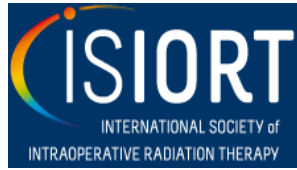




# **ISIORT Pooled Analysis 2014 update: Clinical and Technical Characteristics of IORT in 8,164 patients**

Krengli M, Sedlmayer F, Calvo F, Sperk E, Pisani C, Fastner G, Gonzalez C, Wenz F, Alessandro M, Mazzarotto R, Corvò R, Adamczyk S, Fillini C, Fusconi F, Osti M, Tomio L, Azinovic I, Ciabattoni A, Polkowski W, Di Grazia A, Gava A, Abdach L, Iotti C, Dubois JB, Catalano G, Cazzaniga F, Schumacher C, Weytjens R, Baldissera A, Ferrer C, Morillo V, Richetti F, Fusco V, Badinez L, Ivaldi G, Aguilar M, Ricardi U, Valentini V.



In order to promote a scientific and professional approach to IORT activity ...

**1998:** the International Society of Intraoperative Radiation Therapy (ISIORT) was founded

**2006:** the European section of ISIORT (ISIORT-Europe) was activated

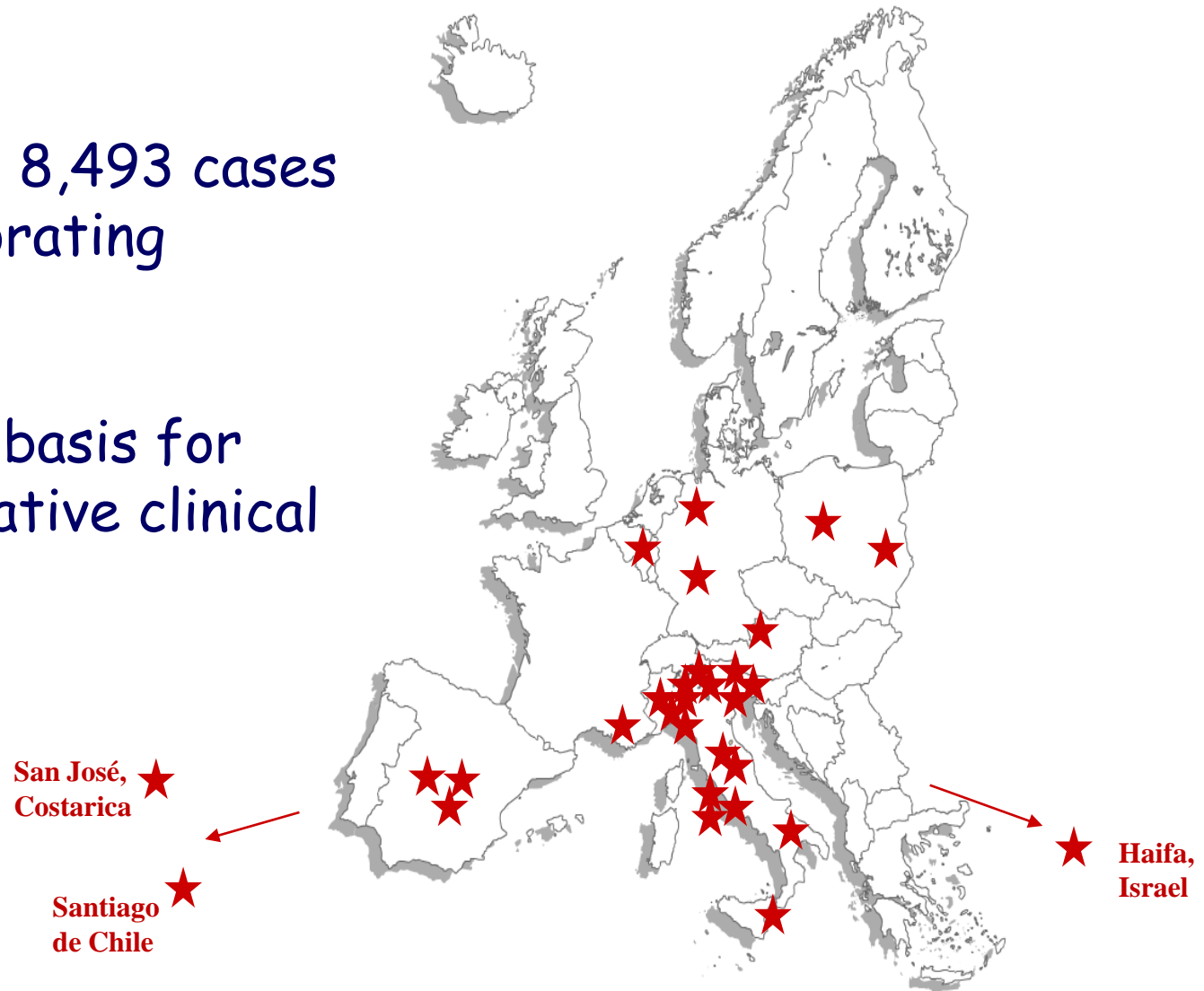


Among the activities of ISIORT-Europe, the **data-base Registry** has collected and recorded information of IORT activity from the affiliated centres.



Collected about 8,493 cases from 34 collaborating centers.

This could be a basis for future collaborative clinical trials.





Strahlenther Onkol 2013 · 189:729–737

## Clinical and technical characteristics of intraoperative radiotherapy

Analysis of the ISIORT-Europe database

M. Krengli · F.A. Calvo · F. Sedlmayer · C.V. Sole · G. Fastner · M. Alessandro · S. Maluta · R. Corvò · E. Sperk · M. Litoborski · C. Pisani · C. Fillini · F. Fusconi · M.F. Osti · L. Tomio · H. Marsiglia · A. Ciabattoni · W. Polkowski · A. Di Grazia · A. Gava · A. Kuten · C. Iotti · C. Gonzalez · M. Sallabanda · J.-B. Dubois · G. Catalano · V. Valentini

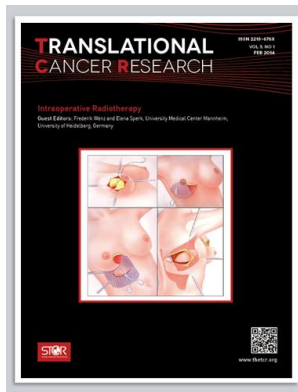
*Transl Cancer Res* 2014;3(1):48-58

## ISIORT pooled analysis 2013 update: clinical and technical characteristics of intraoperative radiotherapy

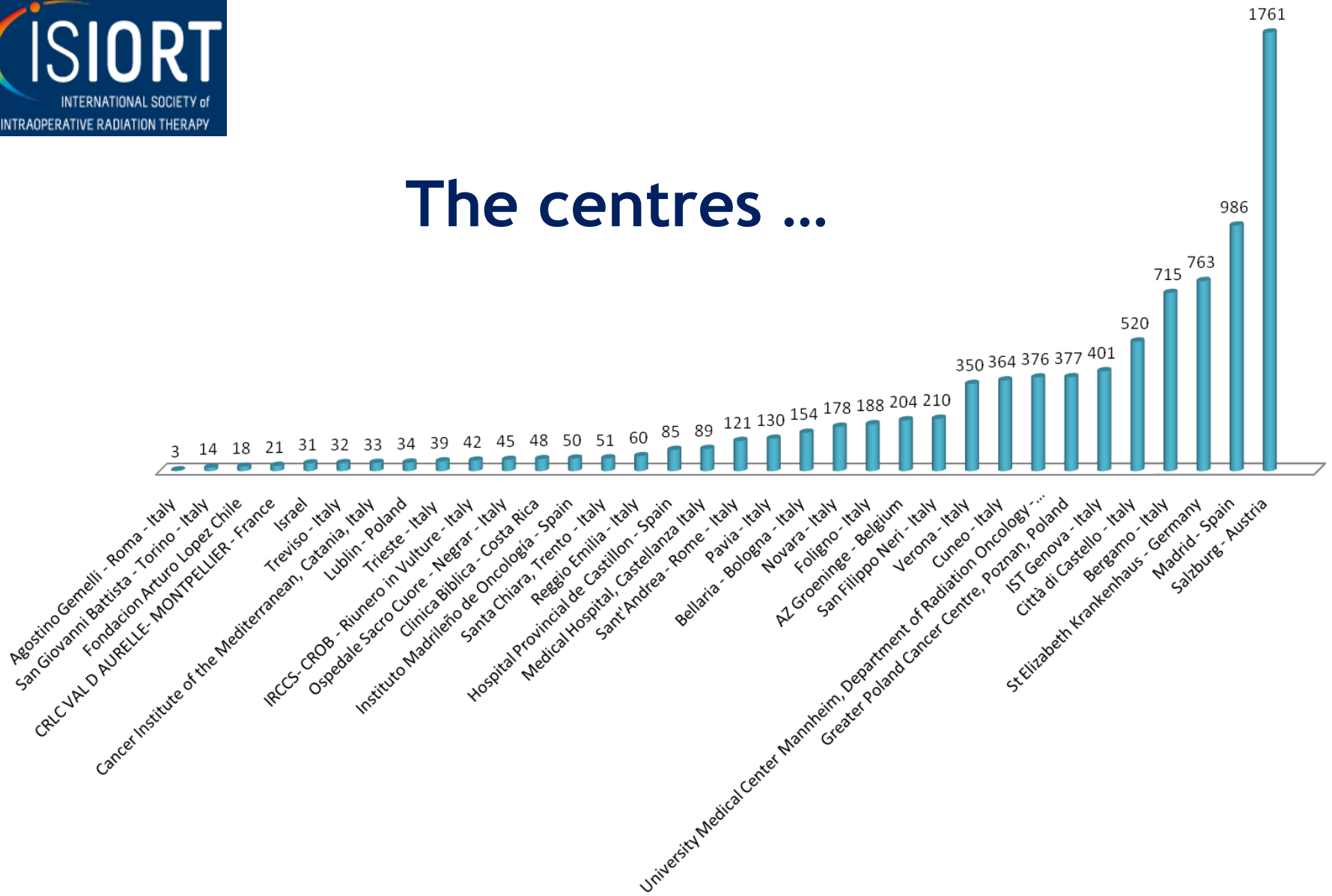
Marco Krengli<sup>1</sup>, Felix Sedlmayer<sup>2</sup>, Felipe A. Calvo<sup>3</sup>, Elena Sperk<sup>4</sup>, Carla Pisani<sup>1</sup>, Claudio V. Sole<sup>3</sup>, Gerd Fastner<sup>2</sup>, Carmen Gonzalez<sup>3</sup>, Frederik Wenz<sup>4</sup>

### Acknowledgements

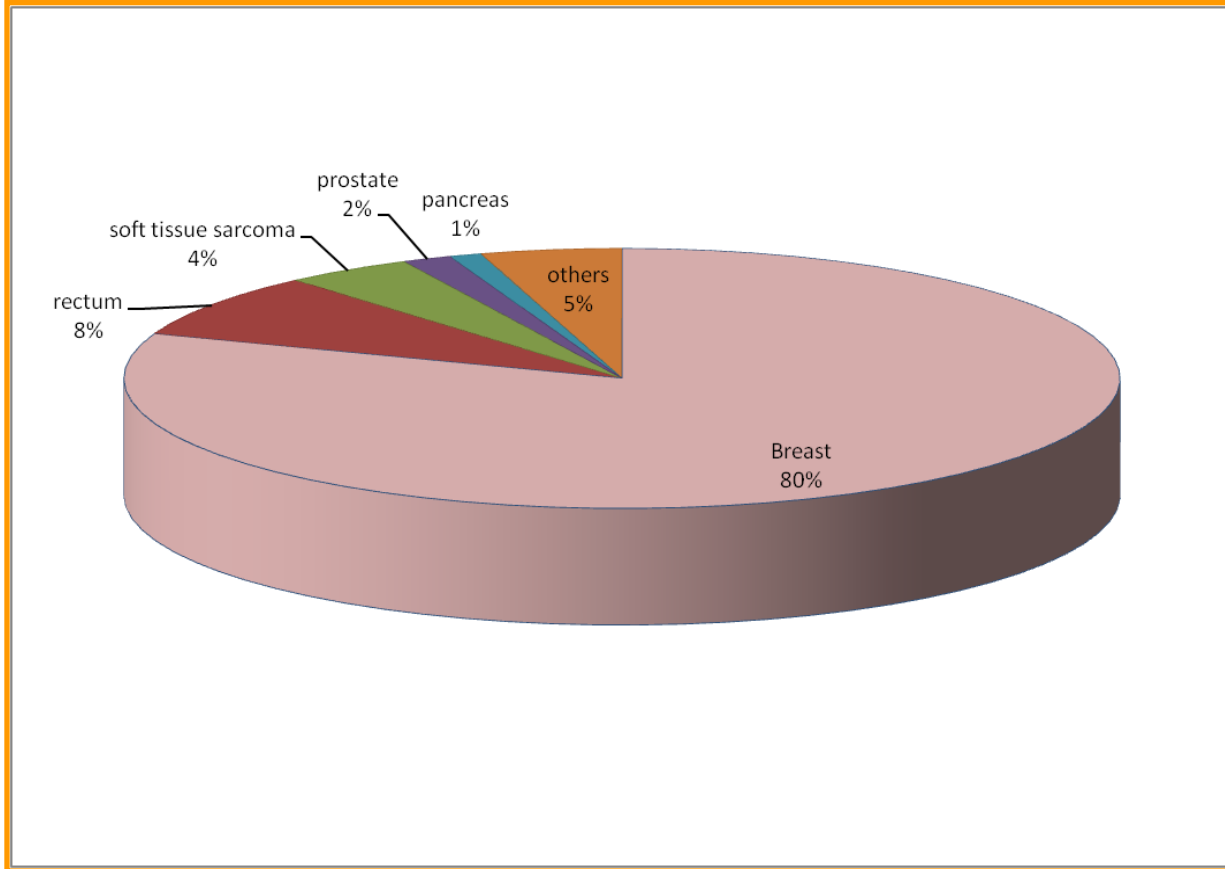
Morena Sallabanda, University Hospital Gregorio Maranon, Madrid, Spain; Bernhard Mitterlechner, University Hospital of the Paracelsus Medical University, Salzburg, Austria; Franco Ceccagli and Fabrizio Fusconi, Hospital, Città di Castello, Italy; Sergio Maluta, Hospital, Verona, Italy; Renzo Corvò, University Hospital and Cancer Centre, Genova, Italy; Sebastian Adamczyk, Greater Poland Cancer Centre, Poznan, Poland; Elvio Russi and Claudia Fillini, Hospital Santa Croce e Carle, Cuneo, Italy; Fabrizio Fusconi, Hospital San Giovanni Battista, Foligno, Italy; Riccardo Maurizi Enrici and Mattia Osti, University Hospital Sant'Andrea, Rome, Italy; Luigi Tomio, Hospital Santa Chiara, Trento, Italy; Hugo Marsiglia and Ignazio Azinovic, Instituto Madrileño de Oncología, Madrid, Spain; Antonella Ciabattoni, Hospital San Filippo Neri, Rome, Italy; Wojciech Polkowski, University Hospital, Lublin, Poland; Alfio Di Grazia, IOM Catania, Italy; Alessandro Gava Hospital, Treviso, Italy; Abraham Kuten, Rambam Health Care Campus, Haifa, Israel; Cinzia Iotti, Hospital Santa Maria Nuova, Reggio Emilia, Italy; Jean-Bernard Dubois, Centre Régional de Lutte contre le Cancer Val d'Aurelle Montpellier, France; Gianpiero Catalano, Hospital Multimedica, Castellanza, Italy; Franco Cazzaniga, Ospedale San Giovanni XXIII, Bergamo, Italy; Claudia Schumacher, St. Elisabeth-Krankenhaus, Köln, Germany; Reinhilde Weytjens, Sint Augustinus Hospital Wilrijk, Belgium; Bellaria, Antonella Baldissera, Hospital Bellaria, Bologna, Italy; Carlos Ferrer, Virginia Morillo, Juan Lopez-Tarjuelo Hospital Provincial de Castellon, Spain; Francesco Richetti, Hospital Sacro Cuore, Negrar, Italy; Vincenzo Fusco, IRCCS-CROB, Rionero in Vulture, Italy; Leonardo Badinez, Fundacion Arturo Lopez Perez, Santiago de Chile, Chile.



# The centres ...



# An overview

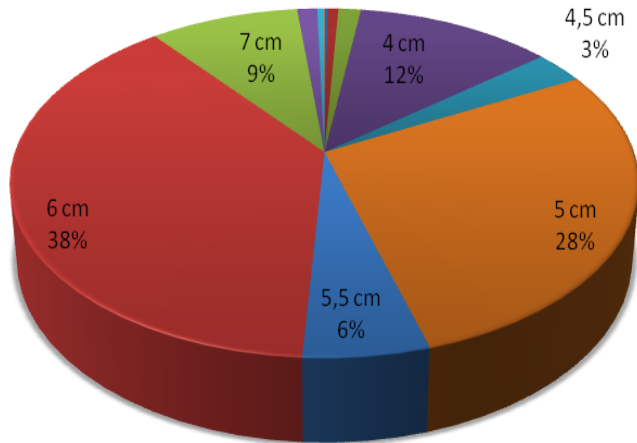


## What are “others”?

| Tumor sites       | #  |
|-------------------|----|
| Esophagus         | 53 |
| Stomach           | 65 |
| Brain             | 34 |
| Cervix-vagina     | 29 |
| Head and neck     | 28 |
| Uterine body      | 17 |
| Ovary             | 16 |
| Bowel             | 12 |
| Lymphnodes        | 9  |
| Kidney            | 8  |
| Abdominal         | 8  |
| Biliary tract     | 8  |
| Lung - lung apex  | 6  |
| Sacrum            | 6  |
| Adrenal glands    | 6  |
| Bladder           | 5  |
| Spine             | 2  |
| Testis            | 2  |
| Anus              | 1  |
| Chordoma          | 1  |
| Colangiocarcinoma | 1  |
| Liver             | 1  |
| Ear               | 1  |
| Vulva             | 1  |

# Breast cancer (n = 6,663 cases)

## Breast - Diameter of applicator



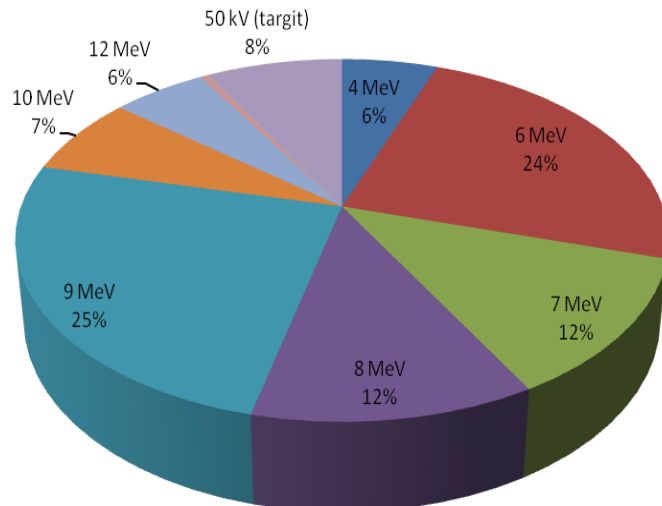
**Median age: 61.1 yrs (16 – 90)**

**T1: 81.8% - T2: 16.1%**

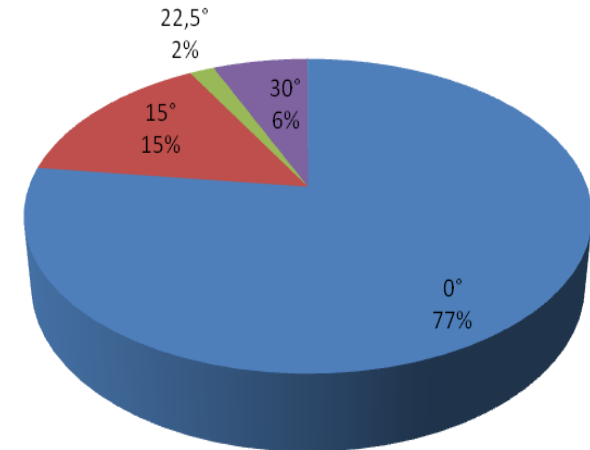
**Ductal carcinoma: 96.5%**

**Lobular carcinoma: 3.5%**

## Breast - Beam Energy



## Breast - Bevel angle



**IORT as boost: 47.8% (8 - 12 Gy)**

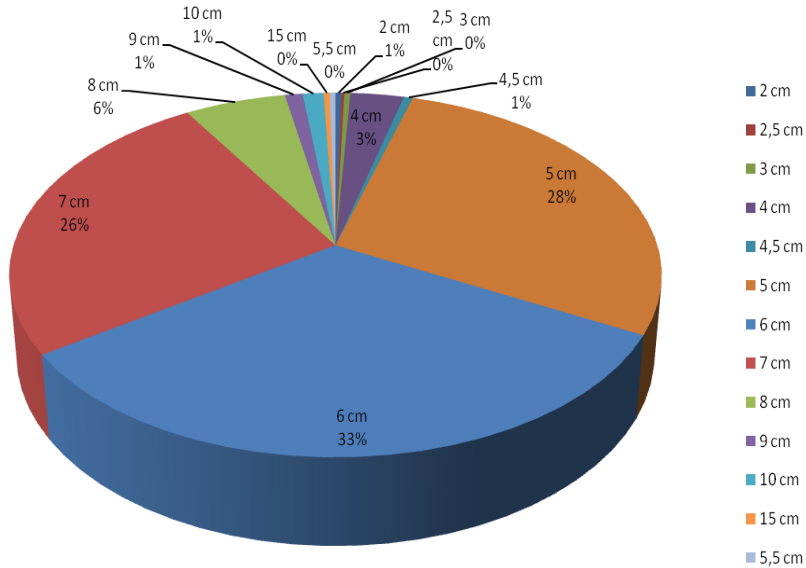
6.3% enrolled in protocols

**Only IORT: 52.2% (16 - 21 Gy)**

33% enrolled in protocols

# Rectal cancer (n = 665 cases)

Rectum - Diameter of applicator



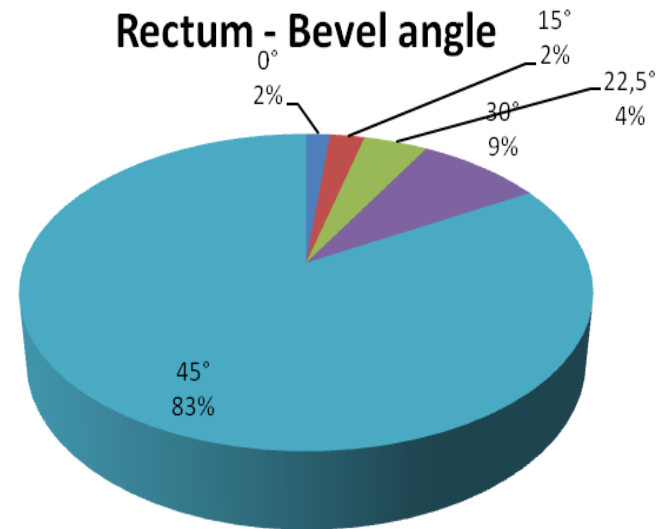
**Median age: 62.9 yrs (26 – 94)**

**Primary: 86%**

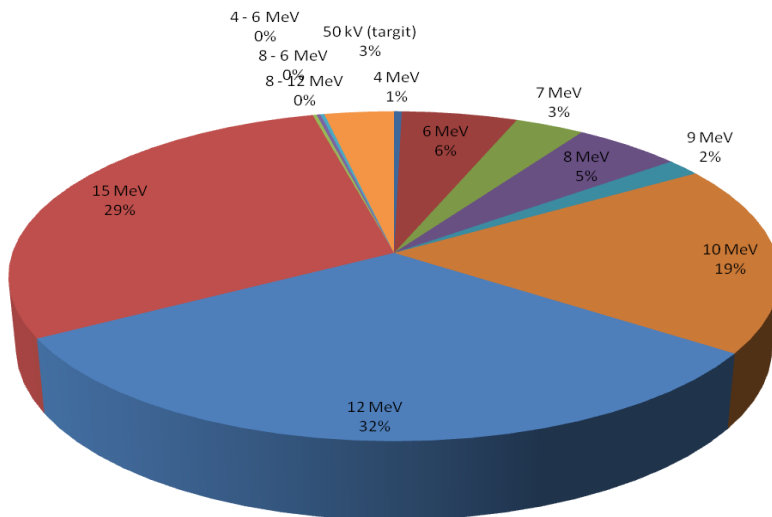
T2: 57.1%; T3: 16.4%; T4: 13.6%

**Recurrent: 14%**

Rectum - Bevel angle



Rectum - Beam energy



**Doses:**

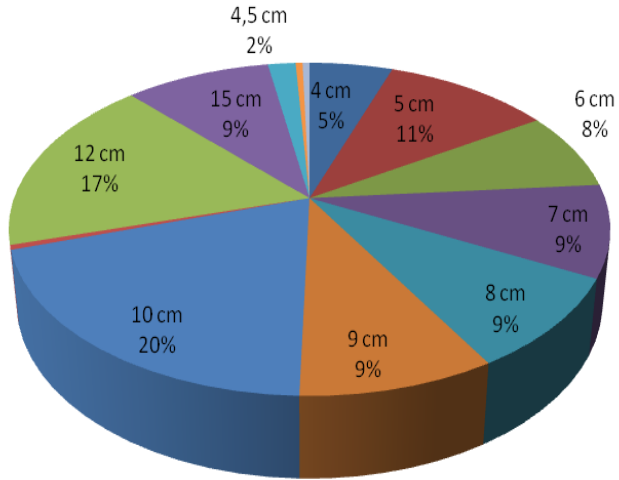
**8 Gy (2%), 10 Gy (28%),**

**12.5 Gy (59%), 15 Gy (6%)**



# Soft tissue sarcomas (n = 345 cases)

**Sarcoma - Diameter of applicator**



**Median age:** 50 yrs (5 months – 88 yrs)

**Primary:** 57.8%

**Recurrent:** 42.2%

**Histology:**

liposarcoma: 50%

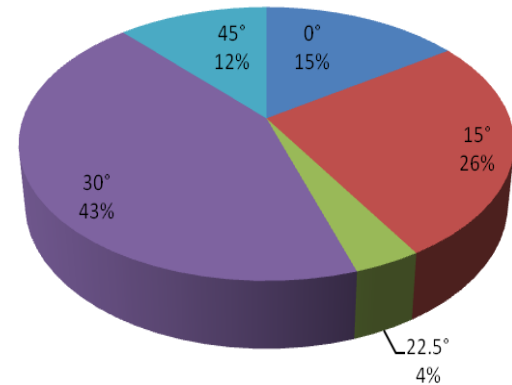
Ewing: 14%

leiomyosarcoma: 16%

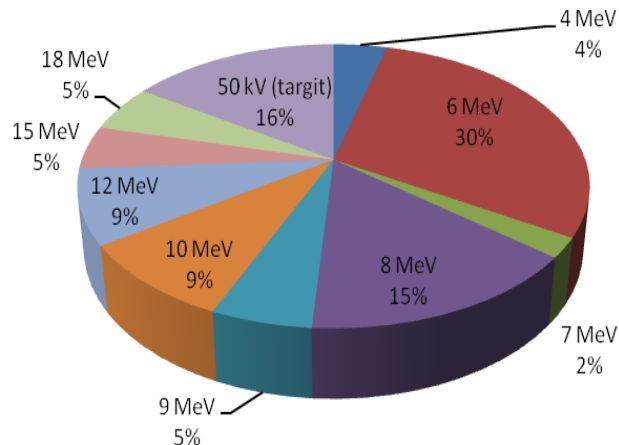
chondrosarcoma: 5%

fibrohistiocitoma: 15%

**Sarcoma - Bevel angle**



**Sarcoma - Beam energy**



**Doses:**

**10 Gy (40%), 12.5 Gy (32%),  
15 Gy (12%), 12 Gy (10%)**

# Conclusions

- The number of collaborating centres increased over time from 3 in 2007 to 21 in 2011 and to 34 in 2014.
- These data are a report on a large clinical experience of patients treated with IORT worldwide and gives an overview on practice oriented patients selection.
- Further data analysis could focus on single tumour types and highlight specific clinical and technical issues.
- The collected data could serve as a basis for designing clinical trials in an effort to define the contribution of IORT in tailored multimodality approach.