

***RTOG Partial Breast
Irradiation Workshop***

- RTOG 0413/NSABP B-39 -

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Outline

- **Definition/Rationale for PBI**
- **RTOG/NSABP phase III protocol design**
- **RTOG/NSABP phase III scientific endpoints**

Partial Breast Irradiation

- Definition -

- **Delivery of larger doses/fraction of radiation therapy (RT) to the lumpectomy cavity (plus 1-2 cm margin) after breast conserving surgery in patients with early stage breast cancer using brachytherapy or external beam irradiation techniques**
- **Complete RT in < 4-5 days after lumpectomy instead of 6-7 weeks**

'Rationale' For Partial Breast Irradiation

- **↓ Time and Inconvenience Of BCT**
- **Improve Documented Underutilization Of Breast Conserving Therapy (BCT)?**
- **Potentially Reduce Acute and Chronic Toxicity**
- **Improve Quality Of Life Of Patients**
- **Eliminate Scheduling Problems With Systemic Chemotherapy (?)**

Scientific Rationale

- Partial Breast Irradiation -

- Major Effect Of Post-Lumpectomy RT:
 - *Reduce Risk Of Recurrence In Tumor Bed Region*

Scientific Rationale

- Partial Breast Irradiation -

- **Major Effect Of Post-Lumpectomy RT:**
 - *Reduce Risk Of Recurrence In Tumor Bed Region*
- **Recurrences Away From Tumor Bed**
(‘Elsewhere’ Failures-New Primary cancers):
 - *Similar After Lumpectomy Alone Or Followed By Whole Breast RT*

Scientific Rationale

- Partial Breast Irradiation -

- **Major Effect Of Post-Lumpectomy RT:**
 - *Reduce Risk Of Recurrence In Tumor Bed Region*
- **Recurrences Away From Tumor Bed ('Elsewhere' Failures-New Primary cancers):**
 - *Similar After Lumpectomy Alone Or Followed By Whole Breast RT*
- **Whole Breast RT:**
 - *May Not Be Needed In 'Appropriately' Selected Patients*

Partial Breast Irradiation

- Supporting Data -

- **Catheter based brachytherapy**
- **MammoSite Balloon Device**
- **3D Conformal external beam radiation therapy**

Published PBI Results

- Catheter Based Brachytherapy -

<i>Institution</i>	<i># Patients</i>	<i>Follow-Up (Months)</i>	<i>% Local Recurrence</i>
WBH - LDR Patients	120	82	0.9
Oschner Clinic	51	75	2.0
WBH - All Patients	199	65	1.2
NIO – Hungary	45	60	4.4
Tufts-Brown University	33	58	6
WBH - HDR Patients	59	52	2.1
Virginia Commonwealth University	59	50	5.1
RTOG 95-17	99	44	3.0
University Kansas	24	37	0
NIO-Hungary Phase III	181	30	1.1
Florence Italy	90	27	4.4
MGH	48	23	0
<i>Totals</i>	<i>1005</i>		<i>0-6%</i>

RTOG 95-17

- Brachytherapy Alone Trial-

- **Robert Kuske, M.D.: Principal Investigator**
- **99 patients enrolled**
- **Results updated at ASCO '04**
- **Median f/u 3.7 yrs (range 0.6-5.7)**
- **Actuarial 4-yr breast and nodal recurrence rate of 3%**
 - **Local failure - 3 pts**
- **Contralateral failure = 3 pts**

MammoSite Data

- **Original FDA Trial Data**
- **ASBS MammoSite Registry trial**
- **Single Institution Experiences**

FDA Trial – 3-Yr Cosmetic Outcome

- 88% Excellent/Good & No Recurrences -

Courtesy M. Keisch, M.D. (ASTRO '04)

<i>Variable Analyzed</i>	<i>Cosmetic Result</i>					<i>p-value</i>
	Excellent	Good	Fair	Poor	Unknown	
# of pts (% of total)	17 (39.6)	21 (48.8)	4 (9.3)	0 (0)	1 (2.3)	--
Median Skin Spacing (mm)	12	8	6.5	---	---	0.0004 ^a
≥ 5 ≤ 7 mm Skin Spacing (n=13)	1(8%) ^b	9(69%) ^b	3(23%)	---	---	0.0451 ^b
≥ 7 mm Skin Spacing (n=30)	16(53%) ^b	12(40%) ^b	1(3%)	---	1(3%)	
Open Cavity Placement # (%)	10 (40) ^c	11 (44%) ^c	3 (12%)	---	1 (4%)	ns ^c
Closed Cavity Placement # (%)	7 (39%) ^c	10 (55%) ^c	1 (6%)	---	0	
Balloon Fill (cc) Mean ± Std	52.0 ± 13.2	47.9± 11.5	53.8 ± 13.8	---	61 ± 0	
Balloon Fill ≤ 50 cc	9 (34.6) ^d	15 (57.7) ^d	2 (7.7)	---	---	ns ^d
Balloon Fill > 50 cc	8 (50.0) ^d	6 (37.5) ^d	2 (12.5)	---	---	
Bra Size A+B	1 (10%) ^e	7 (70%) ^e	2 (20%)	---	---	ns ^e
Bra Size C+D	12 (48%) ^e	12 (48%) ^e	1 (4%)	---	---	
Median Follow-up (mos)	21	19	26	---	25	
Follow-up (Range mos)	1-31	1-30	19-31	---	25	

^aKruskall-Wallis Test

^b Chi Square Test: p-value comparing Excellent/Good results between the skin distance groups

^c Chi Square Test: p-value comparing Excellent/Good results between cavity groups

^d Chi Square Test: p-value comparing Excellent/Good results between balloon/fill groups

^e Chi Square Test: p-value comparing Excellent/Good results between bra size groups

ASBS MammoSite Registry Trial

- **Trial developed by manufacturer**
- **Started with clearance of device by FDA (May 2002)**
- **American Society of Breast Surgeons (ASBS) assumed management Nov 2003**
 - **Additional new data collected**
 - **Random chart checks (10%)**
 - **Additional follow-up**
- **Synergos, Inc. (Independent Contract Research Organization):**
 - **Data handling, management, statistics**

Background

- **Trial completed accrual/closed: Nov 2004**
 - 1500 patients enrolled
 - **87** Institutions
 - **233** Investigators
 - 80%: IRB approved protocol
- **Current analysis:**
 - First **1419** patients enrolled
 - All patients signed informed consent
 - Follow-up complete through Nov 11, 2004
 - First analysis by ASBS
 - Results presented at San Antonio Breast Cancer Symposium

ASBS Registry Trial

<i>Characteristic</i>	<i>Finding</i>
Median Age	65 Years (Range 35-93)
<u>AJCC Tumor Stage</u>	<u>Number (%)</u>
Tis (in-situ)	169 (13.7%)
<u>Invasive Carcinoma</u>	1068 (86.3%)
T1a (≤ 0.5 cm)	144 (11.6%)
T1b (> 0.5 and ≤ 1.0 cm)	424 (34.3%)
T1c (> 1.0 and ≤ 2.0 cm)	423 (34.2%)
T2 (> 2.0 and ≤ 5.0 cm)	77 (6.2%)
Stage 0	169 (13.7%)
Stage I	991 (80.1%)
Stage II	77 (89.3%)
N0	977 (91.5)%
N(+)	33 (3.1)%
NX	58 (5.4)%

ASBS Registry Trial

- Cosmesis -

<i>Visit</i>	<i>N</i>	<u><i>Excellent/Good Cosmesis</i></u>	<u><i>Fair/Poor Cosmesis</i></u>
All Visits	1084	1030 (95.0%)	54 (5.0%)
3 Months	755	717 (95.0%)	38 (5.0%)
6 Months	555	526 (94.8%)	29 (5.2%)
9 Months	368	346 (94.0%)	22 (6.0%)
12 Months	248	229 (92.3%)	19 (7.7%)
18 Months	70	63 (90.0%)	7 (10.0%)
24 Months	19	18 (94.7%)	1 (5.3%)

ASBS Registry Trial- Cosmesis

<i>Variable Analyzed</i>	<i>Cosmetic Result</i>				<i>p-value</i>
	Excellent	Good	Fair	Poor	
# of pts (% of total)	598 (55.2%)	432 (39.9%)	45 (4.2%)	9 (0.8%)	
Median Skin Spacing (mm)	10.0	10.0	8.0	8.0	< 0.0001 ^a
< 7 mm Skin Spacing (n=121)	46 (38.0%)	59 (48.8%)	14 (11.6%)	2 (1.6%)	0.0001 ^b
≥7 mm Skin Spacing (n=964)	552 (57.3%)	373 (38.7%)	31 (3.2%)	7 (0.7%)	
Open Cavity Placement (n=488, 45%)	275 (56.4%)	185 (37.9%)	22 (4.5%)	6 (1.2%)	0.3275 ^c
Closed Cavity Placement (n=586, 55%)	323 (54.2%)	247 (41.4%)	23 (3.9%)	3 (0.5%)	
<u>Balloon Fill (cc) Mean + Std</u>	56.6 ± 17.8	55.4 ± 17.8	54.3 ± 14.8	57.0 ± 14.4	
Balloon Fill ≤ 50 cc	262 (52.0%)	218 (43.2%)	21 (4.2%)	3 (0.6%)	0.7813 ^d
Balloon Fill > 50 cc	336 (57.9%)	214 (36.9%)	24 (4.1%)	6 (1.0%)	
Bra Size A+B	124 (49.6%)	105 (42.0%)	17 (6.8%)	4 (1.6%)	0.0074 ^e
Bra Size C+D	474 (56.8%)	327 (39.2%)	28 (3.4%)	5 (0.6%)	
<u>Systemic Chemotherapy</u>					
Yes ^h	55 (48.3%)	52 (45.6%)	7 (6.1%)	0 (0.0%)	0.4974 ^f
No	543 (56.0%)	380 (39.2%)	38 (3.9%)	9 (0.9%)	
<u>Wound infection</u>					
Yes ⁱ	30 (34.1%)	49 (55.7%)	5 (5.7%)	4 (4.5%)	0.0349 ^g
No	566 (57.0%)	382 (38.5%)	40 (4.0%)	5 (0.5%)	
Median Follow-up (mos)	6	4	5	13	

ASBS Registry Trial

- Infection Rates -

<i>Event*</i>	<i># Patients</i>	<i>%</i>
Breast Infection	52	4.6
Breast Abscess	19	1.7
Cellulitis	15	1.3
Mastitis	11	1.0
Infection (NOS)	4	0.4
<u>Total Patients</u> (evaluable patients n=1140)	92	8.1
<u>Device Related</u> (evaluable patients n=1140)	60	5.3
<u>Cosmesis (At Last Follow-up)</u>		
Excellent/Good	79	85.9
Fair/Poor	10	10.8

* As reported by investigator

ASBS Registry Trial

- Radiation Recall Reactions -

	<i># Patients</i>	<i>%</i>
<i>Total Cases Evaluable</i>	442	36
Total Cases Reported	15	3.4
<u>Chemo Given (n=74)</u>		
Recall reaction (+)	10	13.5
Recall reaction (-)	64	87.5
<u>No chemo given (n=367)</u>		
Recall reaction (+)	5	1.4
Recall reaction (-)	363	98.6
<u>Time to Chemo (Days)*</u>		
< 14	3/19	15.8
≥ 14	7/43	16.3
< 21	5/25	20.0
≥ 21	5/37	13.5
< 28	6/34	17.6
≥ 28	4/28	14.3
Unknown	0/12	0.0
<u>Skin spacing (<7 mm)</u>		
Recall reaction (+)	3	6.0
Recall reaction (-)	47	94.0
<u>Skin spacing (≥7 mm)</u>		
Recall reaction (+)	12	3.1
Recall reaction (-)	380	96.9

3D Conformal External Beam PBI

- Published Data -

- **William Beaumont Hospital**
- **USC/New York University**
- **RTOG 0319**
- **Massachusetts General Hospital**

3D Conformal External Beam Radiotherapy

Phase I/II PBI Trial

- William Beaumont Hospital -

- **62 patients treated:**
 - **During treatment**
 - **Minimal to no skin changes (All patients)**
 - **At initial 6 week follow-up visit**
 - **Faint hyperpigmentation (14 pt)**
 - **Mild breast discomfort not requiring analgesics (6 pt)**
 - **Isolated area (<2cm) dry desquamation (6 patients)**
 - **Median follow-up > 1 Year**
 - **Minimal to no observable/palpable RT effects**

Int J Radiat Oncol Biol Phys 2003

Formenti et al

- **47 patients treated in prone position at New York University**
- **Int J Radiat Oncol Biol Phys 2004**
- **30 Gy in 6 fractions**
- **Minimal toxicity (median follow-up 18 months)**

RTOG 0319

A Phase I/II Trial To Evaluate Three Dimensional Conformal Radiation Therapy (3D-CRT) Confined To The Region Of The Lumpectomy Cavity For Stage I/ II Breast Carcinoma: Initial Report of Feasibility and Reproducibility of Radiation Therapy Oncology Group (RTOG) Study 0319.

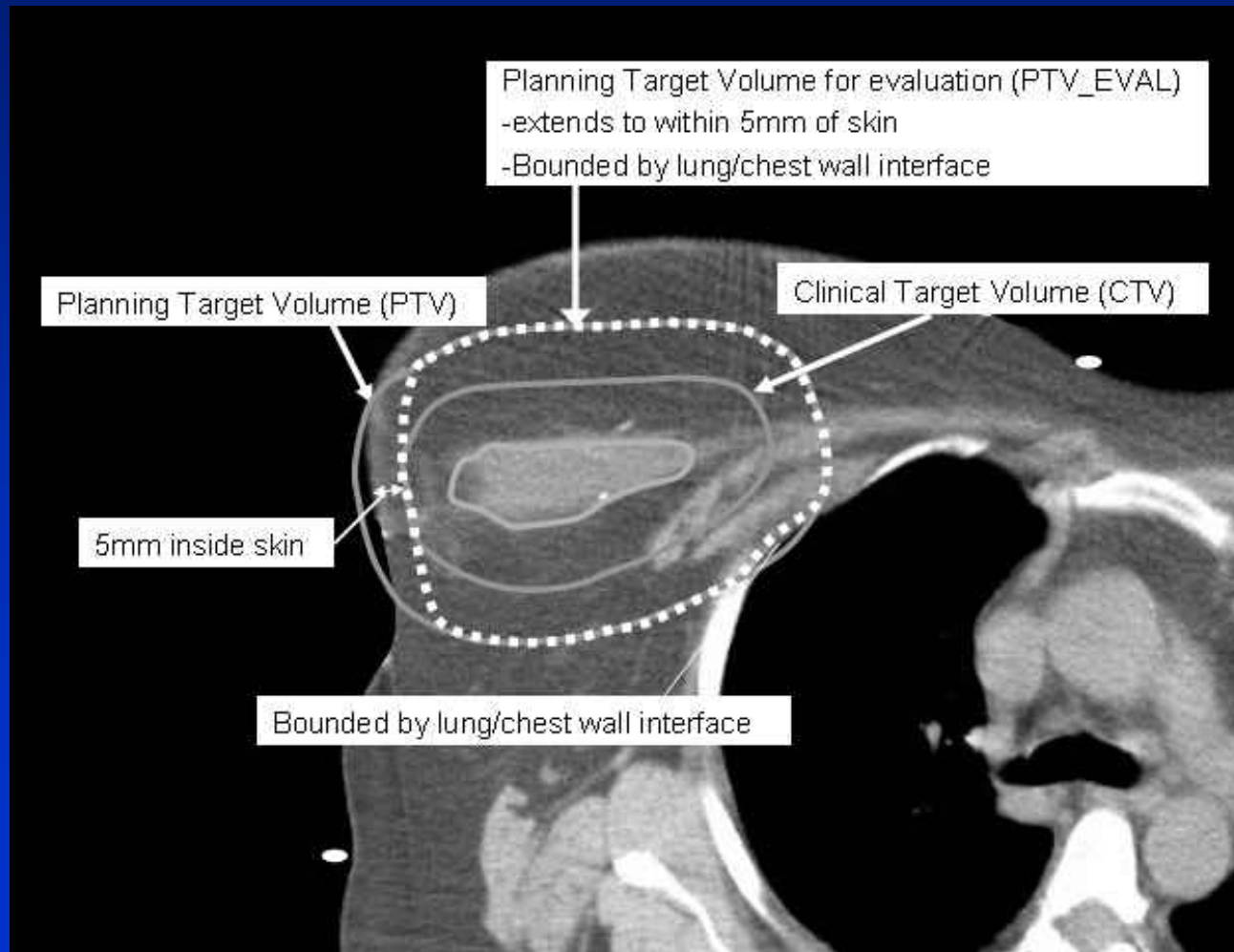
RTOG 0319

- **Accrual goal:**
 - 42 patients
 - Same as RTOG 95-17
- **Participating Institutions**
 - 40 Sites Registered
 - 24 Institutions Enrolled Patients
- **Status:**
 - 52 patients treated (58 patients enrolled)
 - Trial opened August 15, 2003
 - Trial completed accrual: April 30, 2004

3D-CRT Technique

- Prescribed Dose:
 - 3.85 Gy BID x 10 fractions in 5 days (current dose)
- Dosimetric Objectives:
 - Completely encompass CTV with 100% isodose line
 - Completely encompass PTV with 95% isodose line
 - Maintain a < 110% hot spot
 - Limit 50% of prescribed dose to \leq 50% of breast
 - Irradiate less lung, heart, contralateral breast than whole breast tangents (or brachytherapy)

Planning Volumes



<i>Overall Accrual</i>	
Study sample size	46
Total patients entered	58
Average monthly accrual	6.1

<i>Accrual By Site</i>	
Cross Cancer Institute - University of Alberta	8
University of Colorado Health Sciences Center	7
Medical College of Virginia Hospitals	6
Mayo Clinic	6
Medical College of Wisconsin	3
Yale Cancer Center	2
Foundation for Cancer Research and Education	2
Methodist Medical Center of Illinois	2
LDS Hospital	2
Memorial Sloan Kettering Cancer Center	1

RTOG 0319

- Patient/Tumor Characteristics -

<i>Finding</i>	<i>3D-RT (n=52)</i>	<i>3D-RT (n=42)</i>
<u>Age</u>		
Median	61	61
Range	38-89	38-83
<u>Tumor dimension</u>		
Median	0.90	0.85
Range	0.1-2.6	0.1-2.6
Less than 1cm	23 (44%)	20 (48%)
Between 1cm and 2cm	17 (33%)	14 (33%)
2cm or more	3 (6%)	2 (5%)
Missing	9 (17%)	6 (14%)
<u>Histology</u>		
Invasive ductal	45 (87%)	36 (86%)
Colloid	1 (2%)	1 (2%)
Tubular	5 (10%)	4 (10%)
Pending	1 (2%)	1 (2%)

RTOG 0319

- Results (First 42 Evaluable Patients) -

<i>Variable</i>	<i>Per Protocol (Acceptable)</i>	<i>Minor Variation (Marginally Acceptable)</i>	<i>Major Variation (Unacceptable)</i>
Overall Evaluation	6 (14%)	32 (76%)	4 (10%)
PTV Coverage	26 (62%)	16 (38%)	0 (0%)
<u>Normal Tissues</u>			
Contralateral Lung	37 (88%)	3 (7%)	2 (5%)
Ipsilateral Lung	33 (78%)	5 (12%)	4 (10%)
Heart	38 (91%)	3 (7%)	1 (2%)
Thyroid*	35 (85%)	6 (15%)	0
Contra Breast	22 (53%)	19 (45%)	1 (2%)
Ipsilateral Breast	28 (67%)	14 (33%)	0

*Note: One patient did not have a thyroid

RTOG 0319

- Results (All 51 Patients) -

<i>Variable</i>	<i>Per Protocol (Acceptable)</i>	<i>Minor Variation (Marginally Acceptable)</i>	<i>Major Variation (Unacceptable)</i>
Overall Evaluation	9 (18%)	37 (72%)	5 (10%)
PTV Coverage	32 (63%)	18 (35%)	1 (2%)
<u>Normal Tissues</u>			
Contralateral Lung	46 (90%)	3 (6%)	2 (4%)
Ipsilateral Lung	39 (76%)	8 (16%)	4 (8%)
Heart	45 (88%)	5 (10%)	1 (2%)
Thyroid*	44 (88%)	6 (12%)	0
Contra Breast	30 (59%)	20 (39%)	1 (2%)
Ipsilateral Breast	35 (69%)	16 (31%)	0

*Note: One patient did not have a thyroid

RTOG 0319

- **Results:**
 - **Data presented at San Antonio Breast Cancer Symposium**
 - **Technique shown to be reproducible**
 - **Image-Guided Radiation Therapy Center Used to submit images/data for analysis**

3D Conformal External Beam PBI

- Summary -

- **62 pts treated at William Beaumont Hospital using supine technique**
- **52 patients successfully treated on RTOG 0319**
- **RTOG 0319: Data presented at San Antonio Breast Conference (December 2004)**
- **47 patients treated successfully in prone position at New York University (Fermenti et al)**
- **> 50 patients treated at MGH (Taghian)**

NSABP B 39/RTOG 0413

**A Randomized Phase III Study of
Conventional Whole Breast Radiation
Therapy (WBT) vs Partial Breast
Irradiation (PBI) for Women with Stage 0,
I, or II Breast Cancer**

NSABP B 39/RTOG 0413

- Eligibility Criteria -

- **Stage 0, I, II**
- **Infiltrating Carcinoma**
- **< 3.0 cm**
- **Negative margins (NSABP Criteria)**
- **≤ 3 positive nodes**
- **EIC (+) with negative margins**
- **Age > 18**

Protocol Design

Eligible patient
with lumpectomy

R
a
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**Whole Breast
Radiotherapy after
adjuvant chemotherapy**

45-50Gy in 25 fractions
electron boost of 60-66 Gy to
surgical bed with margin

VS

**Partial Breast Irradiation
prior to adjuvant
chemotherapy**

34 Gy in 3.4 Gy bid x 5-7 days

Interstitial Brachytherapy or
Mammosite Balloon Catheter or
3D Conformal External Beam

NSABP B-39/RTOG 0413

- **Sample size - 3000 patients**
- **Stratification:**
 - **Disease Stage (DCIS only, invasive and node negative, invasive and node positive (1-3))**
 - **Menopausal Status (premenopausal, postmenopausal)**
 - **Hormone Receptor Status (ER-positive and/or PgR Positive; ER-negative and PgR negative)**
 - **Intention to Receive Chemotherapy (Yes/No)**

Endpoints

- Primary: in-breast tumor recurrence
- Secondary:
 - Distant disease-free survival
 - Overall survival
 - QOL: Cosmesis, fatigue, symptoms, burden of care
 - Direct non-medical costs (e.g. lost income)

Sample Size Considerations

- **Estimated 6.1% 10-year cumulative incidence of IBTR for WBT**
(hazard of 7.8 IBTR/1000 pt-year,
based on 11 previous NSABP trials)
- **Accrual 2.5 years**
- **Analyze when 175 IBTRs (about 11 years after trial opens)**

Pathology Specimen Submission

Pathology specimens must be submitted for all patients who have consented to the storage and use of their samples. Tissue requirements for B-39/0413 are:

- paraffin block of initial diagnostic core biopsy, if available.**
- representative H&E slides from the index tumor.**
- representative paraffin block of from index tumor.**
- representative paraffin block containing normal lobule at lumpectomy margin.**
- representative paraffin block from positive lymph node, if applicable.**

QOL Population and Assessments

The QOL and cosmesis population will include *the first 482 enrolled patients who have indicated the intention to receive chemotherapy, and the first 482 patients who have indicated the intention not to receive chemotherapy*, and who have completed the baseline QOL form (Form QLB). In addition to the baseline QOL assessment, there will be QOL assessments at the following 6 time points:

- at the end of adjuvant (non-hormonal) therapy (Form QLT)
- at 4 weeks after the completion of adjuvant (non-hormonal) therapy (Form QLP)
- 6 months, and 1, 2, and 3 years after completion of adjuvant (non-hormonal) therapy (Form QLF)

Physician-Reported Cosmesis Assessment

In addition to the baseline physician-reported cosmesis assessment, the patient's radiation oncologist will complete physician-reported cosmesis assessments at years 1 and 3 after completion of adjuvant (non-hormonal) therapy. If it is not possible for the patient's radiation oncologist to complete the assessments, the assessments may be completed by the patient's surgeon. *It is preferred that the 3 physician-reported cosmesis assessments be completed by the same radiation oncologist.*

Quality Assurance

- **Cases submitted digitally to the ITC, processed and reviewed, second review by Investigators**
 - **Rapid review**
 - First case for each PBI technique from each facility
 - Submitted-reviewed-feedback prior to treatment start
 - **Timely review**
 - Subsequent 4 cases of each PBI tech. will be reviewed with feedback
 - Patient may be treated prior to review and feedback.
 - **Approval for accrual**
 - Following completion of 5 cases for each PBI technique, all 5 will be reviewed together with feedback
 - Judgment on quality - repeat QA or approved for accrual
 - Facility can continue accruing during this period
 - **Random case monitoring**

RTOG 0413/NSABP 0413

- **Protocol Availability for IRB Submission**
- **Credentialing (Date of Activation)**
- **Trial Activation**