

Intraoperative radiotherapy in early breast cancer: innovative multi-institutional experience assisted by virtual treatment planning





Hospital General Universitario Gregorio Marañón
Comunidad de Madrid

F. A. Calvo, E. Alvarado-Vásquez, C. Ferrer, A. Calín, M. Muñoz, A. Bouché, V. Murillo, J.A. Blanco, S. Lizarraga, E. Boldó, J. Lopez-Tarjuelo

# **Topics**

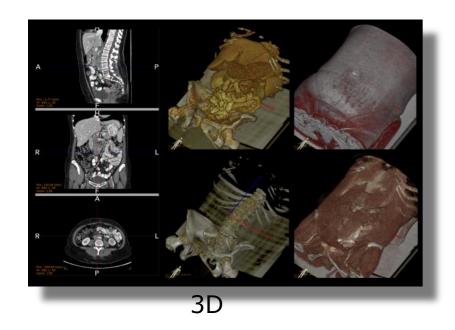
- Introduction
- Methods
- Results
- Conclusion

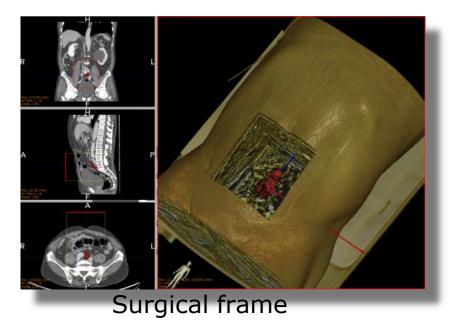
### Introduction

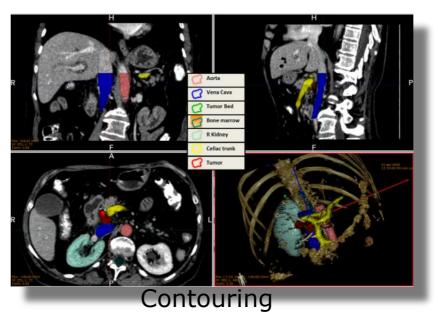
### What is radiance?

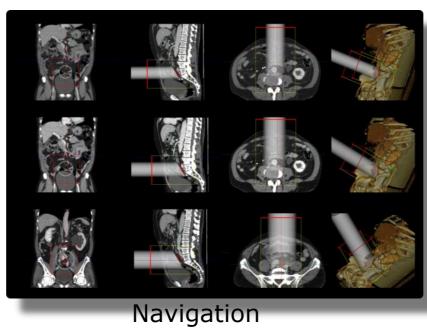
An innovative virtual simulation and planning tool ("Radiance IORT simulation and planning tool") allows to define and evaluate different IORT parameters based in the use of electron beams (IOERT) and dosimetric profiles, implementing the selection of an optimized set of treatment parameters due to pre-planning testing in advance to the radio-surgical procedure.

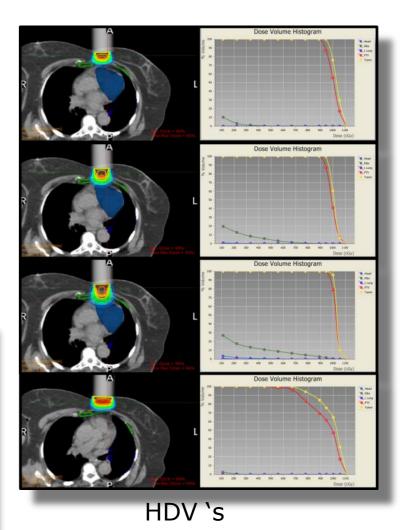
## What is radiance?











### Introduction

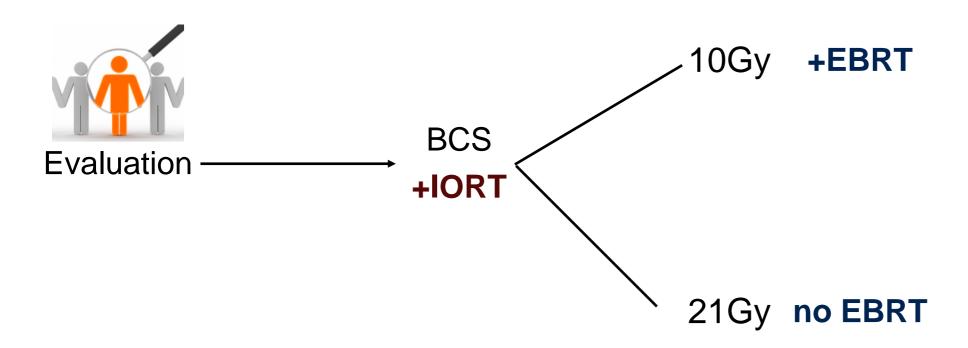
#### What we did?

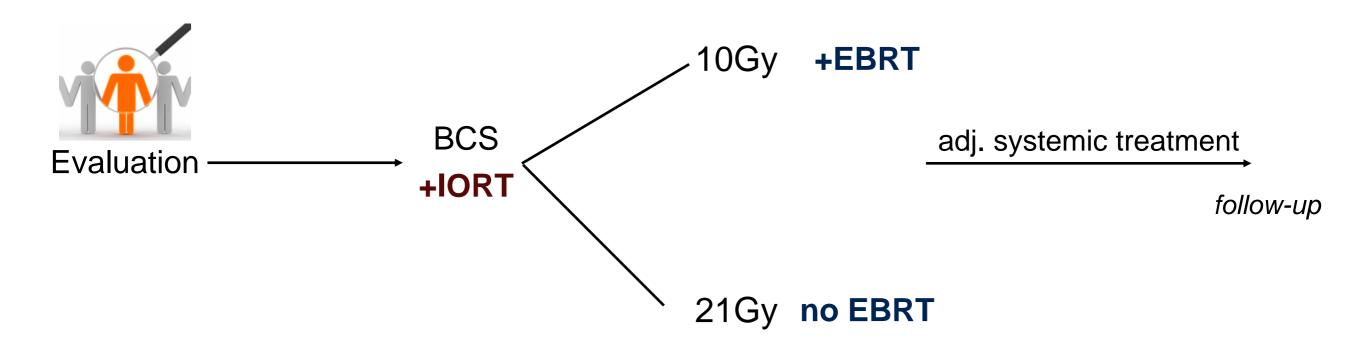
A joint retrospective analysis of breast IORT prospectively collected data in order to describe and assess feasibility of Radiance and preliminar outcome results.

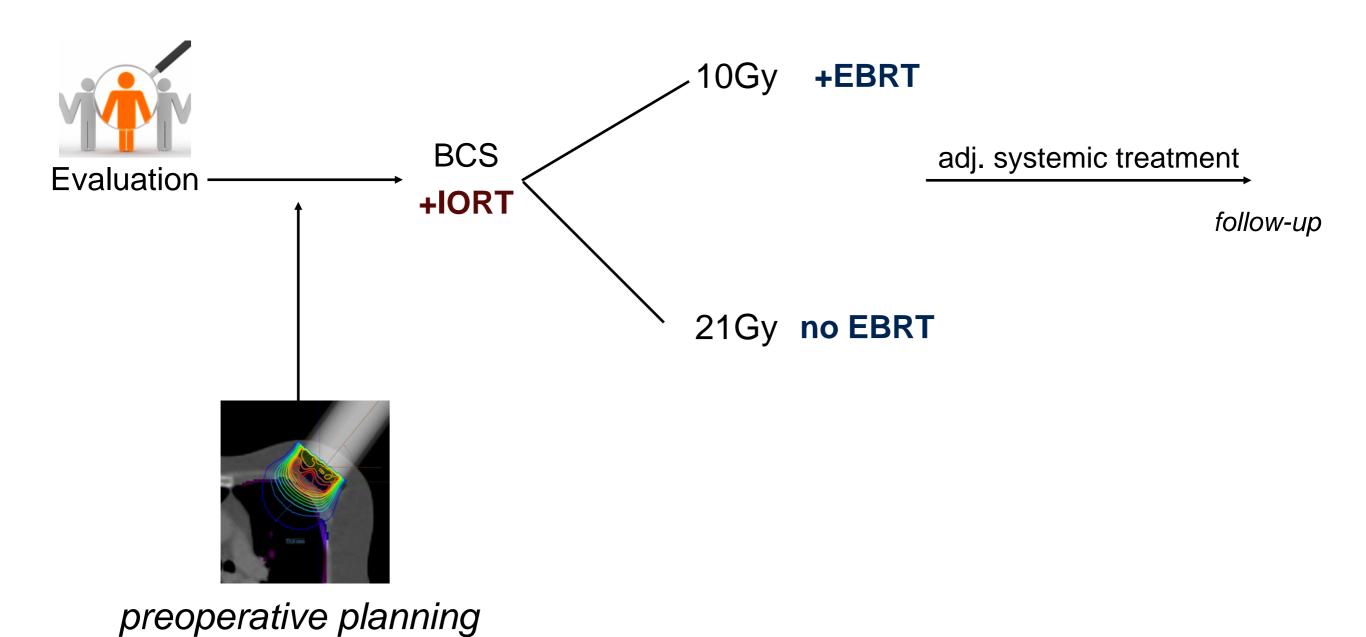


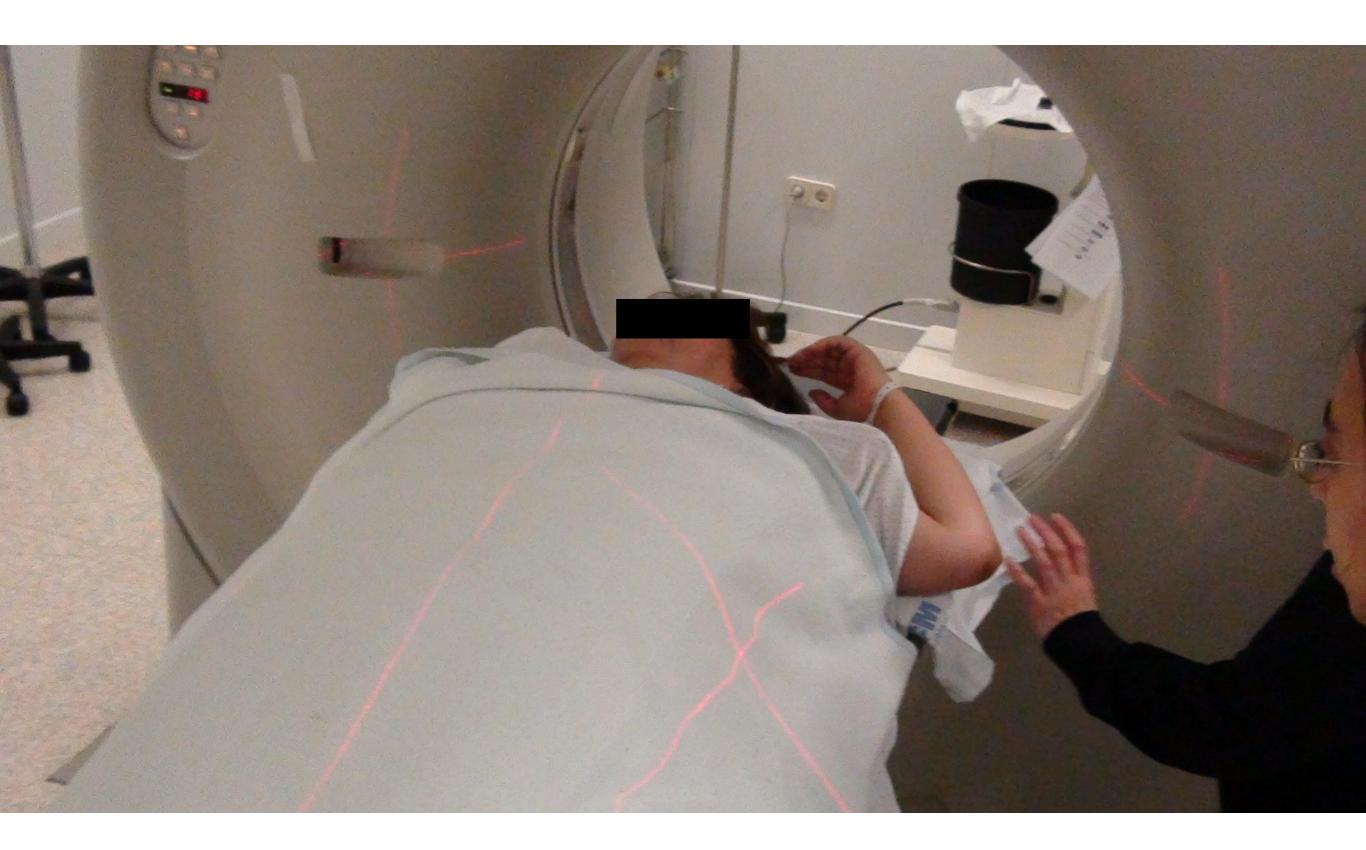


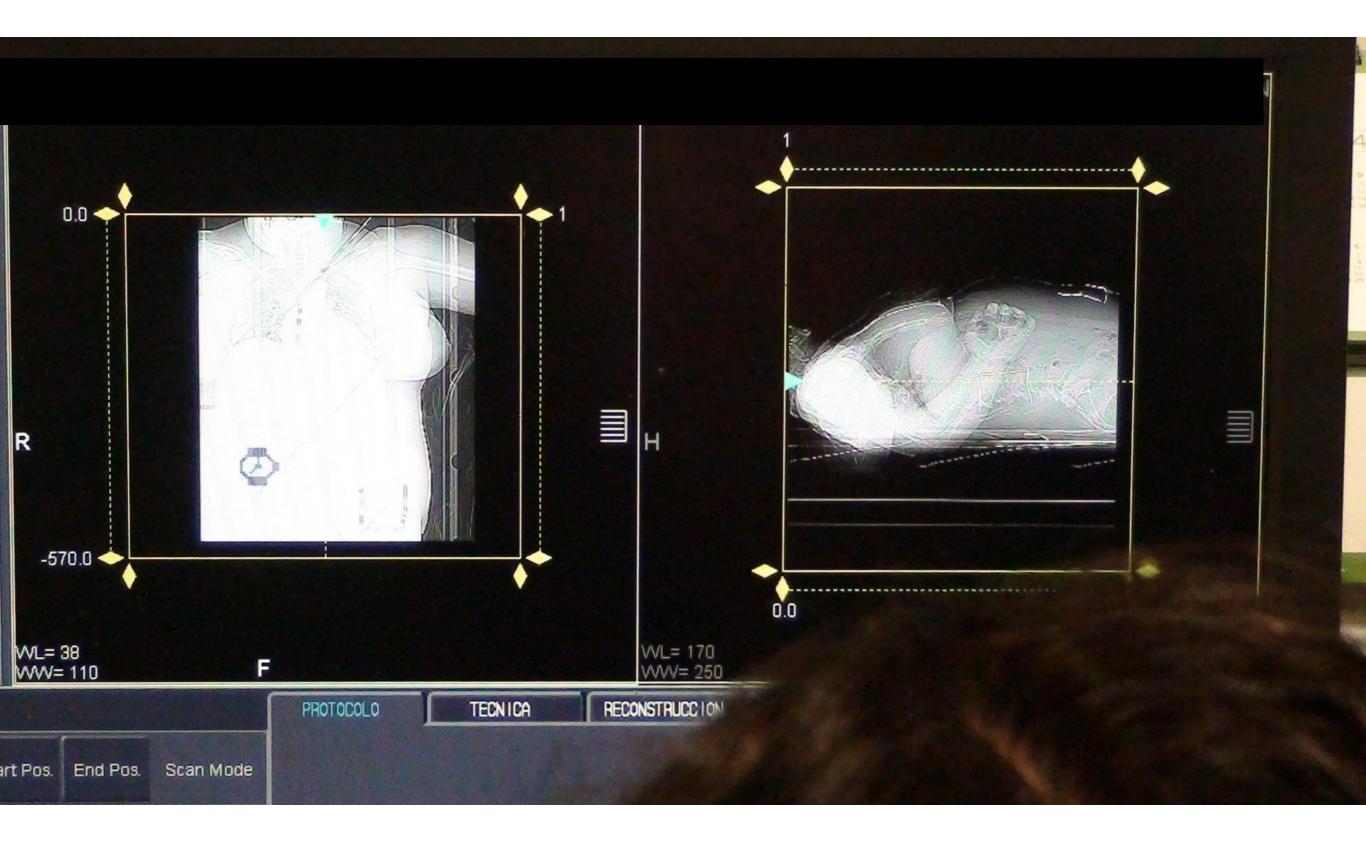






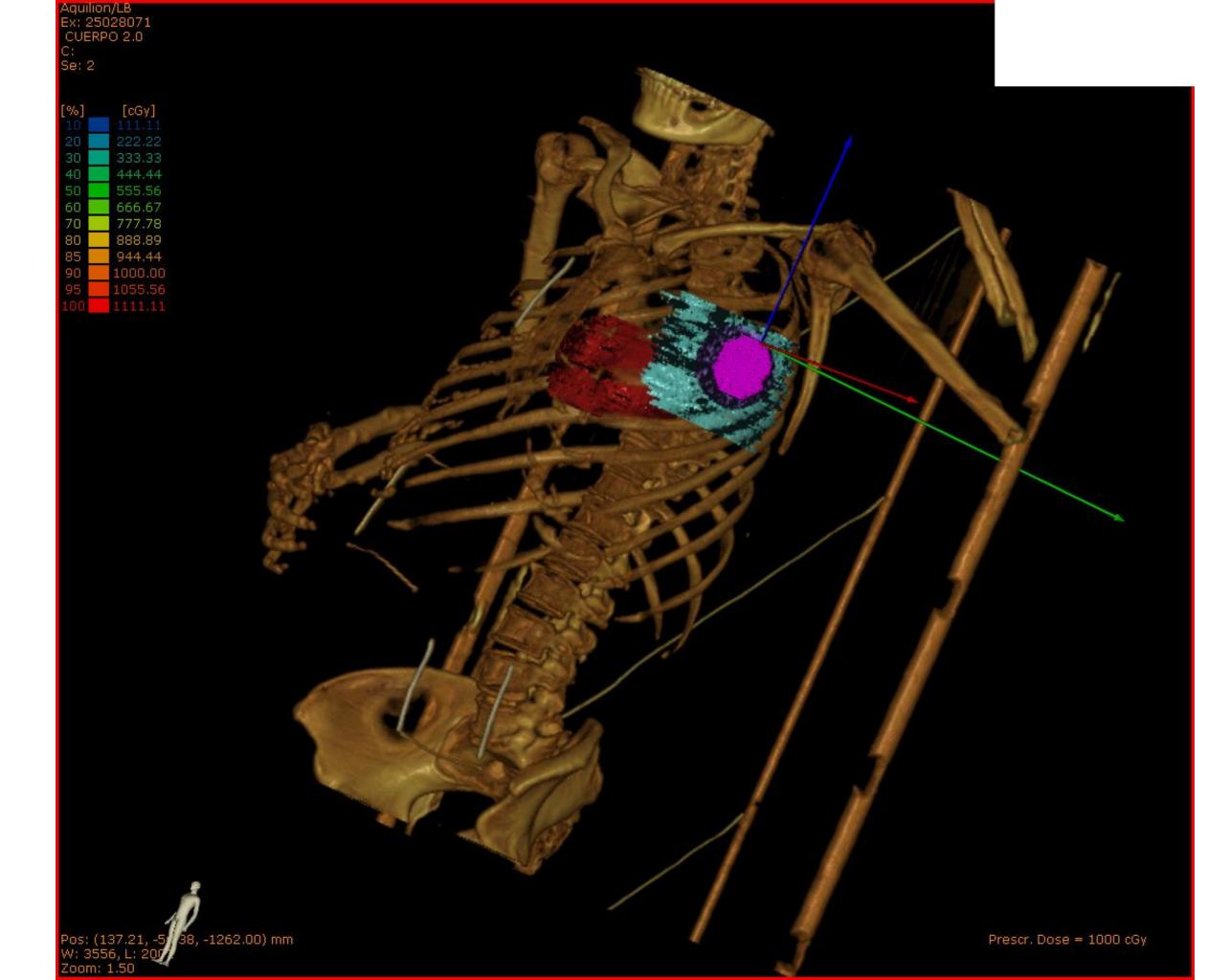


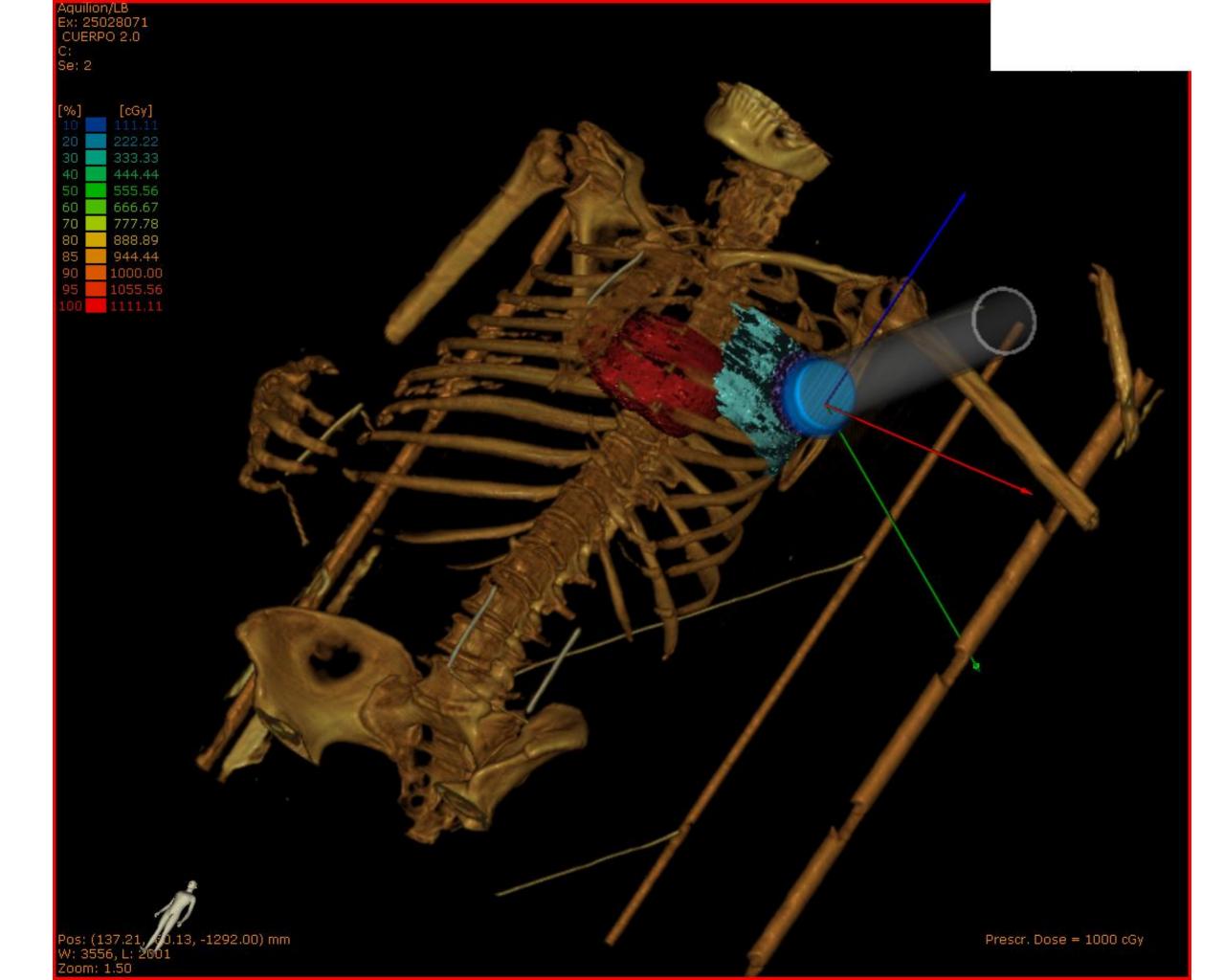


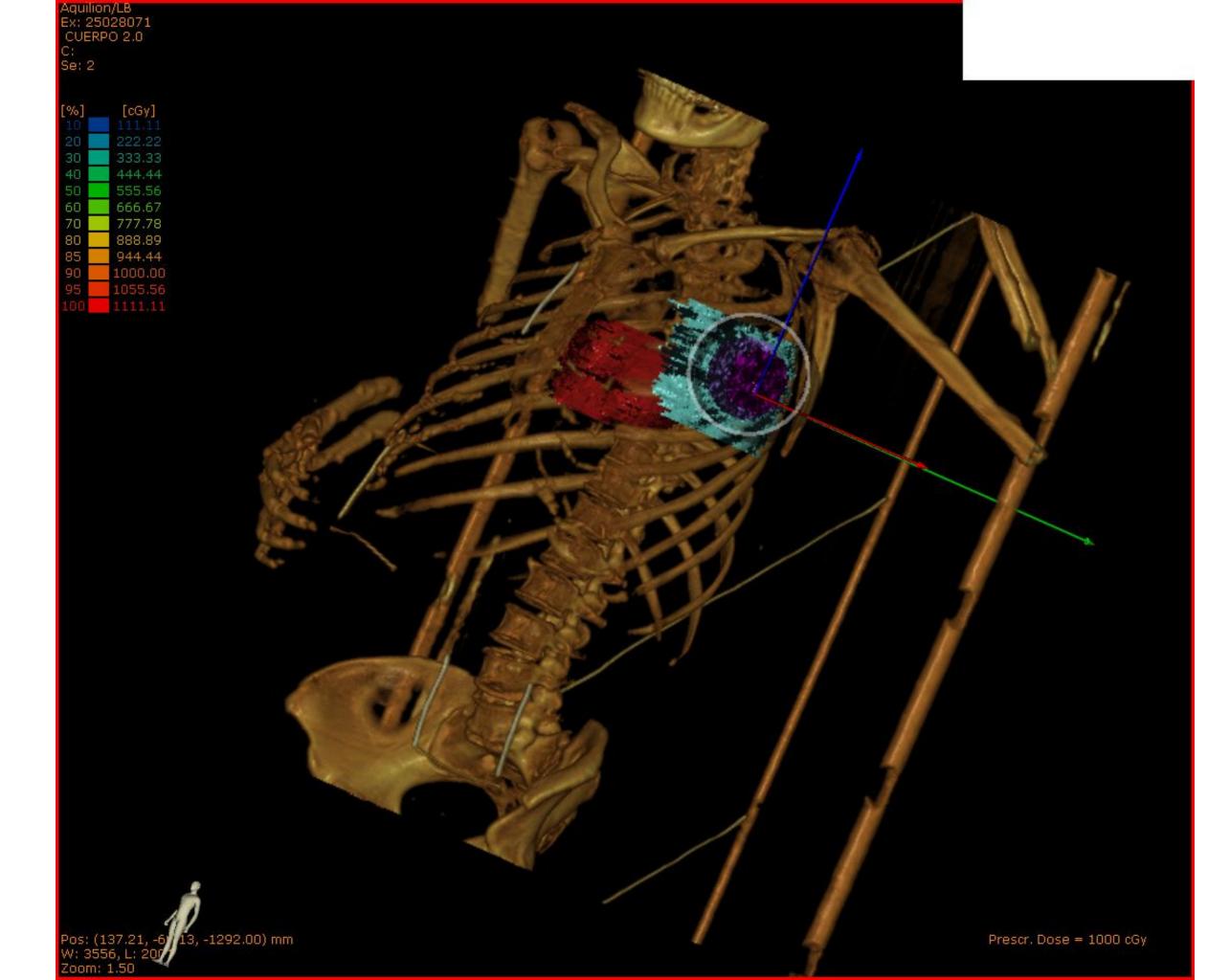


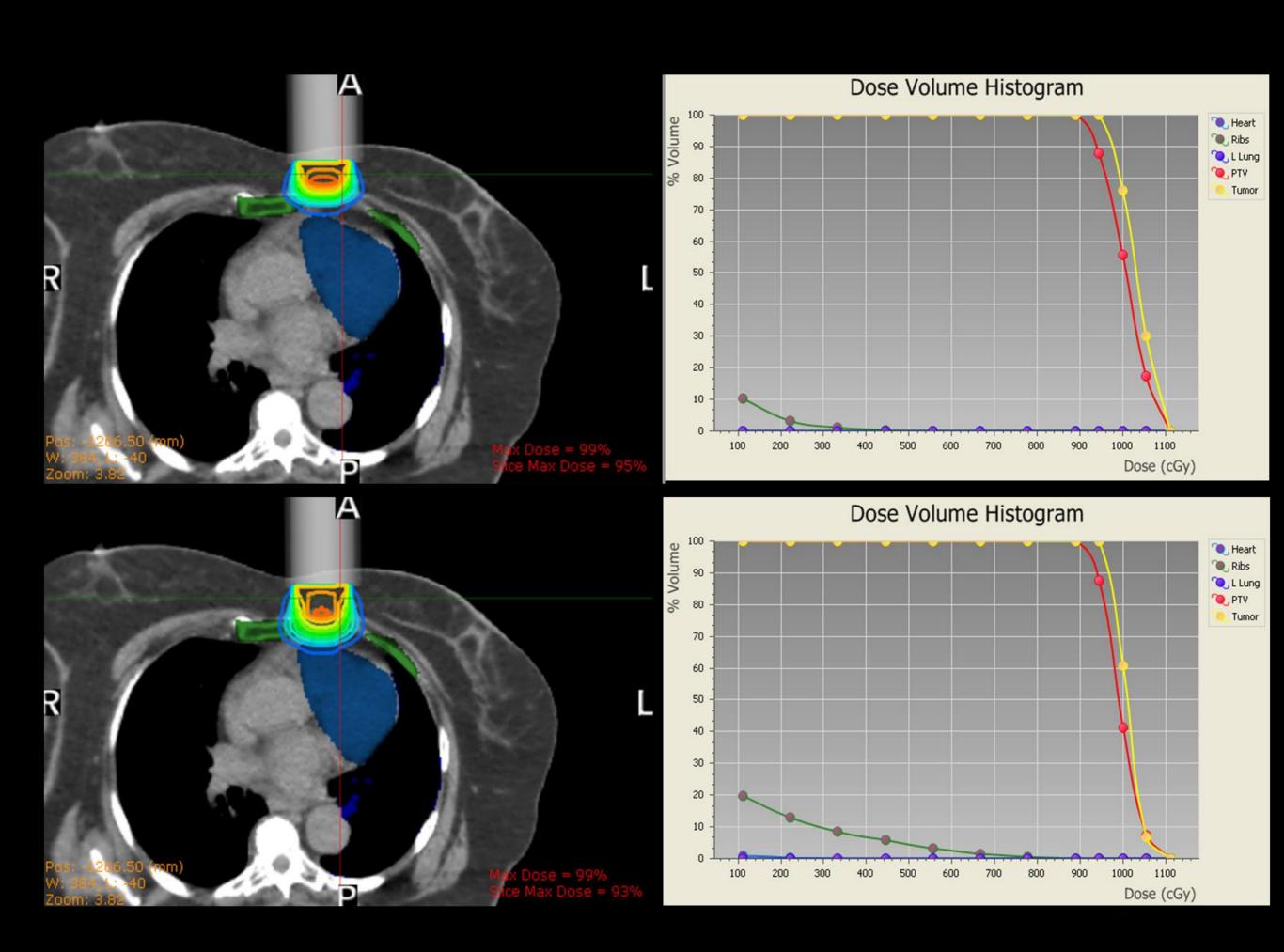


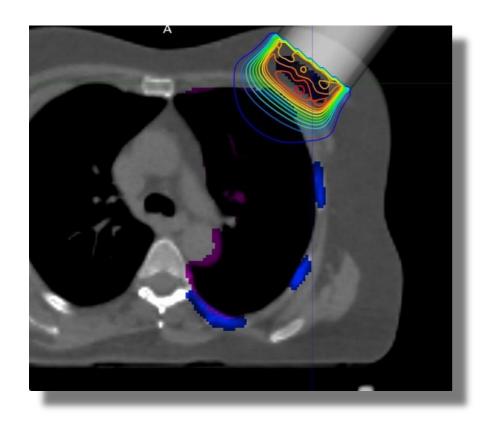


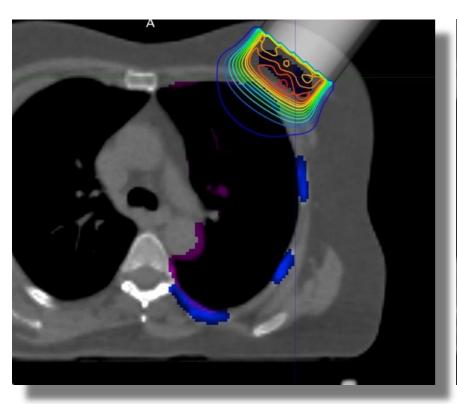


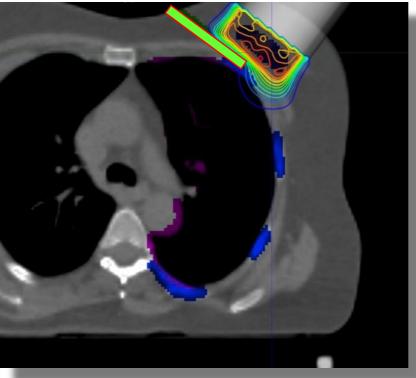


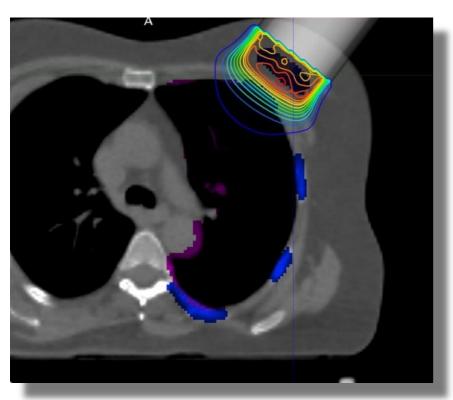


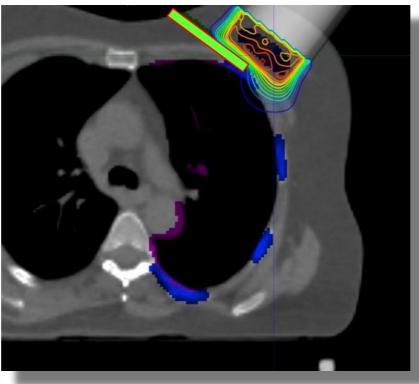




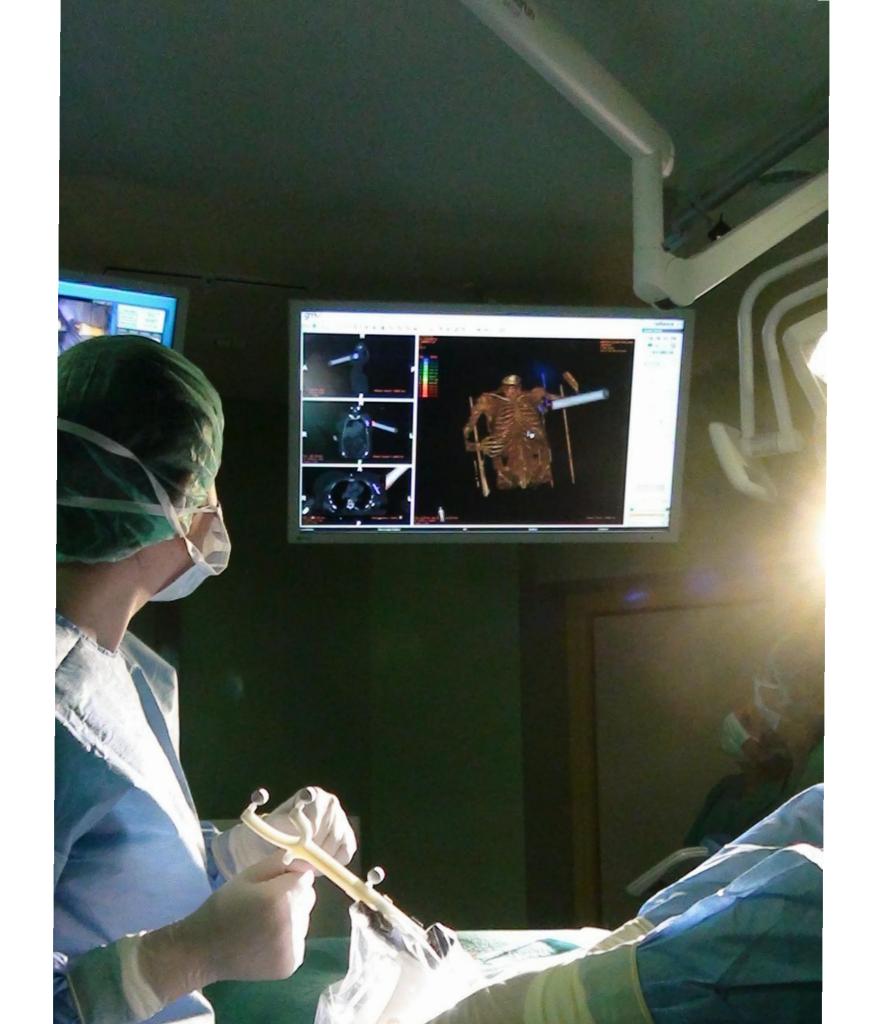




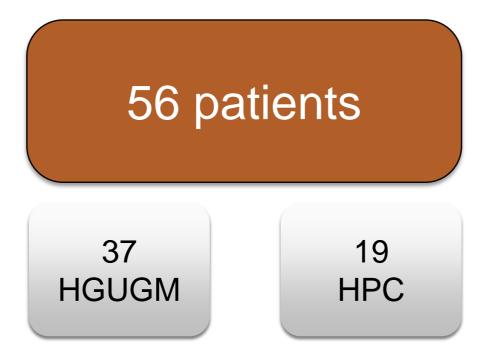








## Results



Follow-up	37m (6-67m)
Age (median)	65y
Menstrual status	Postmenopausal 95%

## Clinical characteristics

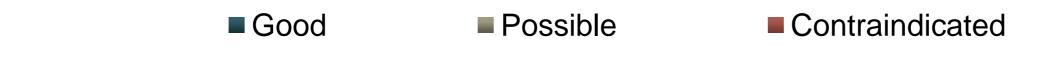
Breast	Left 59%
Localization	UOQ 21 (37%)
Unicentric	89%
cT1-2	100%
cN0	89%

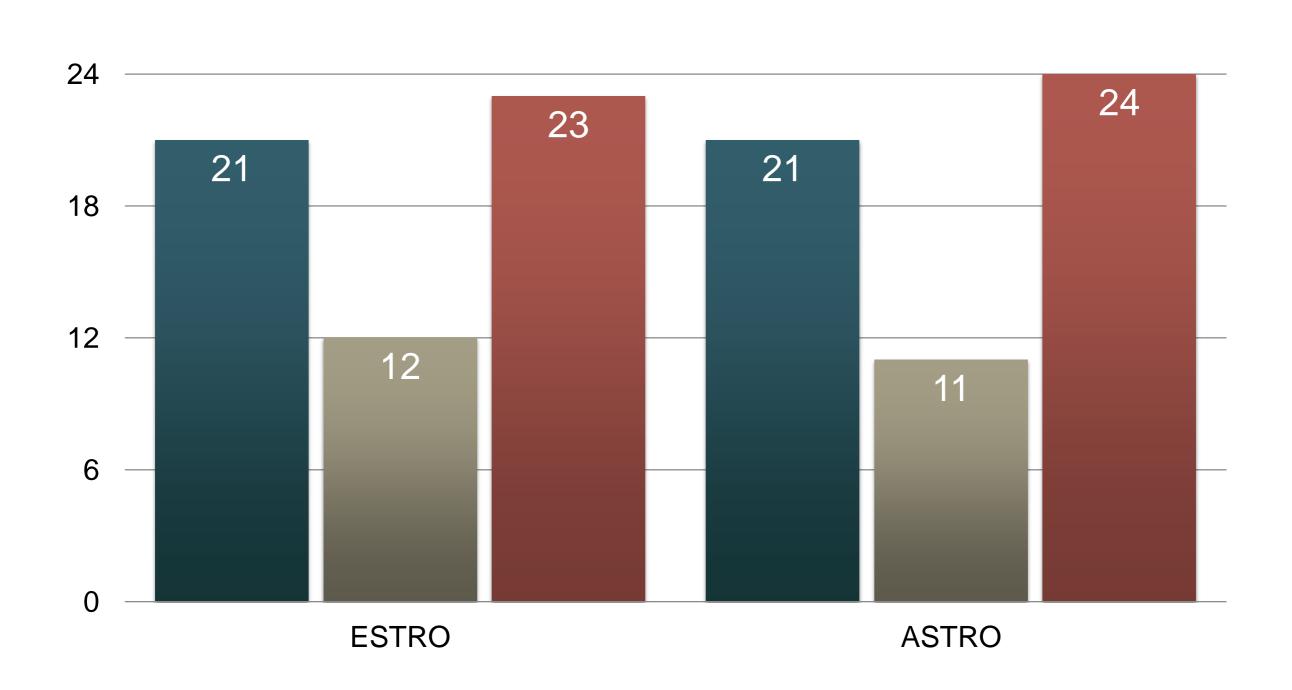
# Biopsy

Histology	ductal 82%
Nuclear grade	grade 1: 5%  grade 2: 81%  grade 3: 14%
ER+	96%
PR+	88%
HER-2 negative	93%

# Surgical and pathology features

Type of sugery	BCS
Sentinel nodal status	negative 57% positive 31% not performed 12%
<pt1c< td=""><td>80%</td></pt1c<>	80%
pN+	34%
Surgical margins	negative 73%
Lymphovascular invasion	9%
Perineural invasion	2%



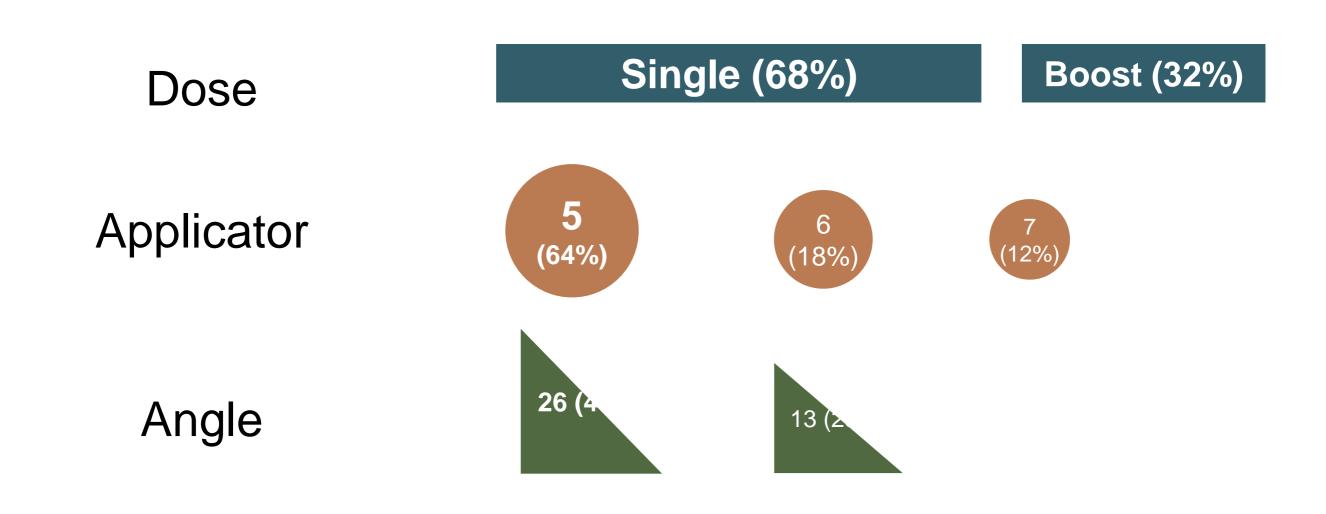


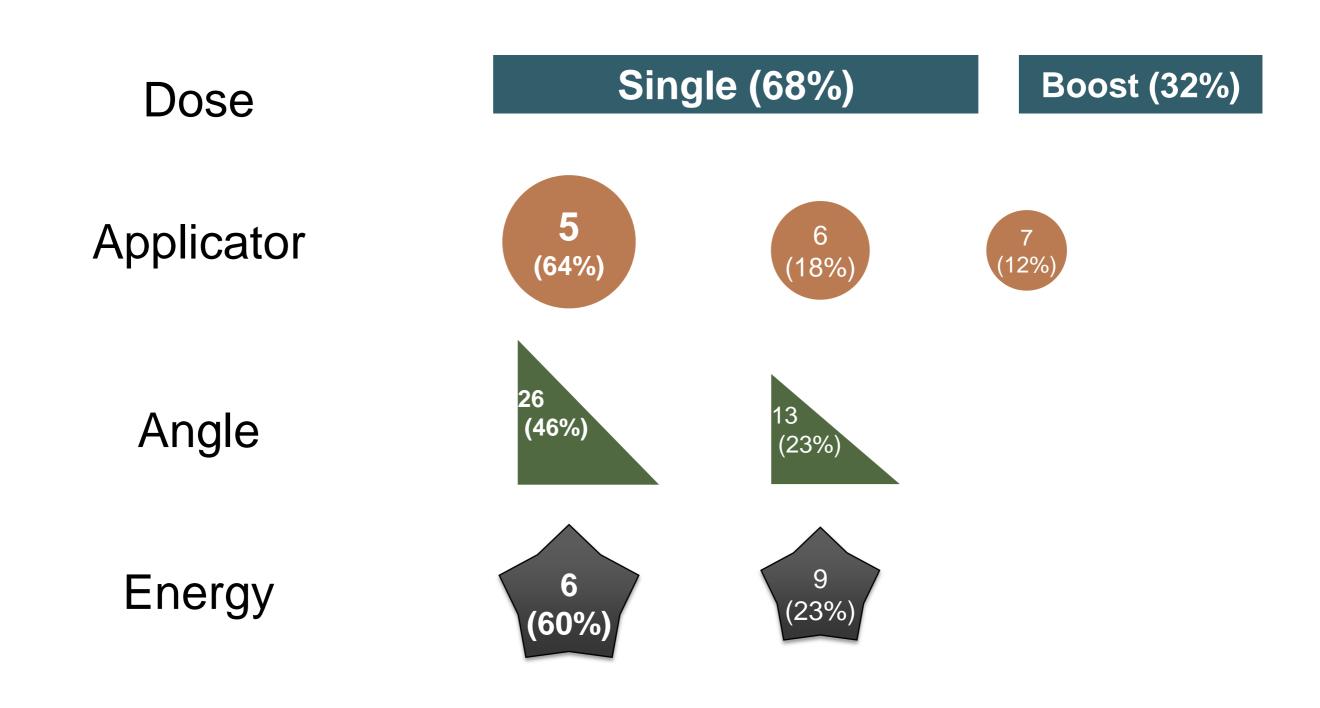
Dose

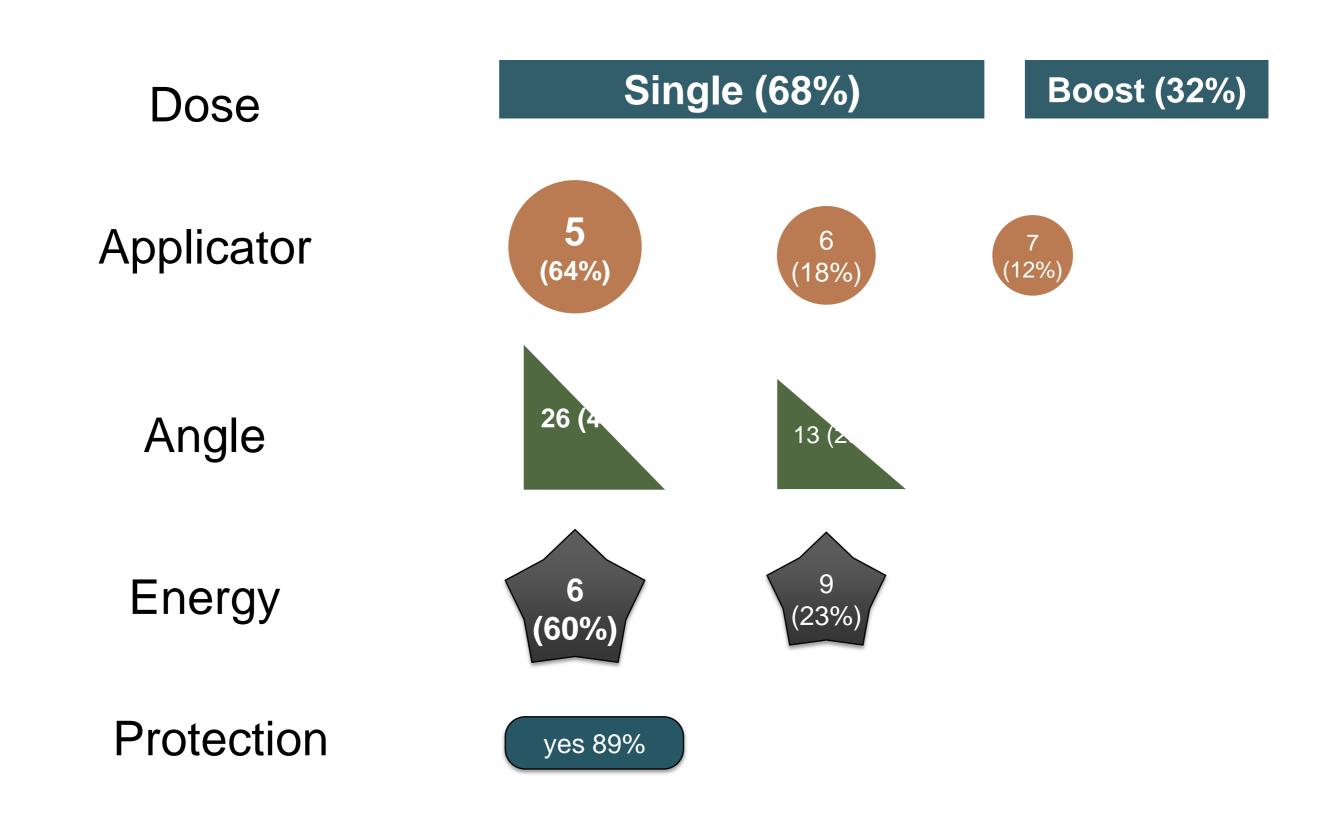
**Single (68%)** 

Boost (32%)









# Toxicity and cosmesis

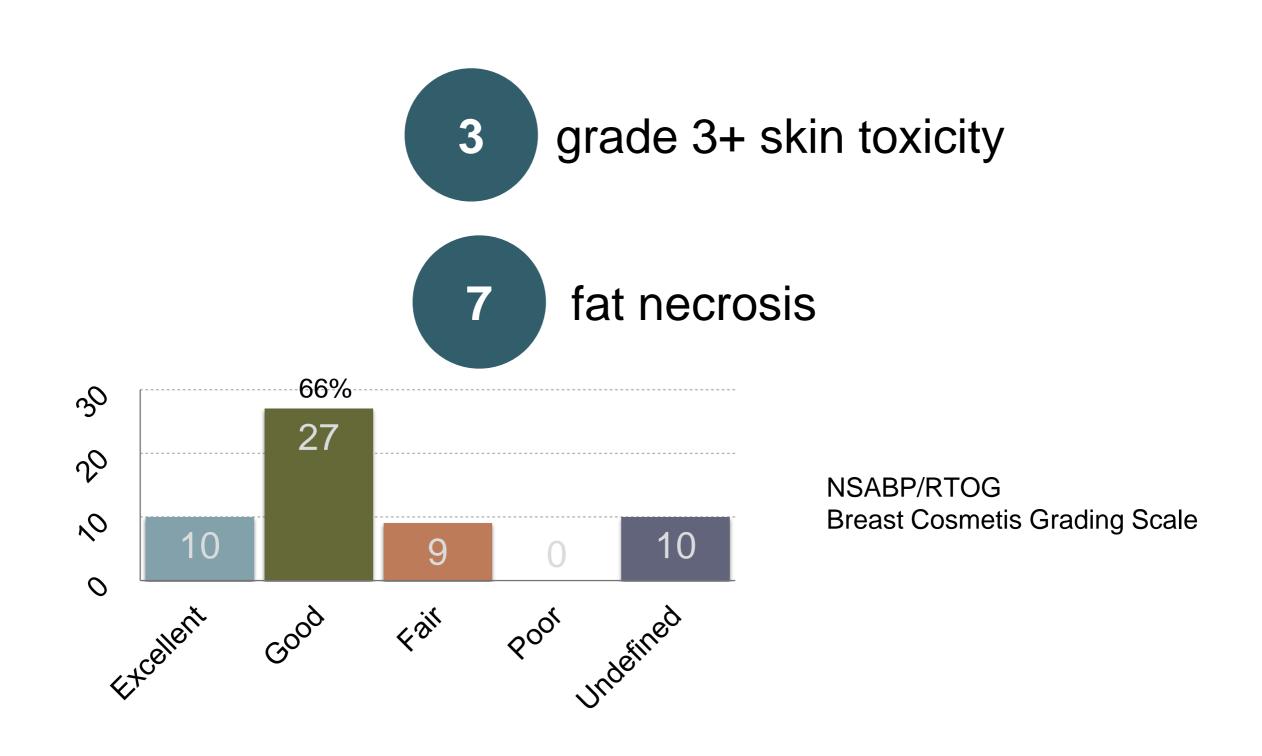
grade 3+ skin toxicity

# Toxicity and cosmesis

grade 3+ skin toxicity

7 fat necrosis

## Toxicity and cosmesis



### Status

- 51 alive without disease
- 2 alive with disease

dead with disease

2 dead without disease

### Status

51 alive without disease

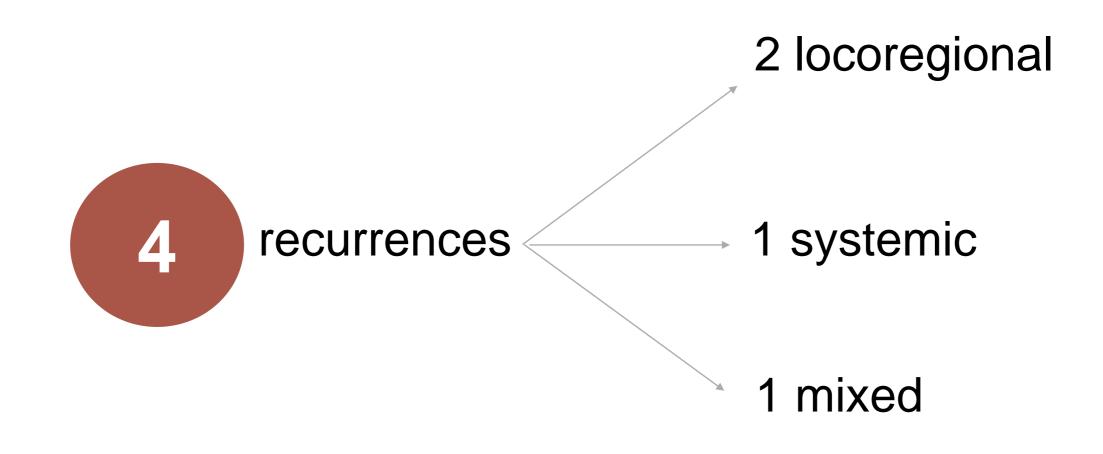
2 alive with disease

recurrences

dead with disease

2 dead without disease

## Status

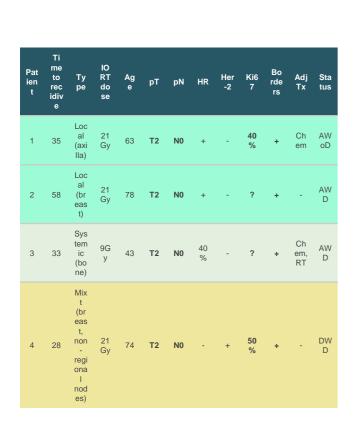


Time to recidive	Туре	IORT dose	Age	рТ	pΝ	IHQ	Borders	Adj Tx	Salv tx	Status
35	Local (axilla)	21Gy	63	T2	N0	HR+ Her2- Ki67 40%	+	Chem	Chem+RT	AWoD
58	Local (breast)	21Gy	78	T2	N0	HR+ Her2- Ki67?	+	-	Surg	AWD
33	Systemic (bone)	9Gy	43	T2	N0	HR 40% Her2- Ki67?	+	Chem, RT	Chem	AWD
28	Mixed (breast, non- regional nodes)	21Gy	74	T2	N0	HR- Her2+ Ki 67 50%	+	-	None	DWD

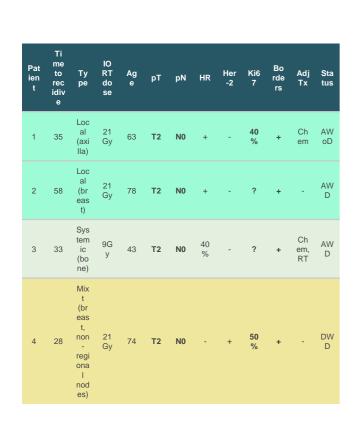
None in-field or in-quadrant All left sided

Time to recidive	Туре	IORT dose	Age	рТ	pN	IHQ	Borders	Adj Tx	Salv tx	Status
35	Local (axilla)	21Gy	63	T2	N0	HR+ Her2- Ki67 40%	+	Chem	Chem+RT	AWoD
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33	Systemic (bone)	9Gy	43	T2	N0	HR 40% Her2- Ki67?	+	Chem, RT	Chem	AWD
28	Mixed (breast, non- regional nodes)	21Gy	74	T2	N0	HR- Her2+ Ki 67 50%	+	-	None	DWD

None in-field or in-quadrant All left sided

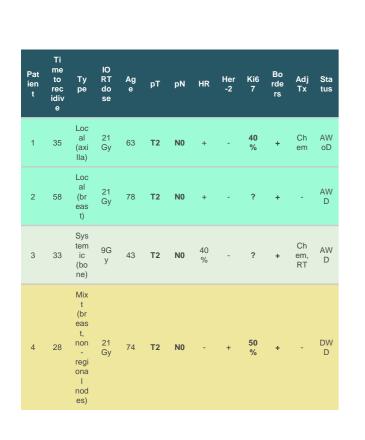


95% local control



95% local control

100% in-field local control



95% local control

100% in-field local control

100%

local control for ASTRO suitable or ESTRO good candidates

There were no statistically significant difference in clinical or pathological characteristics between treatment modality or cosmetic result.

### Conclusions

- The low local and systemic recurrence rates and the excellent toxicity profile in our joint experience support the efficacy and safety of IORT as single modality or boost for patients with early stage breast cancer.
- The use of Radiance IORT simulation and planning tool is feasible to introduce in clinical practice and allows a preprocedure selection of treatment parameters.
- Further studies regarding concordance between pre and post procedure parameters together with topography of cancer control are ongoing research projects.

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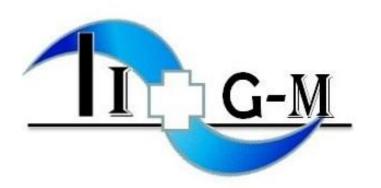
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