systematic review

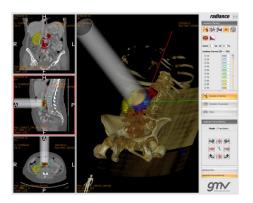
Alberto Ruano-Ravinaa,b,c,*, Raquel Almazán Ortegad, Ferrran Guedeae

'Galician Agency for Health Technology Assessment, Galician Health Authority, Santiago de Compostela, Spain, "Department of Preventive Medicine and Public Health, University of Santiago de Compostela, Spain, "CIBER de Epidemiologia y Salual Pública, Spain, "Research Unit, Ourense Hospital Complex, Ourense, Spain, "Ouepartment of Radiation Oncology, University of Barcelona, Spain

2008

1984-2002, 14 Journal articles, 789 patients

Palliative surgery + IORT	0-3% OS @ 5-years
Curative surgery + IORT	6-22% OS @ 5years
Curative surgery + IORT + EBRT	7-27% OS @ 5-years











Contents lists available at ScienceDirect

Pancreatology

journal homepage: www.elsevier.com/locate/pan

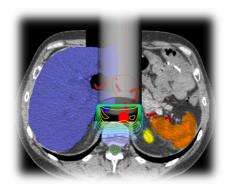


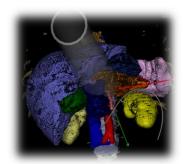
Original article

Chemoradiation for resected pancreatic adenocarcinoma with or without intraoperative radiation therapy boost: Long-term outcomes



Felipe A. Calvo ^{a,b,1}, Claudio V. Sole ^{a,b,c,d,*,1}, Freddy Atahualpa ^{b,e}, Miguel A. Lozano ^f, Marina Gomez-Espi ^f, Ana Calin ^f, Pilar García-Alfonso ^g, Luis Gonzalez-Bayon ^e, Rafael Herranz ^f, Jose Luis García-Sabrido ^{b,e}



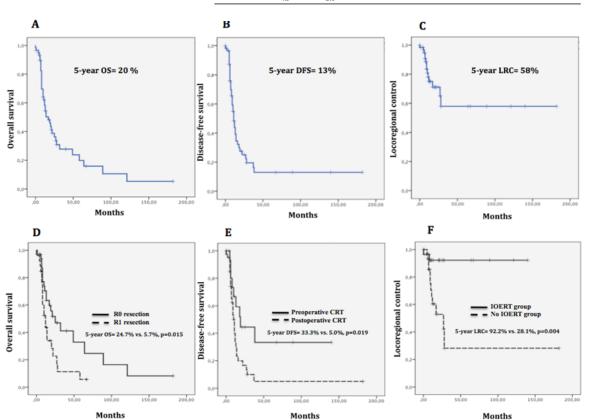


60 pts resected 1995-2010 29 non-IOERT pts *vs* 31 IOERT pts

Table 4

Factors associated with locoregional control, disease-free survival, and overall survival in the multivariate analysis.

	Variable	Locoregional control			Disease-free survival			Overall survival		
		HR	95%CI	P value	HR	95%CI	P value	HR	95%CI	P value
Preoperative staging										
Clinical stage	IB-IIA	1.0	1.0-5.53	0.05	_	_	_	_	_	_
	IIB-III	2.88								
Microscopic surgical speci	men									
Margin resection status	RO	1.0	1.0-9.21	0.05	1.0	1.10-3.91	0.02	1.0	1.11-7.43	0.03
	R1	3.32			2.10			2.87		
Chemoradiation therapy										
EBRT	Preoperative	_	_	_	1.0	1.10-5.0	0.03	_	_	_
	Postoperative				2.08					
IOERT	Yes	1.0	1.89-20.51	0.01	_	_	_	_	_	_
	No	6.75								



Disease Models for Dose-escalation: Results and Opportunities

iORT is a precise boost to be combined with high-precision RT

- Pancreatic cancer (cuasi-uncurable disease)
- Esophago gastric
- Locally advanced rectal cancer
- Soft tissue sarcomas
- Breast cancer
- Mono-oligotopic recurrent cancer (cuasi-uncurable disease)

Ann Surg Oncol (2013) 20:1962–1969 DOI 10.1245/s10434-012-2810-8 Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOL

ORIGINAL ARTICLE - THORACIC ONCOLOGY

Postchemoradiation Resected Locally Advanced Esophageal and Gastroesophageal Junction Carcinoma: Long-Term Outcome With or Without Intraoperative Radiotherapy

Felipe A. Calvo, MD, PhD^{1,2}, Claudio V. Sole, MD^{1,2,3}, Rosángela Obregón, MD, PhD^{2,4}, Marina Gómez-Espí, l Miguel A. Lozano, MD⁵, Luis Gonzalez-Bayon, MD, PhD⁴, and Jose Luis García-Sabrido, MD, PhD^{2,4}

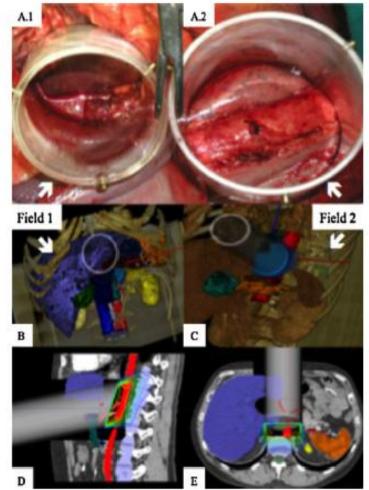


FIG. 1 Intrasurgical target volume view (a), 3D (b and c) and 2D (d and e) CT scan-based IOERT planning technology. Planning treatment volume (PTV) encompasses the upper abdominal lymph node area (a.1 and b), including lymph node groups of the right/left cardia, left gastric artery, celi ac artery, and abdominal para-aorta (Field 1), and tumor bed plus inferior mediastinum (a.2 and c) (Field 2)



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Radiotherapy and Oncology

journal homepage: www.thegreenjournal.com



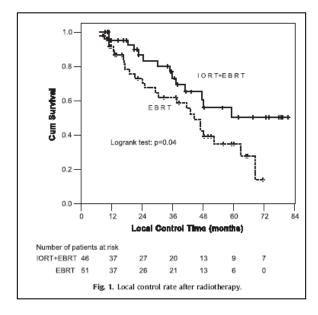
IORT in gastric cancer

Adjuvant chemoradiotherapy with or without intraoperative radiotherapy for the treatment of resectable locally advanced gastric adenocarcinoma

Qing Zhang ^a, Jeremy Tey ^b, Lihua Peng ^a, Zhe Yang ^c, Fei Xiong ^a, Ruiyao Jiang ^a, Taifu Liu ^d, Shen Fu ^{a,*}, Jiade J. Lu ^b

Table 2
Patterns of local regional failure after adjuvant chemoradiotherapy.

IOERT + EBRT (%)	EBRT (%)
8 (57%)	9 (36%)
4 (29%)	2 (8%)
1 (7%)	4 (16%)
1 (7%)	7 (28%)
0 (0%)	2 (8%)
0 (0%)	1 (4%)
14 (100%)	25 (100%)
	8 (57%) 4 (29%) 1 (7%) 1 (7%) 0 (0%) 0 (0%)





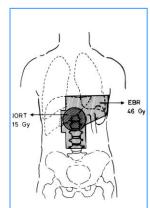


Table 3 Multivariate analysis for

Variable	P value							
	Overall survival	Local regional control	Metastatic free survival	Disease free survival				
IOERT (Yes vs. No)	0.06	0.02	0.10	0.05				
T (T1-2 vs.T3 vs. T4)	<0.001		<0.001	<0.001				
N (NO vs. N1 vs. N2 vs. N3)	<0.001	0.002	<0.001	<0.001				
R (R0 vs. R1)	0.07	0.14	0.01	0.006				

^a Department of Radiation Oncology, Sixth Hospital of Jiao Tong University, Shanghai, People's Republic of China; ^b Department of Radiation Oncology, National University Hospital, Singapore; ^c Department of Surgery, Sixth Hospital of Jiao Tong University, Shanghai, People's Republic of China; ^d Department of Radiation Oncology, Fudan University, Shanghai, People's Republic of China

Disease Models for Dose-escalation: Results and Opportunities

iORT is a precise boost to be combined with high-precision RT

- Pancreatic cancer (cuasi-uncurable disease)
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IORT Results: Locally advanced rectal cancer 2014 update

Radiotherapy and Oncology

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Radiotherapy of rectal cancer

Patterns of local recurrence in locally advanced rectal cancer after intra-operative radiotherapy containing multimodality treatment

Miranda Kusters**, Fabian A. Holman**, Hendrik Martijn*, Grard A. Nieuwenhuijzen*, Geert-Jan Creemers*

Alette W. Daniels-Gooszen*, Hetty A. van den Berg*, Adriaan J. van den Brule*, Comelis J.H. van de Velde*, Harn J.T. Rutten b**

2009

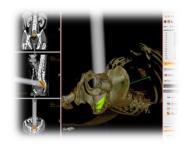
1994 - 2006

290 patients preop RT (70% CRT)

13% local recurrence, 5% presacral,

(distal, R+, 48% outside IORT field)

67% cancer-specific survival @ 5-years





original article

Annals of Oncology 21: 1279-1284, 2010 doi: 10.1099/annono/mdp601

Results of European pooled analysis of IORT-containing multimodality treatment for locally advanced rectal cancer: adjuvant chemotherapy prevents local recurrence rather than distant metastases

M. Kusters¹, V. Valentini², F. A. Calvo³, R. Krempien⁴, G. A. Nieuwenhuijzen¹, H. Martijn⁵, G. B. Doglietto⁶, E. del Valle⁷, F. Roeder⁸, M. W. Buchler⁸, C. J. H. van de Velde⁹ &

**Department of Suprin, Cultivaria Inspiral, Bristonen, The Materiands, **Department of Resistant Oncology, Università Cultivaria Inspiral, Bristonen, Bristonen, Bristonen, Francis Inspiral, Grenor Universitati Colognia Marinio, Madelli, Bristonen, "Espirativaria Officialistic Oncology, Università Cultivaria Inspiral, Espiralistic, Germanys.

**Department of Resistancies, Cultivaria Height, Espiralistic, The Nationalistic Supria Visitati Cultivaria Cultivari

ceived 19 March 2009; revised 15 September 2009; accepted 17 September 200

2010

1989 - 2005

605 patients Catharina, Marañón, Gemelli, Heidelberg

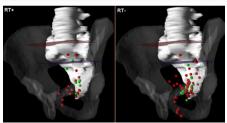
12% local recurrence @ 5-y (downstaged, N+, R+, adjuvant CT)

68% OS @ 5-y (male, >70 years, no-downstaging, N+, R+, CT)

"Seed and soil" adjuvant chemotherapy on LC

Prognostic index model





Cancer Letters xxx (2011) xxx-xxx Contents lists available at ScienceDirect Cancer Letters journal homepage: www.elsevier.com/locate/canlet

Efficacy and safety of intraoperative radiotherapy in colorectal cancer: A systematic review

P. Cantero-Muñoz a, M.A. Urién b, A. Ruano-Ravina a,c,d,*

*Cálician Agency for Health Technology Assessment, Calician Department of Health, Spain
*Badiation Oncology Service, Duran i Baynali Mospital, Cauladn Institute of Oncology (ICO), Hospitalet de Llobregat, Barcelona, Spain
*Department of Preventive Medicine and Public Health, School of Medicine, University of Santiago de Compostela, Spain
*CHEM de Epidemiologies y Subalt Palikia, CHEMEN, Spain

2011

1993 – 2001 / 7 French institutions

R	PTS	LC	os	Complications			
IORT (1Gv)	73	91%	70%	29%			
no IORT	69	92%	74%	19%			
"Technical feasibility for future phase III trials"							

2000 – 2009 publications, 15 articles (quality selection) 1755 patients 10% reduction in LR over the IORT area

Safety	Primary	Recurrent
Acute *	0,7% - 22%	2% - 20%
Late	11% - 30%	5,4% - 74%
Efficacy (LR 5y)	6% - 12%	32% - 46%

^{*} Except incontinence evaluation



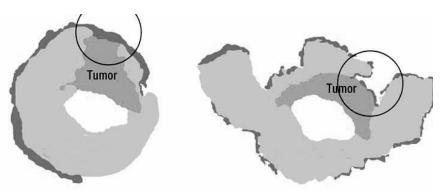
Clinical Investigation: Gastrointestinal Cancer

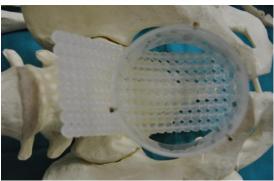
Intraoperative Radiation Therapy Reduces Local Recurrence Rates in Patients With Microscopically Involved Circumferential Resection Margins After Resection of Locally Advanced Rectal Cancer

Wijnand J. Alberda, MD,* Cornelis Verhoef, MD, PhD,* Joost J. Nuyttens, MD PhD,† Esther van Meerten, MD, PhD,† Joost Rothbarth, MD, PhD,* Johannes H.W. de Wilt, MD, PhD,§ and Jacobus W.A. Burger, MD, PhD*

*Department of Surgery, Division of Surgical Oncology, †Department of Radiotherapy, †Department of Medical Oncology, Erasmus MC Cancer Institute, Rotterdam; and *Department of Surgery, Division of Surgical Oncology, Radboud University Nijmegen Medical Center, Nijmegen, the Netherlands

Received Nov 8, 2013, and in revised form Jan 7, 2014. Accepted for publication Jan 10, 2014.





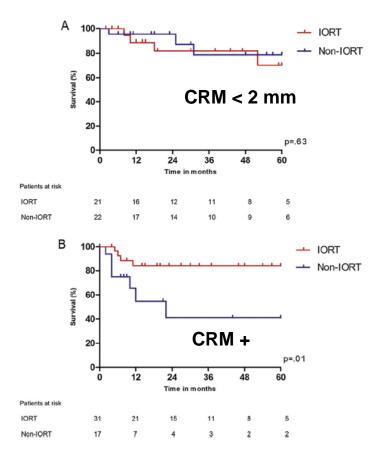


Fig. 1. (A) Local recurrence-free survival in patients with clear but narrow circumferential resection margins (≤ 2 mm). (B) Local recurrence-free survival in patients with microscopically involved circumferential resection margins. IORT = intraoperative radiation therapy.



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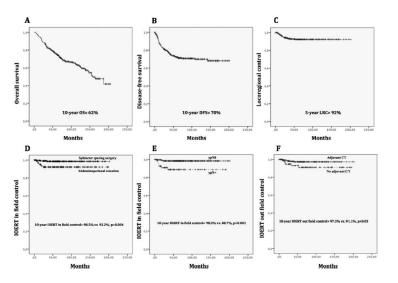


Original article

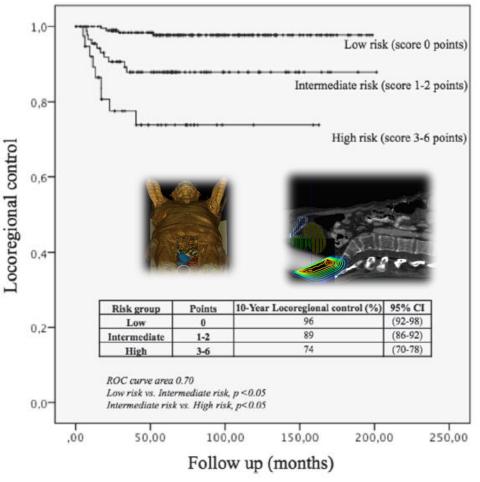
Post-chemoradiation intraoperative electron-beam radiation therapy boost in resected locally advanced rectal cancer: Long-term results focused on topographic pattern of locoregional relapse

Claudio V. Sole ^{a,b,i,*}, Felipe A. Calvo ^{c,d,i}, Javier Serrano ^{d,e,i}, Emilio del Val Alberto Muñoz-Calero ^{d,f,i}, Fernando Turégano ^{f,i}, Jose Luis García-Sabrido Isabel Peligros ^{h,i}, Sofia Rivera ^{b,j,k}, Eric Deutsch ^{b,j,k}, Emilio Alvarez ^{d,h,i}





The index score was defined as weighted sum of the risk factors (distal margin < 10 mm, 1 point; R1 resection, 2 points; tumor histological grade 3, 3 points).

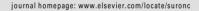


Surgical Oncology xxx (2012) e1-e14



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Surgical Oncology





Review

Intraoperative radiotherapy in colorectal cancer: Systematic review and meta-analysis of techniques, long-term outcomes, and complications

Reza Mirnezami ^a, George J. Chang ^b, Prajnan Das ^c, Kandiah Chandrakumaran ^d, Paris Tekkis ^a, Ara Darzi ^a, Alexander H. Mirnezami ^{e,*}

A Total complications

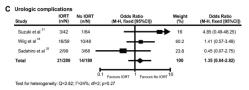
Study	IORT (n/N)	No IORT (n/N)	Odds Ratio (M-H, fixed [95%CI])	Weight (%)	Odds Ratio (M-H, fixed [95%CI])
Suzuki et al 51	8/42	19/64		17.8	0.56 (0.22-1.42)
Wiig et al 44	28/59	22/48	—	25.7	1.07 (0.5-2.3)
Sadahiro et al 25	34/99	20/68	→= —	32.3	1.26 (0.65-2.45)
Dubois et al 32	21/72	13/68	+-	24.2	1.74 (0.79-3.84)
Total	115/272	101/248	+-	100	1.13 (0.77-1.65)
			0.1 Envoyer IORT 1 Envoyer No IOR	- 10	

B Wound complications

Test for heterogeneity: Q=3.45; I'=13%; df=3; p=0.327

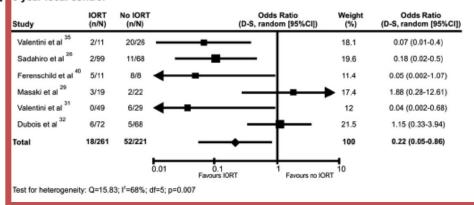
Study	IORT (n/N)	No IORT (n/N)	Odds Ratio (M-H, fixed [95%CI])	Weight (%)	Odds Ratio (M-H, fixed [95%CI])
Suzuki et al 51	3/42	1/64		7	4.85 (0.49-48.25)
Wiig et al 44	8/59	7/48	- +-	31	0.92 (0.31-2.75)
Sadahiro et al 25	23/99	8/68	——	48.7	2.27 (0.95-5.43)
Dubois et al 32	5/72	2/68		13.3	2.46 (0.46-13.14)
Total	39/272	18/248	—	100	1.86 (1.03-3.38)
			0.1 Favours IORT 1 Favours No IOI	RT 10	

Test for heterogeneity: Q=2.567; I'=0; df=3; p=0.463



Α

5 year local control

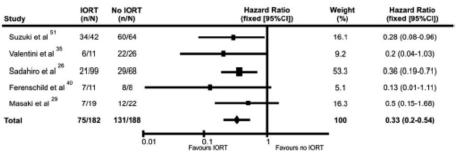


B 5 year disease free survival

Study	IORT (n/N)	No IORT (n/N)	Hazard Ratio (fixed [95%CI])	Weight (%)	Hazard Ratio (fixed [95%CI])
Valentini et al 35	9/11	22/26		7.3	0.82 (0.12-5.4)
Ratto et al 28	10/19	15/24		17.8	0.67 (0.2-2.25)
Sadahiro et al 26	21/99	31/68	 -	58.6	0.32 (0.17-0.63)
Masaki et al 29	8/19	7/22		16.3	1.54 (0.44-5.43)
Total	48/148	75/140	→	100	0.51 (0.31-0.85)
			0.1 Favours IORT 1 Favours No	IORT ¹⁰	

Test for heterogeneity: Q=5.15; I'=42%; df=3; p=0.161

C 5 year overall survival



Test for heterogeneity: Q=1.34; f=0; df=4; p=0.85

a Section of Biosurgery & Surgical Technology, Department of Surgery & Cancer, Imperial College London, 10th Floor QEQM Building, St Mary's Hospital, London W2 1NY, UK

^b Department of Surgical Oncology, University of Texas, MD Anderson Cancer Center, 1515 Holcombe Boulevard, Houston, TX 77030, USA

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^d Department of Surgery, Basingstoke and North Hampshire Hospital NHS Foundation Trust, Hampshire RG249NA, UK

Somers Cancer Research Building, University of Southampton Cancer Sciences Division, Southampton University Hospital NHS Trust, Tremona road, Southampton S0166YD, UK

Disease Models for Dose-escalation: Results and Opportunities

iORT is a precise boost to be combined with high-precision RT

- Pancreatic cancer (cuasi-uncurable disease)
- Locally advanced rectal cancer
- Soft tissue sarcomas
- Breast cancer
- Mono-oligotopic recurrent cancer (cuasi-uncurable disease)

Preliminary Results of a Randomized Study of Adjuvant Radiation Therapy in Resectable Adult Retroperitoneal Soft Tissue Sarcomas

By Timothy J. Kinsella, William F. Sindelar, Ernest Lack, Eli Glatstein, and Steven A. Rosenberg

Between January 1900 and September 1985, 3: adult positions with wasceable retroperationed and the decident positions with wasceable retroperationed and the configuration of the second position position position of the second position position position position position posi

trel in the asperimental arm, the predeminant pattern of faither in beth groups was been gland within the patient of the patient of the patient of the analysis of the patient of the patient of the patient and less malatine notestit wave slightformly reduced in the experimental group. However, four experimental patients developed late (20 manhs faithering in patients and patients of the patients of the patients of the war of 10RT, all four recovered. We conclude that there is no difference in the threspective effectiveness of the combination of 10RT and low-date external of the combination of 10RT and low-date extending the low-date of the low-date extending the low-date extending the low-date of the low-date extending the low-date ex

1988

180-185, 35 patients, NCI-Bethesda

R	PTS	LC (in-field)	DFS (mo)
IORT (20Gy+40Gy)	15	68%	20
no IORT (50Gy-55Gy)	20	22%	38

Acute enteritis 1 vs 12, chronic enteritis 2 vs 7, fistula 0 vs 6 (significant)





1988-2008, 1173 patients, 18 Institutions

In-field failure 20%-60% (32%)

OS @ 5-y 36%-48% (DFS 28%)



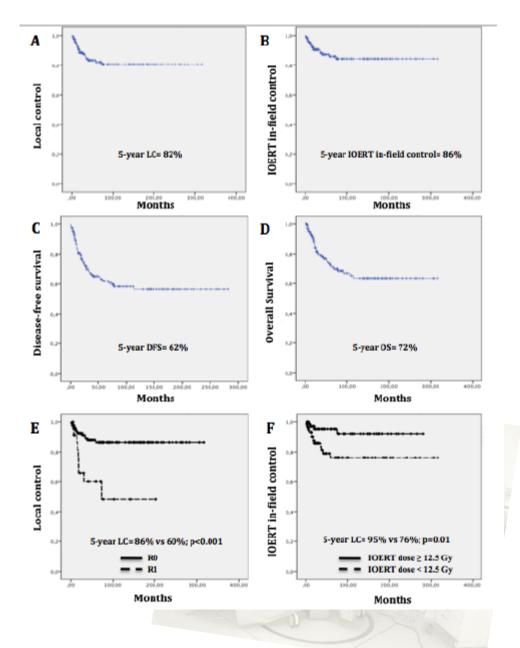
Limb-sparing management with surgical resection, external-beam and intraoperative electron-beam radiation therapy boost for patients with primary soft tissue sarcoma of the extremity

A multicentric pooled analysis

Felipe A. Calvo^{1,2} · Claudio V. Sole^{1,2,3} · Alfredo Polo⁴ · Mauricio Cambeiro⁵ · Angel Montero⁴ · Ana Alvarez⁶ · Miguel Cuervo⁷ · Mikel San Julian⁸ · Rafael Martinez-Monge⁹

Strahlentherapie und Onkologie X · 2014





International Journal of Radiation Oncology biology • physics

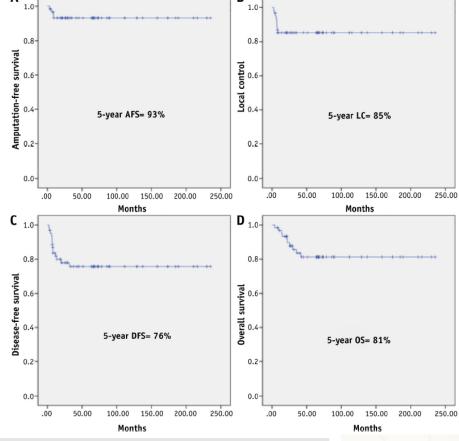
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Clinical Investigation

Anticipated Intraoperative Electron Beam Boost, External Beam Radiation Therapy, and Limb-Sparing Surgical Resection for Patients with Pediatric Soft-Tissue Sarcomas of the Extremity: A Multicentric Pooled Analysis of Long-Term Outcomes

Claudio V. Sole, MD,**,†: Felipe A. Calvo, MD, PhD,**,†
Alfredo Polo, MD, PhD,[§] Mauricio Cambeiro, MD, PhD,^{||}
Ana Alvarez, MD,[¶] Carmen Gonzalez, MD,[¶] Jose Gonzalez, MD,[#]
Mikel San Julian, MD,** and Rafael Martinez-Monge, MD, PhD

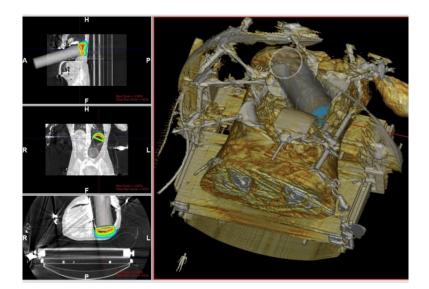


			Local control		Disc	ease-free surviv	val	(Overall survival	
Parameter	Variable	HR	95% CI	P	HR	95% CI	P	HR	95% CI	P
Presurgical variables										
Tumor size (cm)	≤5	1.0	1.06-11.81	.04	_	_	_	_	_	_
	>5	3.03								
Microscopic surgical sp	oecimen									
Histology subtype	NRSTS	_	_	_	1.0	1.01-8.57	.05	_	_	_
	RMS				2.88					
Surgery										
Margin status	R0	1.0	1.06-8.22	.04	1.0	1.17-8.72	.02	1.0	1.08-10.66	.04
· ·	R1	2.32			2.47			2.71		

Prognostic Value of External Beam Radiation Therapy in Patients Treated With Surgical Resection and Intraoperative Electron Beam Radiation Therapy for Locally Recurrent Soft Tissue Sarcoma: A Multicentric Long-Term Outcome Analysis

Felipe A. Calvo, MD, PhD,**† Claudio V. Sole, MD,**†* Mauricio Cambeiro, MD, PhD,* Angel Montero, MD,** Alfredo Polo, MD, PhD,* Carmen Gonzalez, MD,†** Miguel Cuervo, MD,** Mikel San Julian, MD,** Jose L. Garcia-Sabrido, MD, PhD,†*† and Rafael Martinez-Monge, MD, PhD.*

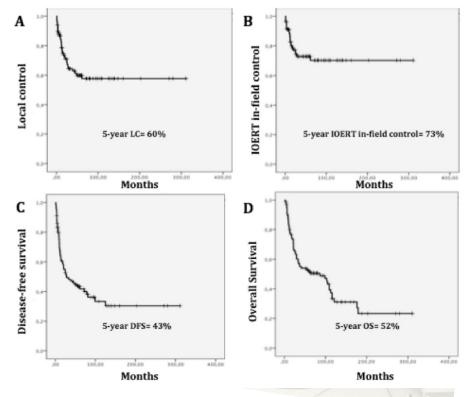
*Department of Oncology, Hospital General Universitario Gregorio Marañón, Madrid, Spain; †School of Medicine, Complutense University, Madrid, Spain; †Service of Radiation Oncology, Instituto de Radiomedicina, Santiago, Chile; *Service of Radiation Oncology, Clínica Universitaria, Universidad de Navarra, Pamplona, Spain; *Service of Radiation Oncology, Hospital Universitario Ramón y Cajal, Universidad de Alcala, Madrid, Spain; *Service of Radiation Oncology, Hospital General Universitario Gregorio Marañón, Madrid, Spain; *Service of Orthopedics and Traumatology, Hospital General Universitario Gregorio Marañón, Madrid, Spain; *Service of Orthopedics and Traumatology, Clínica Universitario, Universidad de Navarra, Pamplona, Spain; and †Service of General Surgery III, Hospital General Universitario Gregorio Marañón, Madrid, Spain



survival, and overall survival in multivariate analyses Local control IOERT in-field control Disease-free survival Variable HR 95% CI P value Patient variables 1.0 Time interval 3.87 1.36-7.88 .006 3.44 1.29-7.08 .008 from primary to LR (mo) Microscopic surgical specimen Histologic grade Surgery 1.0 1.06-3.34 .04 Margin status 1.72 1.11-2.83 .03 2.41 1.21-4.21 .02 IOERT technical parameters CT treatment No 2.12 1.18-3.23 .02 2.08 1.10-3.64 .03 treatment to

Abbreviations: CI = confidence interval; CT = chemotherapy; EBRT = external beam radiation therapy; HR = hazard ratio.

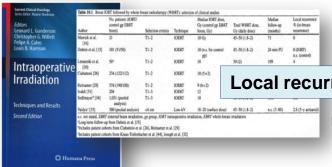
Table 4 Factors associated with local control, intraoperative electron beam radiation therapy (IOERT) in-field control, disease-free



Disease Models for Dose-escalation: Results and Opportunities

iORT is a precise boost to be combined with high-precision RT

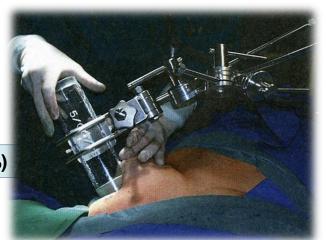
- Pancreatic cancer (cuasi-uncurable disease)
- Locally advanced rectal cancer
- Soft tissue sarcomas
- Breast cancer
- Mono-oligotopic recurrent cancer (cuasi-uncurable disease)



1997-2009, 2.301 patients, 16 Institutions

Local recurrence (in-breast) 0-4% (1,8%)

Median follow-up 25-109 months (70 mo)



2011

Strahlentherapie und Onkologie Supplement Article

IORT with Electrons as Boost Strategy during Breast Conserving Therapy in Limited Stage Breast Cancer. Results of an ISIORT Pooled Analysis

Felix Sedlmayer¹, Gerd Fastner¹, Florian Merz¹, Heinz Deutschmann¹, Roland Reit Christian Menzel², Antonella Ciabattoni², Assunta Petrucci², Eva Hager⁴, Normahrwen Roberto Orecchia⁴, Vincezo Valentini⁷, on behalf of the ISIORT Europe 1998-2005, 1.231 patients, ISIORT-Europe, 10Gy boost

Salzburg, Montpellier, Gemelli, San F. Neri, IEO, Münster

1,4% in-breast recurrence (8/16 in-quadrant)

89% OS @ 10-years (MFT 73 moths)

2007



IORT Results: breast cancer (anticipated boost)



1998-2005

300 patients

20Gy boost + 50Gy whole-breast



1,7% local recurrences @ 5-years (in-breast)

2010

1,0% in-quadrant



PRELIMINARY RESULTS OF ELECTRON INTRAOPERATIVE THERAPY BOOST AND HYPOFRACTIONATED EXTERNAL BEAM RADIOTHERAPY AFTER BREAST-CONSERVING SURGERY IN PREMENOPALISAL WOMEN

Giovanni Battista Ivaldi, M.D., ** Maria Cristina Leonardi, M.D., ** Roberto Orecchia, M.D., ** Dario Zerini, M.D., ** Lanna Morra, M.D., ** Viviana Galmberti, M.D., ** Giovanna Gatti, M.D., ** Alberto Luni, M.D., ** Paolo Veronesi, M.D., ** Mario Ciocca, M.S.c., ** Claudia Sangalli, D.M., ** Cristinan Fodor, D.M., ** and Umberto Veronesi, M.D., **

Oncology, Milan, Italy; Medical Physics Unit, European Institute of Oncology, Milan, Italy; and University of Milan, Italy

2004-2007, 211 premenopausal pts (46% adjuvant CT)

12Gy boost + hypofractionated RT (2,85Gy x 13f)

0% in-breast recurrence

Maximal acute toxicity skin toxicity 67% G1, 28% G2, 4% G3

2008







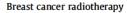


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IORT with electrons as boost strategy during breast conserving therapy in limited stage breast cancer: Long term results of an ISIORT pooled analysis



Gerd Fastner ^{a,*,1}, Felix Sedlmayer ^{a,1}, Florian Merz ^{a,1}, Heinrich Deutschmann ^{a,1}, Roland Reitsamer ^{b,c,1}, Christian Menzel ^{b,1}, Christoph Stierle ^{b,c,1}, Armando Farmini ^{b,c,1}, Torsten Fischer ^{b,c,1}, Antonella Ciabattoni ^{d,1}, Alessandra Mirri ^{d,1}, Eva Hager ^{e,1}, Gabriele Reinartz ^{f,1}, Claire Lemanski ^{i,1}, Roberto Orecchia ^{g,1}, Vincenzo Valentini ^{h,1}

*Department of Radiotherapy and Radio-Oncology; *Department of Special Gynecology; *Department of Gynecology, Paracelsus Medical University, Salzburg, Austria; *Department of Radiotherapy, San Filippo Neri Hospital, Rome, Italy; *Department of Radiotherapy, Large Strankenhaus Klagenfurt, Austria; *Department of Radiotherapy, University Clinic Münster, Germany; *Department of Radiotherapy, European Institute of Oncology, Milano, Italy; *Department of Radiotherapy, Università Cattolica S. Cuore, Rome, Italy; *Department of Radiotherapy, Montpellier, France



Table 3

Local-recurrences depending on age separated in four groups.

LR	Age	Pts/%	FUP: median/range (mths)	LR: pts/%	Annual
IB					
	<40	53/4.8	74,48 (16,50-126,00)	2/3.7	0.64%
	40-49	234/21.1	75.89 (4,80-187.90)	5/2.1	0.34%
	50-59	326/29.3	72,90 (3,80-208,50)	4/1,2	0.21%
	≥60	496/44.6	73.03 (3.48-215.00)	5/1.0	0,16%
IQ					
	<40			2/3.7	0.64%
	40-49			2/0.85	0.14%
	50-59			2/0.61	0.10%
	≥60			2/0.40	0.06%
OQ					
	<40			0/0	0
	40-49			3/1,27	0.21%
	50-59			2/0.61	0.10%
	≥ 60			3/0.60	0.09%

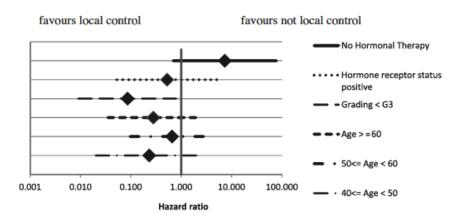


Fig. 2. Forrest - Plot: negative predictive factors for development of in-quadrant local recurrences.

Disease Models for Dose-escalation: Results and Opportunities

iORT is a precise boost to be combined with high-precision RT

- Pancreatic cancer (cuasi-uncurable disease)
- Locally advanced rectal cancer
- Soft tissue sarcomas
- Breast cancer
- Mono-oligotopic recurrent cancer (cuasi-uncurable disease)

IORT Results: colo-rectal recurrent cancer Mayo Clinic

3 decades... a summary

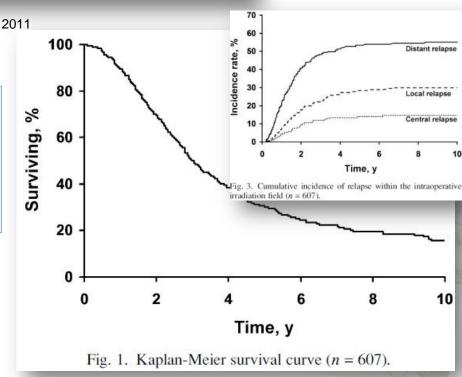


1981-2008, Mayo Clinic (>25 years experience)

607 patients (rectal 70%), recurrent 45% previous RT, R0 85%

LC 68% @ 5-y, 30% OS Central-control vs prior EBRT (18% vs 14%) R0/R+ (11% vs 9%)

Survival affected by Rstatus, CT, before/after 1997



Oligo-recurrent cancer: oligotopic extrapelvic sites

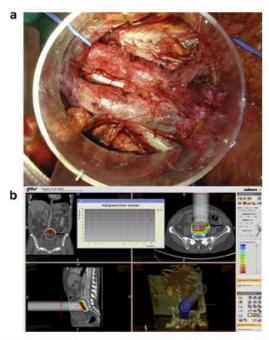


Figure 1. (a) IOERT in a case of oligotopic metastasis of testicular cancer to the para-aortic nodes. After resection, the circular applicator (8 cm in diameter) is placed in the tumor bed area containing the vascular structures and soft tissues, which is the region at risk for recurrence. Non-involved dosesensitive organs and tissues are temporarily displaced from the target area. (b) Two- and 3-dimensional and dose-volume histogram representation of an IOERT procedure in a case of paraaortic recurrence (radiance system). A left lateral lead protection was used to decrease radiation to the ipsilateral ureter.



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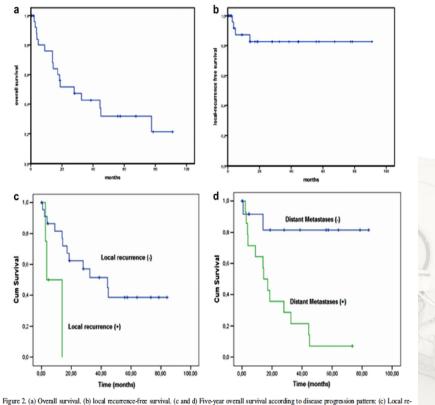


EJSO 38 (2012) 955-961

www.ejso.com

Surgery and intraoperative electron radiotherapy in recurrent or metastatic oligotopic extrapelvic cancer: Long-term outcome

F.A. Calvo ^{a,f,g,*}, M.E. González ^{b,g}, C. González-San Segundo ^{c,f}, L. González-Bayón ^{d,f}, M.A. Lozano ^c, J.A. Santos-Miranda ^{c,f}, E. Álvarez ^{e,f}, J.L. García-Sabrido ^{d,f}



currence (39.5% and 0% for patients with local recurrence, p = 0.012) and (d) distant metastases (8% and 81.5% in patients without distant metastases, p = 0.003).

Oligo-recurrent rectal cancer

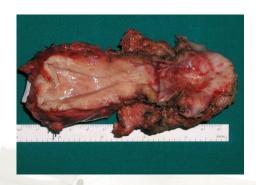
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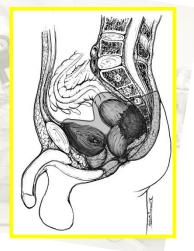
Clinical Investigation: Gastrointestinal Cancer

Prognostic Impact of External Beam Radiation Therapy in Patients Treated With and Without Extended Surgery and Intraoperative Electrons for Locally Recurrent Rectal Cancer: 16-Year Experience in a Single Institution

Felipe A. Calvo, MD, PhD,**\\$.|| Claudio V. Sole, MD,**\\$.||.*||
Pedro Alvarez de Sierra, MD, PhD,†\\$.|| Marina Gómez-Espí, MD,**\\$.\\$ Jose Blanco, MD,**\\$.
Miguel A. Lozano, MD,**\\$.\\$ Emilio del Valle, MD,†\\$. Marcos Rodriguez, MD,†\\$.
Alberto Muñoz-Calero, MD,†\\$.\\$ Fernando Turégano, MD,†\\$. Rafael Herranz, MD,**\\$.\\$.||
Luis Gonzalez-Bayon, MD, PhD,†\\$.\\$ and Jose Luis García-Sabrido, MD, PhD†\\$.\\$|







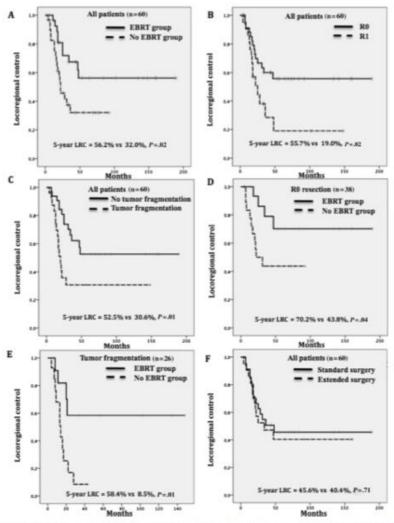


Fig. 2. Locoregional control according to external beam radiation therapy (EBRT) to the recurrent tumor (A), margin status (B), tumor fragmentation (C), EBRT to the recurrent tumor in R0 patients (n=38) (D), EBRT to the recurrent tumor in patients with tumor fragmentation (n=26) (E), and surgical (standard/extended) resection (F).

ORIGINAL ARTICLE - CLINICAL ONCOLOGY

Multidisciplinary therapy for patients with locally oligo-recurrent pelvic malignancies

Claudio V. Sole · Felipe A. Calvo · Pedro Alvarez de Sierra · Rafael Herranz · Luis Gonzalez-Bayon · Jose Luis García-Sabrido

J Cancer Res Clin Oncol

Table 4 Correlations between
macroscopic/microscopic
pathology characteristics and
IOERT technical parameters

^a 1-Field PTV, 13 patients; 2-field PTV, 13 patients

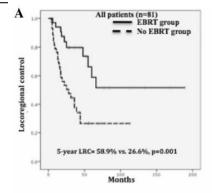
Pathology/IOERT	Surgical specimens	Applicator size Median/range	IOERT dose (Gy) Median/range	IORT energy (MeV) Median/range
Total number of fragments				
1	37	8/5-15	12.5/10-15	10/6-15
2	16	9/5-12	12.5/10-15	12/6-18
3	15	7/5-12	12.5/10-15	12/6-18
4	5	8/6-15	12.5/10-12.5	12/6-12
5	3	7/5-10	12.5/12.5-15	15/10-18
6	5	8/6-15	12.5/12.5-15	10/8-18
T _{max} size (cm)				
1–3	22	7/5-9	12.5/10-15	9/6-15
3.5-6	35	8/5-12	12.5/10-15	12/6-15
6.5-24a	26	10/7-15	12.5/10-15	12/6-18

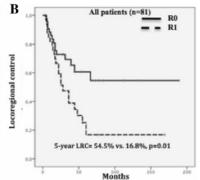


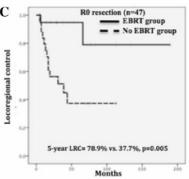


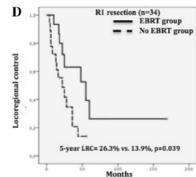


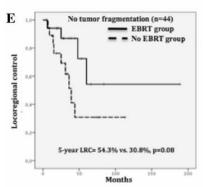


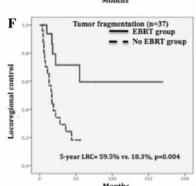














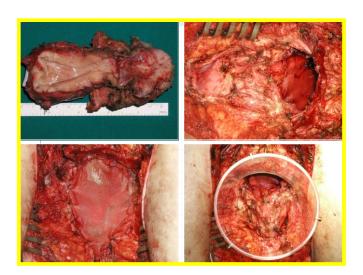
Gynecologic Oncology

journal homepage: www.elsevier.com/locate/ygyno



Intraoperative electron beam radiotherapy and extended surgical resection for gynecological pelvic recurrent malignancies with and without external beam radiation therapy: Long-term outcomes

F.A. Calvo ^{a,b,g,1}, C.V. Sole ^{a,b,c,g,*,1}, M.A. Lozano ^{a,d,g}, L. Gonzalez-Bayon ^{e,g}, C. Gonzalez-Sansegundo ^{a,d,g}, A. Alvarez ^{d,g}, J. Blanco ^{d,g}, A. Calín ^{d,g}, S. Lizarraga ^{f,g}, J.L. García-Sabrido ^{b,e,g}



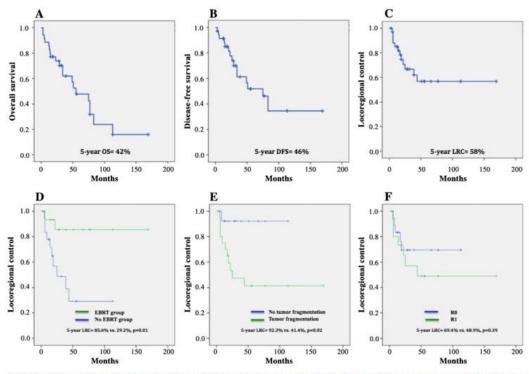
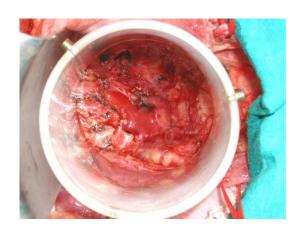


Fig. 1. Kaplan-Meier curves for all 35 patients for overall survival (A), disease-free survival (B), local-regional control (C), locoregional control according to EBRT to the recurrent tumor (D), tumor fragmentation (E) and margin status (F).

External-beam radiation therapy after surgical resection and intraoperative electron-beam radiation therapy for oligorecurrent gynecological cancer

Long-term outcome

C.V. Sole^{1, 2, 3, 7} • F.A. Calvo^{1, 2, 7} • M.A. Lozano^{1, 4, 7} • L. Gonzalez-Bayon^{5, 7} • C. Gonzalez-Sansegundo^{1, 4, 7} • A. Alvarez^{4, 7} • S. Lizarraga^{6, 7} • J.L. García-Sabrido^{2, 5, 6}



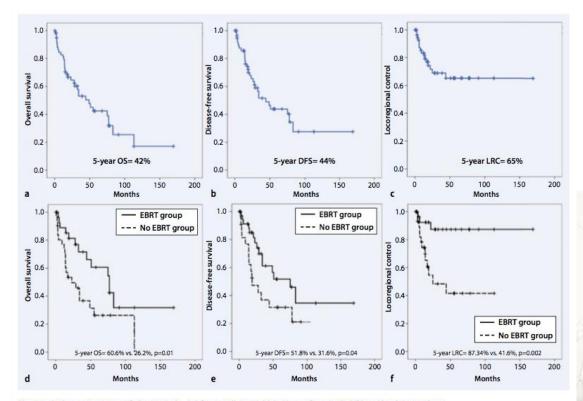


Fig. 1 ▲ Kaplan–Meier curves of all patients (n=61) for overall survival (a), disease-free survival (b) and local-regional control (c). Overall survival (d), disease-free survival (e) and local-regional control (f) according to EBRT treatment to the local relapse or not

Oligo-recurrent + / - locally advanced renal cancer

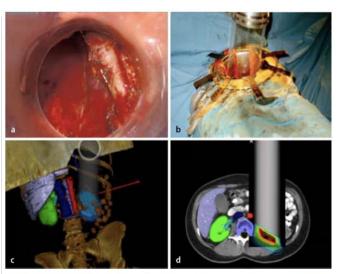


Fig. 3 a, b Postnephrectomy tumor bed. An IORT applicator defining the target area (12 cm diameter). Note that normal sensitive intra-abdominal tissues and structures have been displaced from the renal fossae, c, d Treatment planning for an IOERT procedure on the renal fossae area (radiance technology)

Radiation Oncology biology • physics

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Clinical Investigation: Genitourinary Cancer

Outcomes in a Multi-institutional Cohort of Patients Treated With Intraoperative Radiation Therapy for Advanced or Recurrent Renal Cell Carcinoma

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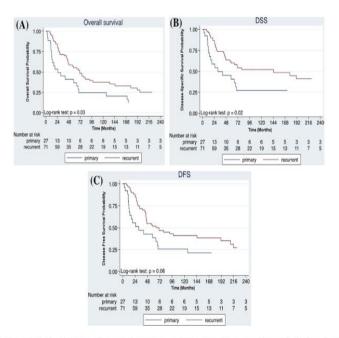


Fig. 2. (A) Overall survival after intraoperative radiation therapy (IORT). (B) Disease-specific survival after IORT. (C) Disease-free survival after IORT.

Disease Model for Dose-de-escalation: Results and Opportunities

iORT alone is the only component of high-precision RT

- Breast cancer
- Rectal cancer
- Pancreatic cancer
- Gastric cancer
- Oligorecurrences



Intraoperative radiotherapy versus external radiotherapy for 🍿 🦜 🕕 early breast cancer (ELIOT): a randomised controlled equivalence trial



Umberto Veronesi, Roberto Orecchia, Patrick Maisonneuve, Giuseppe Viale, Nicole Rotmensz, Claudia Sangalli, Alberto Luini, Paolo Veronesi, Viviana Galimberti, Stefano Zurrida, Maria Cristina Leonardi, Roberta Lazzari, Federica Cattani, Oreste Gentilini, Mattia Intra, Pietro Caldarella, Bettina Ballardini

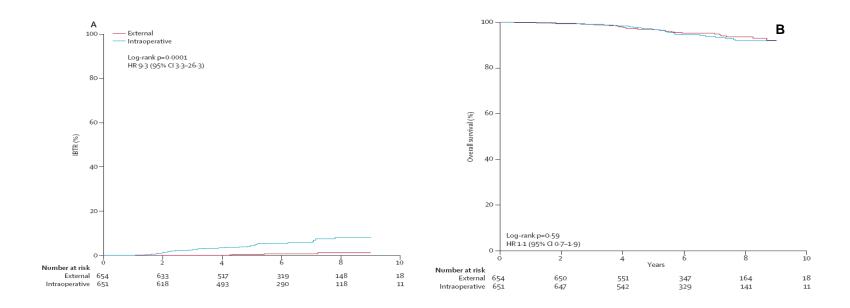
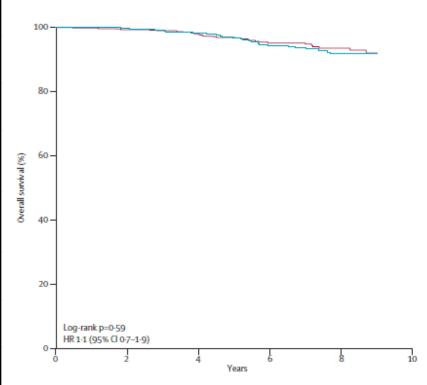


Figure 2: Cumulative incidence of (A) ipsilateral breast tumour recurrence and (B) overall survival (intention-to-treat population) HR=hazard ratio.

IOeRT 21 Gy - ELIOT

	EBRT	ELIOT	р
RL- 5 y	4 (0.4%)	21 (2.5%)	0.0003
New 1º ipsi	0	14 (1.9%)	0.0001
TOTAL LOCAL	4 (0.4%)	35 (4.4%)	<0.0001
Relapse Axilar/gang	2 (0.3%)	9 (1%)	0.03
LRR	6 (0.8%)	44 (5.4%)	<0.0001
Contralateral	13 (1.7%)	8 (1.1%)	0.34
Metastases	35 (4.8%)	33 (5.1%)	0.94



Interpretation Although the rate of IBTR in the intraoperative radiotherapy group was within the prespecified equivalence margin, the rate was significantly greater than with external radiotherapy, and overall survival did not differ between groups. Improved selection of patients could reduce the rate of IBTR with intraoperative radiotherapy with electrons.

Veronesi U.: Lancet 2013

IORT alone Result: Breast cancer (De-escalation studies)

3 decades... a summary



2000-2008, 1.822 patients, IEO-Milan, T<2,5cm

21Gy alone, MFT 36 months

1,3% in-breast ipsilateral,2,3% in-quadrant,89 OS @ 10-y

LC influenced by age, size, N, Cerb+++, grade, perineural

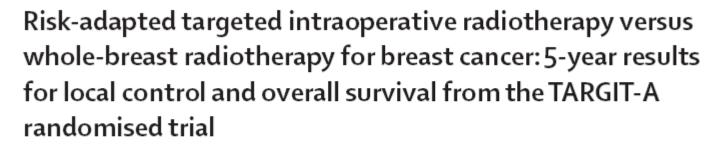
2010

ACCELERATED PARTIAL BREAST IRRADIATION CONSENSUS STATEMENT FROM THE AMERICAN SOCIETY FOR RADIATION ONCOLOGY (ASTRO)

Int. J. Radiation Oncology Biol. Phys., Vol. 74, No. 4, pp. 987–1001, 2009

			ASTRO GUIDELINES			
	All	Suitable	Cautionary	Unsuitable	Not assessable	-
Patients	1822	295 (16%)	690 (38%)	812 (45%)	25 (1%)	
Person-y	4	1016	2409	2837	101	
Person-y "Suitable"	7	1091	2613	3157	116	
Local rel 1.5% at 5-y	NAME OF TAXABLE PARTY.	3	21	50	2	
5-year rate*	6.0%	1.5%	4.4%	8.8%	9.9%	
3-year rate	0.076	1.070	CALL	0.076	0.070	
Luminal A						
Patients	648	118	271	251	8	733
Person-vear-DFS	2330	436	948	916	30	
Loco-regional relapses	8	2	3	3	0	3
5-year rate*	1.7%	2.3%	1.6%	1.6%	1 0	0.31
Luminal B	1.1.70	2.070				0.0
Patients	977	176	318	474	9	1127
Person-year-DFS	3371	576	1101	1650	44	
Loco-regional relapses	50	1	10	38	1	15
5-year rate*	7.4	0.9%	4.5%	11.5%	11.4	1.13
HER2		2.070				
Patients	53		25	28	0	118
Person-year-DFS	176	-	82	94		
Loco-regional relapses	6	-	3	3		6
5-year rate*	17.0	-	18.3%	16.0%		5.69
Triple negative						
Patients	137	-	74	58	5	208
Person-year-DFS	469	-	276	175	17	
Loco-regional relapses	12		5	6	1	7
5-year rate*	12.8		9.1%	17.1%	29.4	2.66
Distant metastases	34	3	8	22	1	
5-year rate*	2.7%	1.5%	1.7%	3.9%	5.0%	
Deaths	47	3	13	30	1	
5-year rate*	3.4%	1.4%	2.5%	4.8%	4.3%	

			GUID	ESTRO ELINES		(Botteri)
	All	Good candidates	Possible candidates	Contra- indication	Not assessable	
Patients	1922	572 (31%)	268 (15%)	965 (53%)	17 (1%)	
Person-		1838	847	3602	76	
Person- "Good"		1979	911	4001	86	
Local r. 1.9% at 5	-v	7	12	56	1	
5-year rate	0.070	1.9%	7.1%	7.8%	6.6%	
Luminal A						
Patients	648	206	129	306	7	733
Person-year-DFS	2330	676	396	1231	27	
Loco-regional relapses	8	0	2	6	0	3
5-year rate*	1.7%	0.0%	2.5%	2.4%	0.0%	0.31
Luminal B						
Patients	977	301	122	548	6	1127
Person-year-DFS	3371	954	402	1987	27	
Loco-regional relapses	50	3	10	36	1	15
5-year rate*	7.4%	1.6%	12.4%	9.1%	18.5%	1.13
HER2					2.00.00.000	
Patients	53	16	1	36	0	118
Person-year-DFS	176	40	0	135	0	
Loco-regional relapses	6	1	0	5	0	6
5-year rate*	17.0%	12.5%		18.5%		5.69
Triple negative						
Patients	137	47	16	71	3	208
Person-year-DFS	469	161	49	241	19	
Loco-regional relapses	12	3	0	9	0	7
5-year rate*	12.8%	9.3%	0.0%	18.7%	0.0%	2.66
Distant metastases	34	5	1	27	1	
5-year rate*	2.7%	1.4%	0.6%	3.7%	6.6%	
Deaths	47	5	4	38	0	
5-year rate*	3.4%	1.3%	2.2%	4.7%	0.0%	





Jayant S Vaidya, Frederik Wenz, Max Bulsara, Jeffrey S Tobias, David J Joseph, Mohammed Keshtgar, Henrik L Flyger, Samuele Massarut, Michael Alvarado, Christobel Saunders, Wolfgang Eiermann, Marinos Metaxas, Elena Sperk, Marc Sütterlin, Douglas Brown, Laura Esserman, Mario Roncadin, Alastair Thompson, John A Dewar, Helle M R Holtveg, Steffi Pigorsch, Mary Falzon, Eleanor Harris, April Matthews, Chris Brew-Graves, Ingrid Potyka, Tammy Corica, Norman R Williams, Michael Baum, on behalf of the TARGIT trialists' group

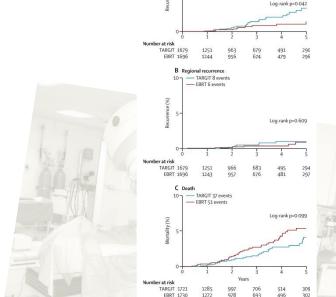
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OPEN ACCESS	

TARGIT 23 events
EBRT 11 events

	Events; 5-year cumul	Absolute difference*	
	TARGIT	EBRT	_
All patients			
Local recurrence (n=3375)	23; 3·3% (2·1-5·1)	11; 1.3% (0.7-2.5)	12 (2.0%)
Any other recurrence (n=3375)	46; 4.9% (3.5-6.9)	37; 4.4% (3.0-6.4)	9 (0.5%)
Death (n=3451)	37; 3.9% (2.7-5.8)	51; 5.3%(3.9-7.3)	-14 (-1·4%)
Prepathology†			
Local recurrence (n=2234)	10; 2.1% (1.1-4.2)	6; 1.1% (0.5-2.5)	4 (1.0%)
Any other recurrence (n=2234)	29; 4.8% (3.1-7.3)	25; 4:7% (3:0-7:4)	4 (0.1%)
Death (n=2298)	29; 4.6% (1.8-6.0)	42; 6.9% (4.3–9.6)	-13 (-2·3%)
Postpathology‡			
Local recurrence (n=1141)	13; 5.4% (3.0-9.7)	5; 1.7%(0.6-4.9)	8 (3.7%)
Any other recurrence (n=1141)	17; 5.2% (3.0-8.8)	12; 3.7% (1.9-7.0)	5 (1.5%)
Death (n=1153)	8; 2.8% (1.3-5.9)	9; 2.3% (1.0-5.2)	-1(0.5%)

TARGIT=targeted intraoperative radiotherapy. EBRT=external beam radiotherapy. *In Kaplan-Meier point estimate at 5y ears (TARGIT minus EBRT). †TARGIT given at same time as lumpectomy. ‡TARGIT given after lumpectomy, as separate procedure.

Table 1: Results of primary (local recurrence in the conserved breast), secondary (death), and exploratory (any other recurrence) outcomes for all patients and the two strata as per timing of randomisation and delivery of TARGIT



Disease Model for Dose-de-escalation: Results and Opportunities

iORT alone is the only component of high-precision RT

- Breast cancer
- Rectal cancer
- Pancreatic cancer
- Gastric cancer
- Oligorecurrences



Intraoperative Radiotherapy in the Combination of Adjuvant Chemotherapy for the Treatment of pT3N0M0 Rectal Cancer After Radical Surgery

Qing Zhang, MD,* Jeremy Tey, MD,† Zhe Yang MD,‡ Ping Li, MD,* Lihua Peng, MD,* Ruiyao Jiang, BS,* Fei Xiong, BS,* Shen Fu, MD, PHD,* and Jiade J. Lu, MD, MBA†

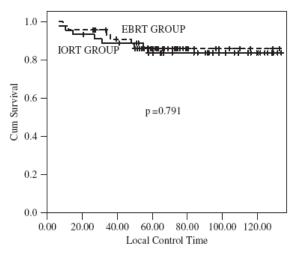


FIGURE 1. Local control rates between the IORT group and the EBRT group. Cum indicates cumulative; EBRT, external beam radiotherapy; IORT, intraoperative radiotherapy.

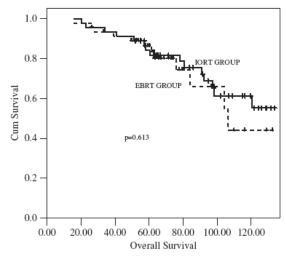


FIGURE 2. Overall survival between the IORT group and the EBRT group. Cum indicates cumulative; EBRT, external beam radiotherapy; IORT, intraoperative radiotherapy.

Disease Model for Dose-de-escalation: Results and Opportunities

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IORT Results: Locally advanced unresectable pancreatic cancer

2000-2006, 870 patients, 34 Institutions

21% investigational protocol,44% EBRT

76% concomitant gemcinabine, 75% IORT dose>25Gy



Int. J. Radiation Oncology Biol. Phys., Vol. 80, No. 1, pp. 111–118, 2011 Copyright © 2011 Elsevier Inc., Printed in the USA. All rights reserved 0360-301675-see front mater

doi:10.1016/j.ijrobp.2010.01.065

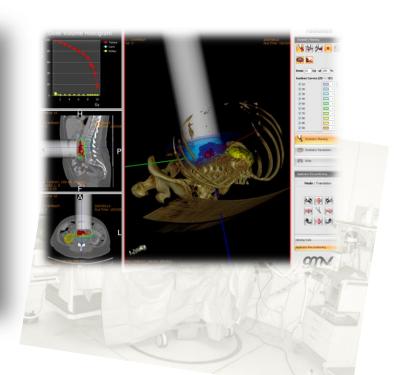
CLINICAL INVESTIGATION

Pancreas

INTRAOPERATIVE RADIOTHERAPY FOR UNRESECTABLE PANCREATIC CANCER: A MULTI-INSTITUTIONAL RETROSPECTIVE ANALYSIS OF 144 PATIENTS

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YOSHIHIRO OGAWA, M.D.,§ KEIICHI JINGU, M.D.,§ HIROSHI ONISHI, M.D., SHINICHI AOKI, M.D.,
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From the "Department of Radiology, University of the Ryukyus, Okinawa, Japan; 'Department of Radiation Oncology, Tokyo Metropolitan Komagome Hospital, Tokyo, Japan; 'Department of Radiation Oncology, National Cancer Center, Tokyo, Japan; 'Department of Radiology, Yamanashi University, Yamanashi, Japan; 'Department of Radiology, Yamanashi University, Yamanashi, Japan; 'Department of Radiology, Yamanashi University, Yamanashi, Japan; 'Department of Radiology, Kunume University, Kunume, Japan; 'Department of Radiology, Kunume University, Kunume, Japan; 'Department of Radiation Oncology, Saitama Cancer Center, Saitama, Japan; 'Department of Radiation Oncology, Kyorin University, Tokyo, Japan; 'Department of Radiation Oncology, Kinki University School of Medicine, Osaka, Japan



Disease Model for Dose-de-escalation: Results and Opportunities

iORT alone is the only component of high-precision RT

- Breast cancer
- Rectal cancer
- Pancreatic cancer
- Gastric cancer
- Oligorecurrences





doi:10.1016/j.ijrobp.2007.07.2331

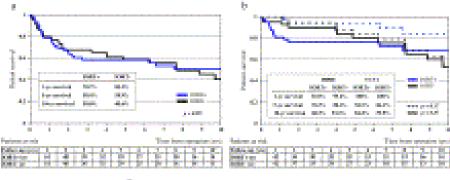
CLINICAL INVESTIGATION

Stomach

LONG-TERM RESULTS AFTER INTRAOPERATIVE RADIATION THERAPY FOR GASTRIC CANCER

OLIVER DROGNITZ, M.D., Ph.D.,* KARL HENNE, M.D.,† CHRISTIAN WEISSENBERGER, M.D., Ph.D.,† GREGOR BRUGGMOSER, M.D., Ph.D.,† HEIKE GÖBEL, M.D.,‡ ULRICH THEODOR HOPT, M.D., Ph.D.,* HERRMANN FROMMHOLD, M.D., Ph.D.,† AND GÜNTHER RUF, M.D., Ph.D.*

*Department of Surgery, Division of General and Visceral Surgery, †Department of Radiotherapy, and †Institute of Pathology, University of Freiburg, Freiburg, Germany



84 patients
23 Gy 9-15 MeV
Single dose
58% OS (5y)
No differences OS
No paterns of recurrence

Disease Model for Dose-de-escalation: Results and Opportunities

iORT alone is the only component of high-precision RT

- Breast cancer
- Rectal cancer
- Pancreatic cancer
- Gastric cancer
- Oligorecurrences (STS)



RESEARCH ARTICLE

Intraoperative radiotherapy-containing multidisciplinary management of trunk-wall soft-tissue sarcomas

C. V. Sole · F. A. Calvo · M. Cambeiro · A. Polo ·

A. Montero · R. Hernanz · C. Gonzalez · M. Cuervo ·

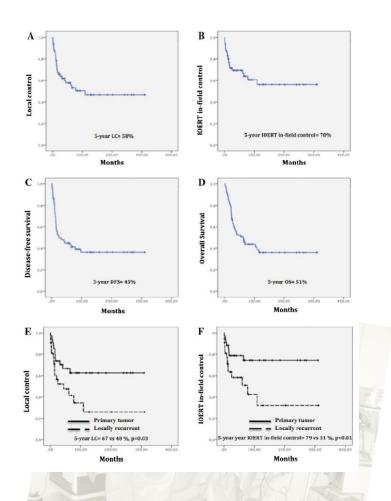
D. Perez · M. S. Julian · R. Martinez-Monge

Table 4 Factors associated with local control, IOERT in-field control, disease-free survival and overall survival in multivariate analyses

Parameter	Variable	Local control		IOEF	T in-field co	ontrol	Disease-free survival			Overall survival			
		HR	95 % CI	p value	HR	95 % CI	p value	HR	95 % CI	p value	HR	95 % CI	p value
Patients													
Age (years)	≤50 >50	-	-	-	-	-	-	-	-	-	1.0 2.68	1.13-6.38	0.03
Pre-surgical var	riables												
Tumor status	Primary	-	-	-	1.0	1.05-6.27	0.04	1.0	1.21-5.33	0.01	1.0	1.08 - 3.26	0.04
	Recurrent				2.52			2.54			1.75		
Microscopic sur	gical specim	nen											
Histologic	I–II	-	-	-	-	-	-	1.0	1.15-4.76	0.02	1.0	1.03-4.76	0.04
grade	III–IV							2.38			2.12		
Surgery													
Margin status	R0	1.0	1.90-8.30	< 0.001	1.0	1.36-7.67	0.008	1.0	1.15-4.88	0.01	1.0	1.43-5.88	0.003
	R1	3.97			3.23			2.48			2.90		

Values in italic indicate p < 0.05

IOERT intraoperative electron-beam radiotherapy



Van der Schueren 2011...



3 years after...

A synthesis of data, progress and opportunities

IOeRT in resected primary cancer: 2014 update HGUGM published results

Cancer	N	Stage / treatment	In-field relapse	Survival	Local adversity	Local compensation
Esophago- gastric	53	IIA-IIIB Neoadjuvant + CRT	5,4% vs 25%	48% (5y)	No-IORT	cN+, cT
Rectal	335	cT3-4 or cN+ Neoadjuvant + CRT	5% (presacral)	72% (10y)	R1, ypN+	Grade, distal margin
Pancreas	60	IIA-IIIB R + IOeRT +/- pre/post CRT	4% vs 65%	20% (5y)	No-IORT, R1	pN+, R1 (+EBRT)
Gastric	32	IIA-III R + post CRT	0%	54% (5y)	pN+ (non in-field)	R1, pT3 stage
Extremity sarcoma	159	I-III 10cm R + post RT	14%	72% (5y)		
Pediatric extremity sarcomas	62	R + post RT	15%	81% (10y)	R1, >5cm	Histology,grade deep
Breast*	56	T1-2Nx post-RT T1-2N0 no-ERT	0% (3y)	96% (3y)	Luminal B Marging +	With EBRT

CRT: chemo-radiation; R: resected; EBRT: external beam radiotherapy; * under revision

IOeRT electrons: 2014 results update in oligorecurrence

Cancer	N	Local control	Survival	Adversity Local	Compensation Local
Gynecological 1	61	69	42	No EBRT	Para-aortic
Rectal ¹	60	44	39	No EBRT R1	Fragmentation
Sarcoma ²	103	64	52	No EBRT R1	Fragmentation / histology grade
Renal ³	98	72	43	Recurrence N+	R1

^{1,} HGUGM

² HGUGM, HRyC, CUN

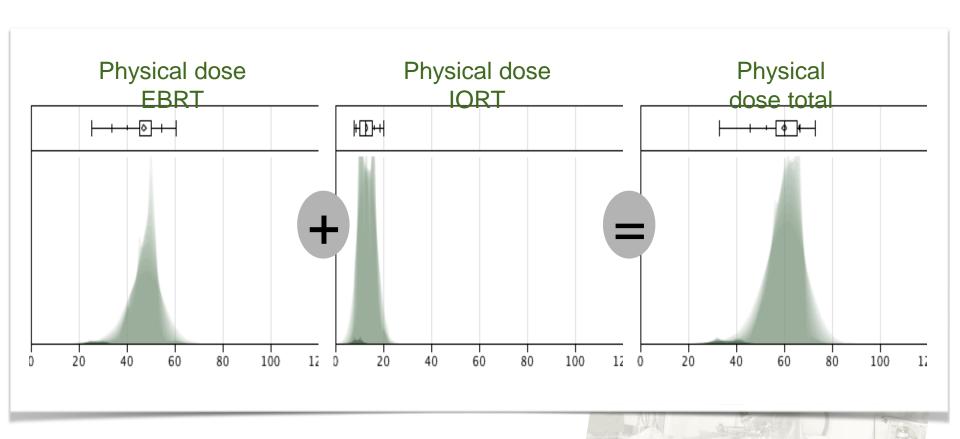
³ HGUGM, CUN, MGH, Heidelberg

Clinical opportunities....risk Bio-models + technology + outcome...

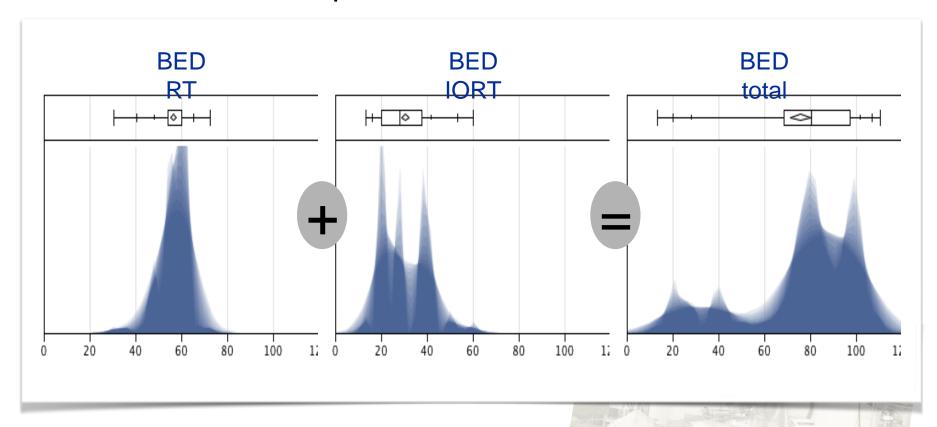




From physical dose outcome analysis...



To biomodeling dose-dense IOERT containing results: pooled sarcoma data



Polo et al. ASTRO 2012

Clinical opportunities....risk Bio-models + technology + outcome...



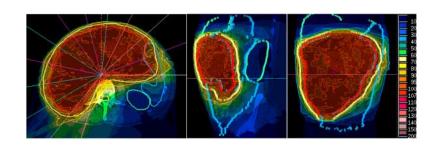
Dose-dense strategies: Hypofractionation

Rectal cancer: 5 x 5 Gy + CT + selected IORT

Breast cancer: Fastner / Seldmayer ISIORT-01 trial

Pediatric sarcomas: anticipated boost Calvo et al 2014

Clinical opportunities....risk Bio-models + technology + outcome...





Dose-dense-escalated strategies

Extremity sarcomas: *IMRT vs 3D superior* Folkert / Alektiar J Clin Oncl 2014 Retroperitoneal sarcomas: *pre-IMRT + IORT* Roeder et al BMC Cancer 2014

Pancreatic cancer: SBRT efficient Trakul et al Sem Radiat Oncol 2014

Oligo-cancer: SBRT curable Corbin / Weichselbaum JClin Oncol 2013

Rectal cancer: laparoscopic resection + IORT

Calvo / Sole (J Cancer Res Clin Oncol 2013)

Clinical opportunities....risk Bio-models + technology + outcome...



Dose-dense-escalated-molecular-guided strategies

Breast cancer: **neoadjuvant CT + anticipated IORT**

Fastner / Sedlmayer Int J Cancer 2014

Sarcomas: trabectidin (Curr Oncol Rep 2014), pazopanib (Sarcoma 2014)

Pancreatic cancer: stroma nab-paclitaxel (N Eng J Med 2013)

Esophago-gastric cancer: **HER2 positive trastuzumab** (Br J Cancer 2014)

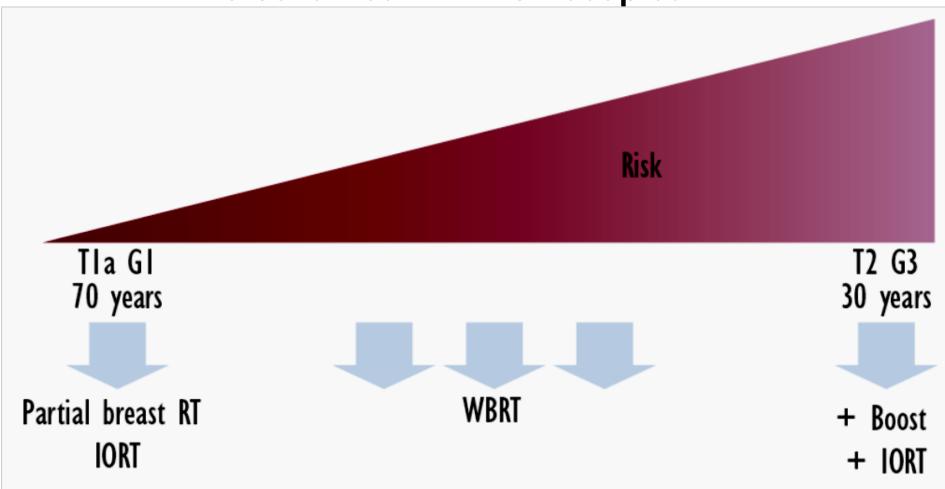
Rectal cancer: K-RAS status personalized + IMRT (Am J Clin Oncol 2014)

Gynecologic cancer: EGFR mutations GOG (Gynecol Oncol 2013)



Frederik Wenz, MD

Personalized RT? Risik adapted RT?



IORT = intra-operative radiotherapy, WBRT = whole breast radiotherapy.

NEW TRENDS IN CLINICAL ONCOLOGY

The use of radiotherapy for early breast cancer in woman at different ages

F. A. Calvo · C. V. Sole · S. Rivera · R. Meiriño · S. Lizarraga · M. A. Infante · E. Boldo · C. Ferrer · H. Marsiglia · E. Deutsch

Received: 3 January 2014/Accepted: 12 February 2014 © Federación de Sociedades Españolas de Oncología (FESEO) 2014

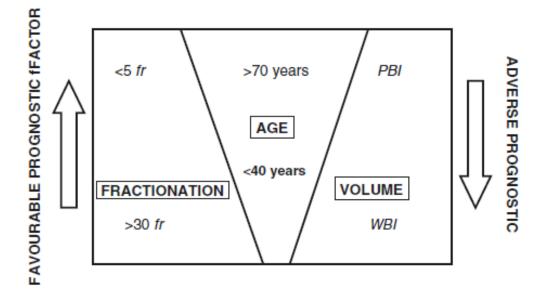


Fig. 1 Evidence-based idealized representation of radiotherapy treatment technical factors (volume and fractionation) in relation to age and prognostic risk for early breast cancer WBI whole-breast irradiation, PBI partial-breast irradiation, fr fractions

Table 2 Practice-oriented technological options adapted to prognostic risk

Technological alternatives	Favourable prognosis	Unfavourable prognosis
IMRT	+++ PBI	++ WBI
3D conformal radiotherapy	+++ PBI	+++ WBI
HDR brachytherapy	+++ PBI	+ Boost
Intraoperative radiotherapy	+++ PBI	+ Boost

IMRT intensity-modulated radiation therapy, HDR high dose rate, PBI partial-breast irradiation, WBI whole-breast irradiation



EDUCATIONAL SERIES

RED SERIES

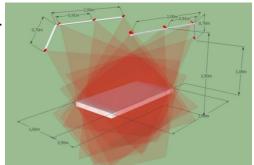
NEW TRENDS IN CLINICAL ONCOLGY

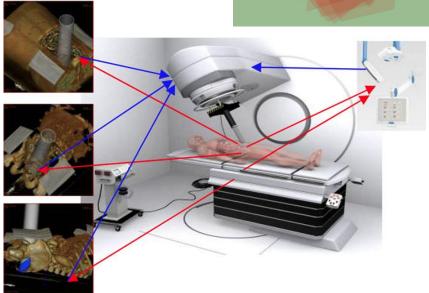
Research opportunities in intraoperative radiation therapy: the next decade 2013–2023

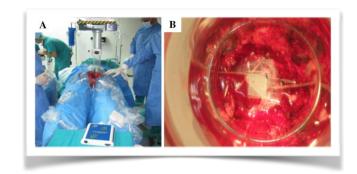
F. A. Calvo · C. V. Sole · M. E. González · E. D. Tangco ·

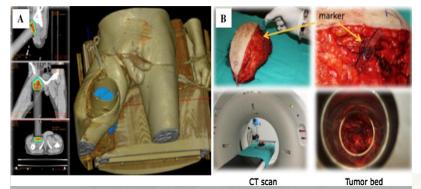
J. López-Tarjuelo \cdot I. Koubychine \cdot J. A. Santos \cdot













IORT...

Is radiotherapy... feasible and tolerable **Practice expanded by technology**

Is precise radiotherapy... able to be planned and registered **TPS** + **IMRT/IGRT/SBRT**

Is a precise component of RT for dose-escalation...

50Gy + 10/15Gy IORT LC >90% **RO**

Hypofractionation (EBRT)

50Gy + 10/15Gy IORT LC >50% **R+, fragmentation, ypN+**

Hypofractionation (EBRT) + further escalation

Is an efficient alternative for RT dose-de-escalation...

20-21Gy LC >95% R0 favourable molecular profile

Hypofractionation (EBRT moderate)

Adds a radiobiological safety margin to surgical resection... Extended

Does not interferes with systemic therapy... Targeted therapy

Neo-adjuvant systemic therapy (high metastatic risk)

Cancer RT & Individualized Medicine

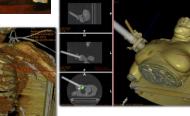
Technology & future...Cycle of innovated practice Personalized RT / IORT in to Personalized Oncology

> Technological developement **Diversity & innovation**



Understanding heterogeneous loco-regional risks









Cost-efficient RT strategies Social/Medical/Personal profit

In times of individualized medicine... IORT 2014 and after...

Peter P. Yu ASCO President 51th... Messages

"The State of Cancer in America: 2014"

- -\(\frac{1}{4} \) uninsured individuals
- -annual cost rise proyected \$104 billion in 2006 to \$173 billion in 2020
- -Excess economic burden of survivorship:

recently diagnosed \$16,000 per survivor, per year previously diagnosed \$4,000 per survivor, per year

-25% of personal bankruptcies are precipitated by health care crisis

ASCO 2014 "Science and Society"

The Museum, 1983...













