NSABP B-39/RTOG 0413 Surgical Issues

Thomas B. Julian, MD B-39 Protocol Officer

Questions for the Audience

• How many of you like football?

• How many of you like Boston as a city?

How many of you are Boston Patriot fans?

• Why?



Patient Characteristics

- Selection criteria
 - Stages 0, I and II breast cancer
 - EIC, young age, lobular histology allowed
 - Negative nodes
 - Positive nodes (1-3)
 - IBC/DCIS \leq 3 cm.
 - No multicentric disease

Patient Characteristics

- Lumpectomy margins: microscopically negative
- Nodes status: 0-3 positive nodes
- Sentinel nodes permitted
 - If negative, no further axillary dissection
 - If positive, axillary dissection required (min. 6 nodes)

Patient Characteristics

• Patients randomized after lumpectomy

 Brachytherapy cathers placed after randomization

Mammosite® placed after randomization

Implantation of Catheter

- Post Lumpectomy
 Ultrasound assisted in imaging suite
 Operating room +/- ultrasound
- Methods of Implantation
 - Scar Entry Technique (SET)
 - Lateral
 - Inframammary fold

Lumpectomy



Subcutaneous Closure



Technical Concerns

- Excise an ellipse of skin routinely or when lesion is more superficial to have a better balloon to skin distance
- Skin distance issues
 - Scar entry technique
 - Collagen injections
 - Different balloon designs

Brachytherapy with Interstitial Catheters



Breast Brachytherapy: Multi-plane catheter-based Radiotherapy





Multi-plane Catheter-based Implants





MammoSite® Insertion Techniques

MammoSite[®] Balloon Applicator

Radiation Source Port-

Needleless Injection Site -Obturator



Elliptical Balloons



Ultrasound Guided Placement



Ultrasound Verification



Refill to Original Volume



Implant Procedure - SET

- In procedure room under local anesthesia
- Confirm cavity size via
 ultrasound
- Open narrow section of lumpectomy scar - expand opening and track as needed
- Drain fluid from cavity
- Insert MammoSite® catheter



SET (Scar Entry Technique)



Comparison of Techniques MP Catheter vs. MammoSite®



Appropriateness for Treatment: Skin Distance

- Balloon skin distance > 5 mm
- Preferred: > 7 mm



Placement of Catheter

- Check balloon prior to placement for shape and to ensure no leak of fluid
- The catheter is filled with a mixture of 5% non-ionic contrast and 95% injectable saline
- Fill volumes must be at least 35cc = 4cm diameter of balloon, and no more than 70 cc = 5cm as maximum diameter of balloon

Placement of Catheter

• The catheter should come out either laterally or thru incision

 The introducer trocar should be brought into the lumpectomy site thru a lateral incision in the breast

Ultrasound Image of MammoSite



CT Image of MammoSite®



3-Dimensional rendering of applicator surface

Determine Appropriateness for Treatment

- Balloon diameter
- Tissue conformance
- Skin separation
- Balloon symmetry

Appropriateness for Treatment: Diameter



- Balloon diameter: 4.0 - 5.0 cm
 5.0 - 6.0 cm
- Predicted by inflation volume (QA)

Breast Tissue Conformity: The Good, the Bad & the Ugly





Poor conformity

Questionable conformity

Good conformity

Appropriateness for Treatment: Symmetry





Asymmetrical

Symmetrical

Resolution of Air Pocket (3 days)



Organized Hematoma



Prescription Dose



34 Gy
10 fractions over 5 -7days

3-Dimensional rendering of applicator surface and prescription dose cloud.

Two weeks from Treatment



Two months from Treatment



Four months from Treatment



Two years from Treatment





Day 2 on treatment



MammoSite on treatment



2 weeks post treatment



Post MammoSite

Summary

• Strict criteria is used for patient selection

• Careful lumpectomy and closure

 Careful balloon placement technique optimizes success for treatment

PROXIMA"

Radiation source port pathway nserted obturator to prevent bending or coiling of the catheter shaft

Multilumen, silicone catheter

-) -) -) -) -) -) -) - Marin

Variable 4 to 5 cm balloon

Needleless injection site