The Evolving Role of Radiotherapy in Treatment of Breast Cancer

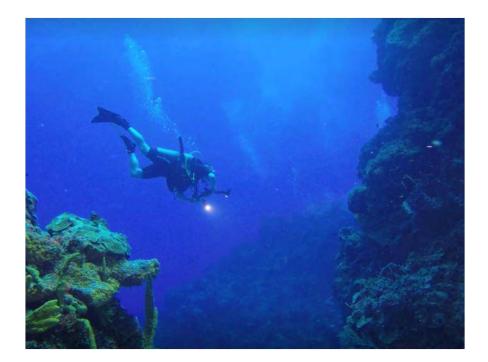
Richard L. Crownover, M.D., Ph.D. Professor and Residency Program Director Department of Radiation Oncology UT Health San Antonio MD Anderson Cancer Center



UT Health MDAnderson San Antonio Cancer Center

The Evolving Role of XRT in Treatment of Breast Cancer

- The Big Picture: Why XRT?
- Surface-Image Guidance
- Hypofractionation
- Accelerated Partial Breast
- Radiosurgery
- Stereotactic Body Radiotherapy





Why XRT?

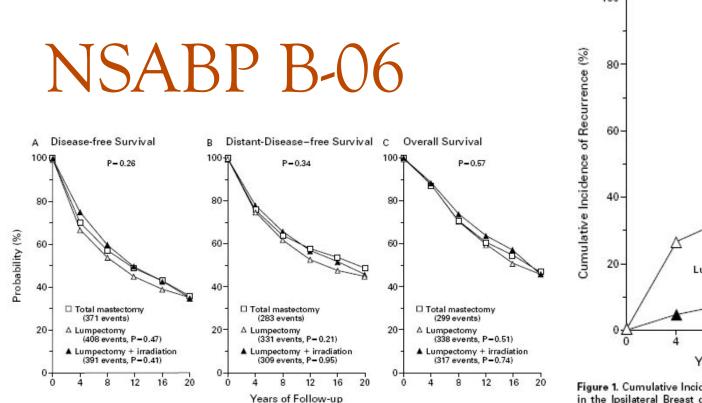


70 Gy in 31 fractions

5 year result







Why BCT and Why Include Radiotherapy?

Figure 2. Disease-free Survival (Panel A), Distant-Disease-free Survival (Panel B), and Overall Survival (Panel C) among 589 Women Treated with Total Mastectomy, 634 Treated with Lumpectomy Alone, and 628 Treated with Lumpectomy plus Irradiation. In each panel, the P value above the curves is for the three-way comparison among the treatment groups; the P values below the curves are for the two-way comparisons between lumpectomy alone or with irradiation and total mastectomy.

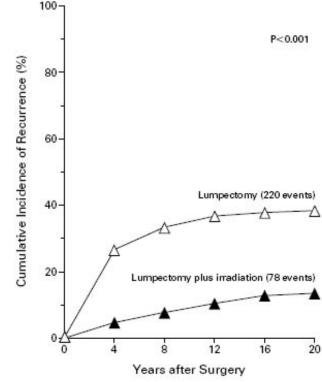
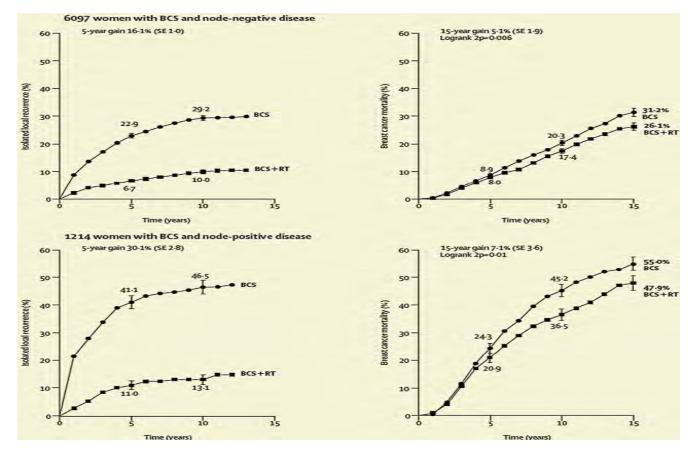


Figure 1. Cumulative Incidence of a First Recurrence of Cancer in the Ipsilateral Breast during 20 Years of Follow-up among 570 Women Treated with Lumpectomy Alone and 567 Treated with Lumpectomy plus Breast Irradiation.

The data are for women whose specimens had tumor-free margins.

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Survival Benefit Oxford Meta-Analysis



For every four LR prevented, one death is prevented at 15 years.



Conventional Tangent-Field XRT



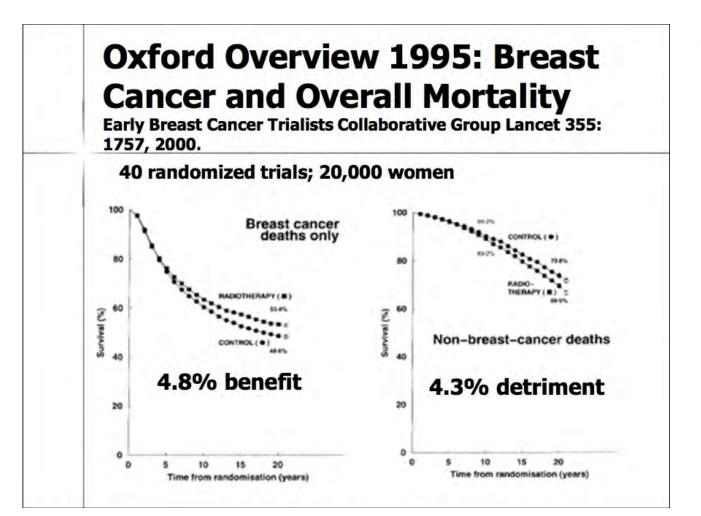


Conventional Tangent-Field XRT (circa 1995)





XRT Survival Impact Oxford Meta-Analysis



Points out the importance of reducing toxicity



Radiation-Related Cardiac Impact

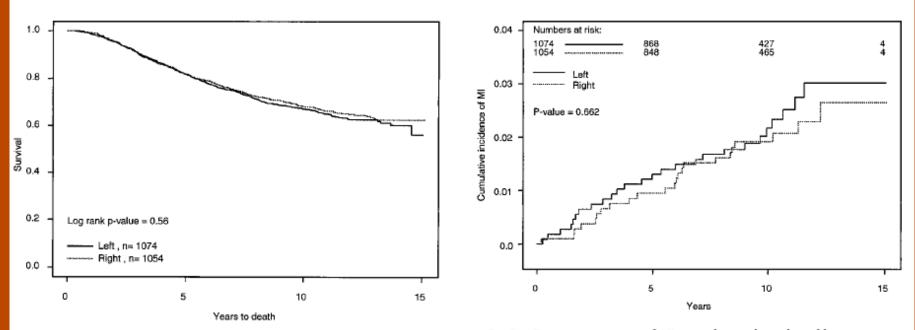


Fig 1. Survival curves according to laterality of breast cancer.

Fig 2. Time to occurrence of MI according to laterality of breast cancer.

Vallis et al., JCO 20(4): 1036-1042, 2002



Radiation-Related Cardiac Impact

Based on 300,000 US women with breast cancer (SEER data) Relative Risk (95% confidence interval) for left versus right sided tumors

	< 10 years	10-14 years	≥ 15 years
1973 - 1982	1.2 (1.04-1.38)	1.52 (1.11-1.82)	1.58 (1.29-1.95)
1983 - 1992	1.0 (0.91-1.18)	1.27 (0.99-1.63)	NA
1993 - 2001	1.0 (0.82-1.12)	NA	NA

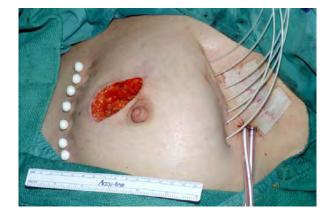
1 Gy increase in mean heart dose was associated with a 7% relative increase in cardiac events

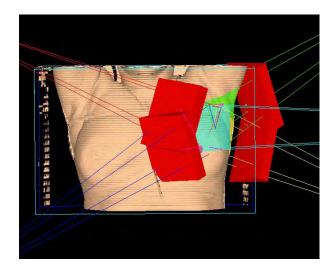
Darby et. al. NEJM 368: 987-998,

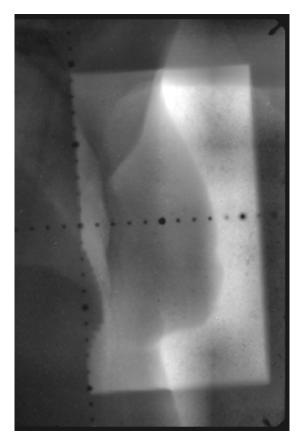
Mays Cancer Center UT Health MDAnderson San Antonio MDAnderson

2013

Techniques for Cardiac Avoidance



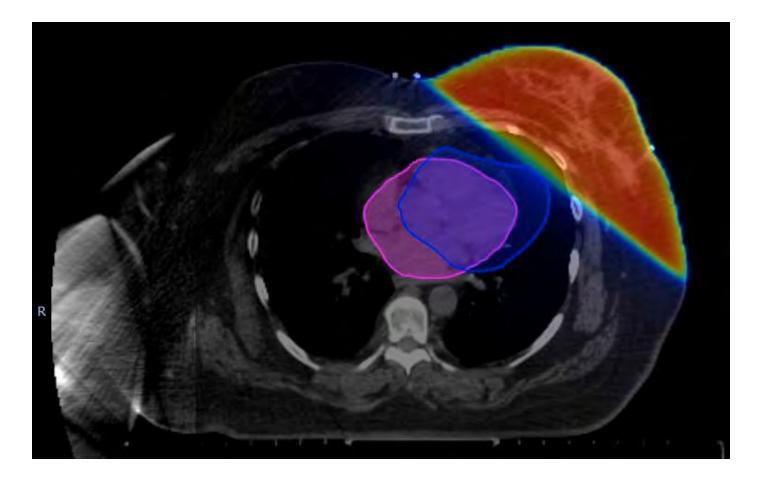






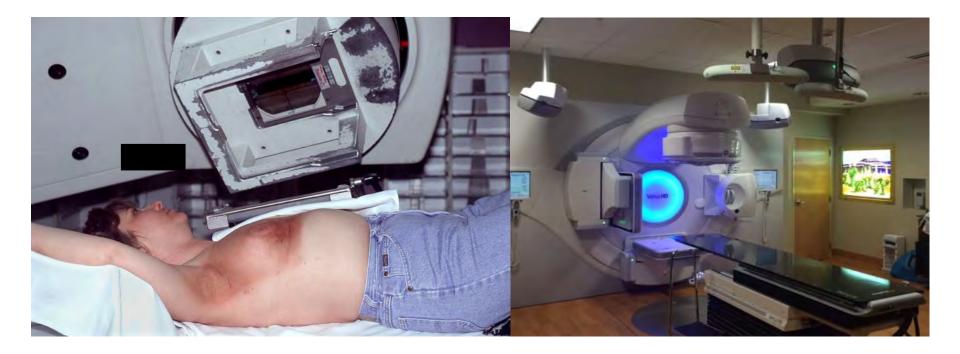


Deep-Inspiration Breath Hold





Changing Technology and Patient Experience

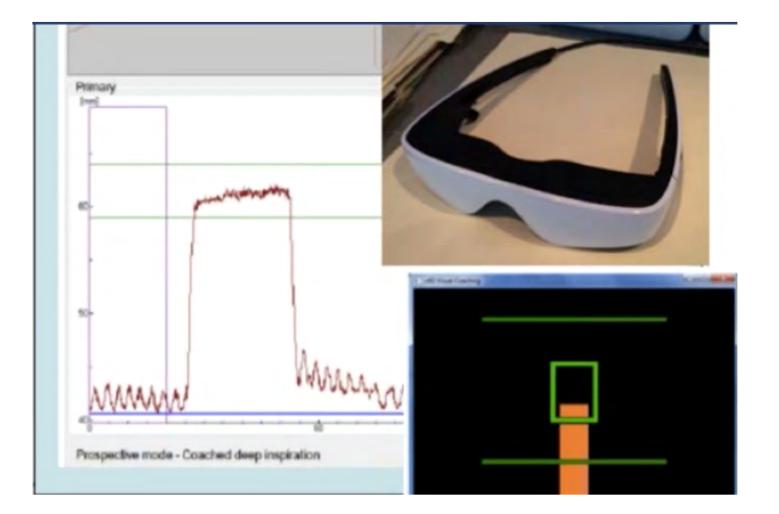


1995

2019



Deep Inspiration Breath Hold



Surface Monitoring of Breath Hold



DIBH Reduction in Cardiac Dose

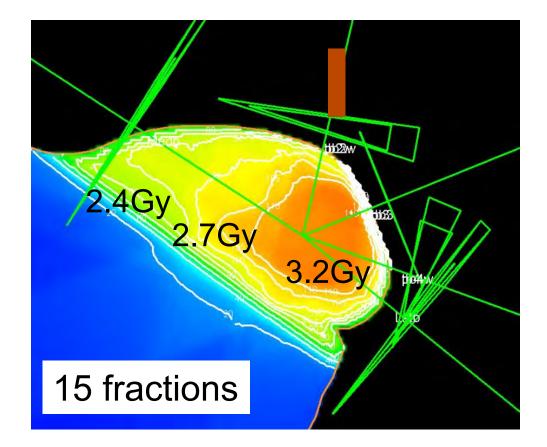
	<u>Free Breathing</u>	<u>DIBH</u>	<u>Ours</u>
<u>Heart</u>			
median	3.62 Gy	1.86 Gy	1.34 Gy
2 cm^3	45.7 Gy	21.5 Gy	
> 42 Gy	17 pts	4 pts	
<u>Ipsilateral Lur</u>	lg		
median	8.7 Gy	6.3 Gy	
V ₂₀	17%	12%	

Daily median treatment time was 9 minutes

Hepp et al, Strahlenther Onkol 191:710-716 2015



Risk adaptation of breast RT: high risk - simultaneous integrated breast boost (SIB)





RAPID Trial Randomized Trial of Accelerated Partial Breast Irradiation using 3-Dimensional Conformal Radiotherapy (3D-CRT)

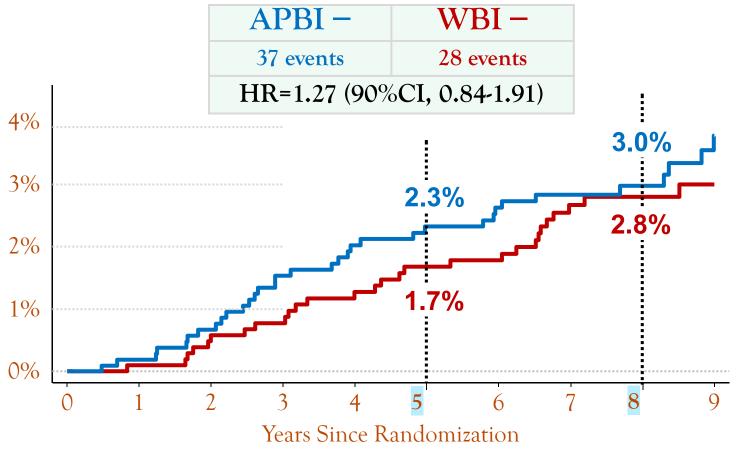
T Whelan, J Julian, M Levine, T Berrang, DH Kim, CS Gu, I Germain, A Nichol, M Akra, S Lavertu, F Germain, A Fyles, T Trotter, F Perera, S Balkwill, S Chafe, T McGowan, T Muanza, W Beckham, B Chua, I Olivotto, for the RAPID Trial Investigators

Ontario Clinical Oncology Group



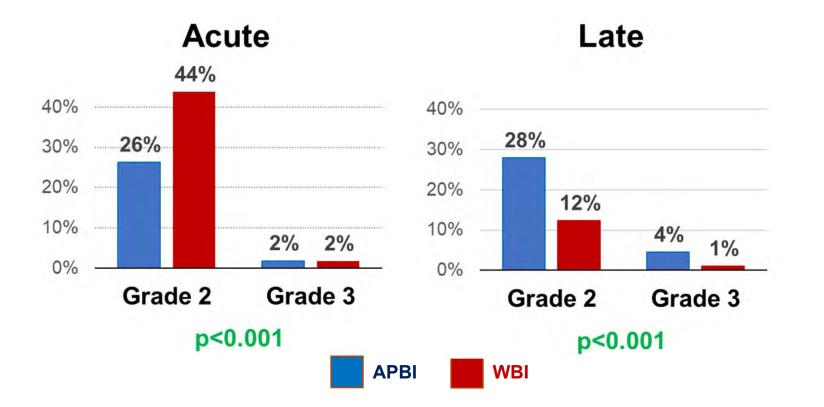


In Breast Tumor Recurrence





Radiation Toxicity \geq Grade 2





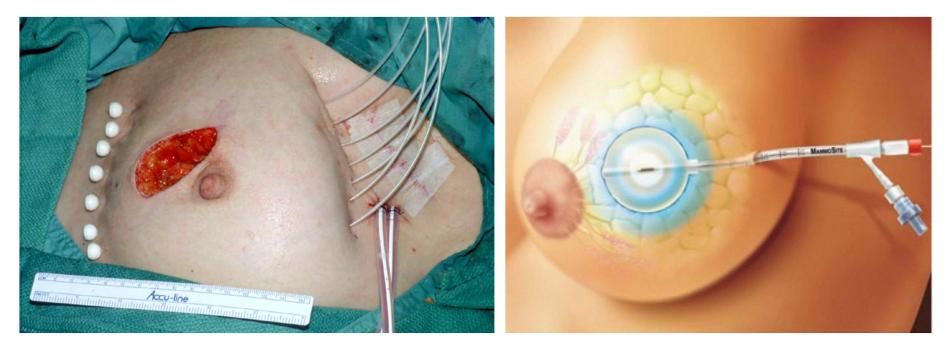
Cosmetic Rating (Nurse) by Treatment and Time **APBI** WBI 17% 19% Base 83% 81% 17% 29% 3 Year * 83% 71% 16% 32% 5 Year * 84% 68% 36% 19% 7 Year * 64% 81% Fair/Poor Excellent/Good Fair/Poor Excellent/Good * p < 0.001

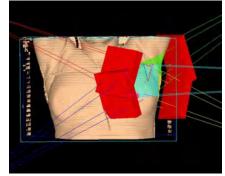


Cosmetic Rating (Patient) by Treatment and Time WBI **APBI** 24% 21% Base 76% 79% 26% 18% 3 Year * 74% 82% 30% 18% 5 Year * 70% 82% 31% 15% 7 Year * 69% 85% Excellent/Good Fair/Poor Excellent/Good Fair/Poor * p < 0.001



Brachytherapy for Breast Cancer





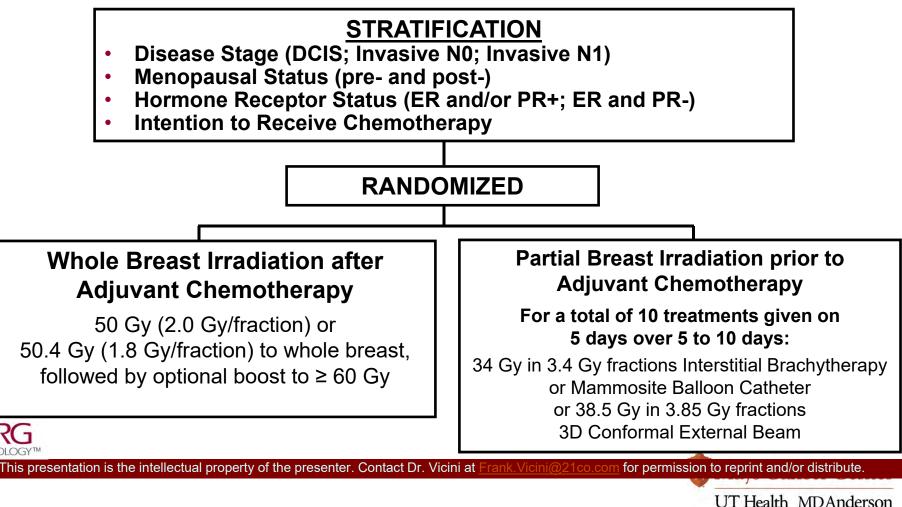


Primary Results of NSABP B-39 A Randomized Phase III Study of Conventional WBRT vs. PBI for Women with Stage 0, I, or II Breast Cancer

F Vicini (NSABP PI), R Cecchini, J White (RTOG PI), T Julian, D Arthur, R Rabinovitch, R Kuske, D Parda, P Ganz, M Scheier, K Winter, S Paik, H Kuerer, L Vallow, L Pierce, E Mamounas, J Costantino, H Bear, I Germain, G Gustafson, L Grossheim, L Petersen, R Hudes, W Curran, N Wolmark



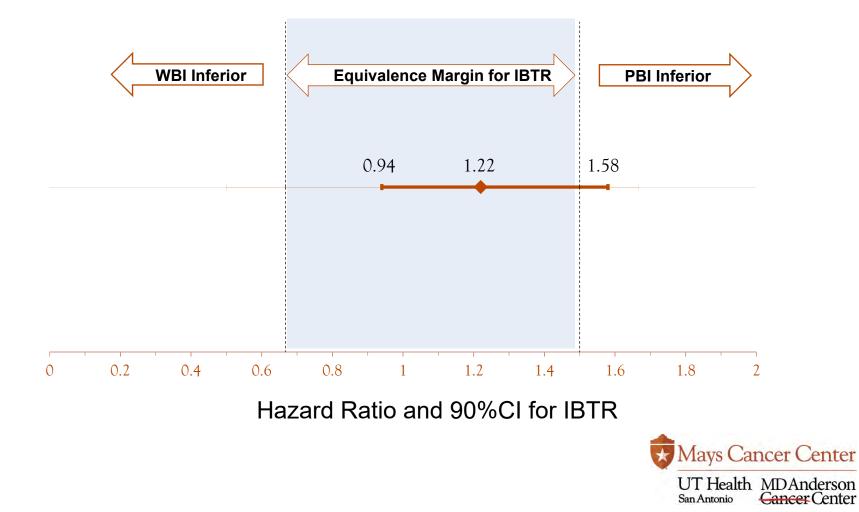
NSABP B-39/RTOG 0413 Schema



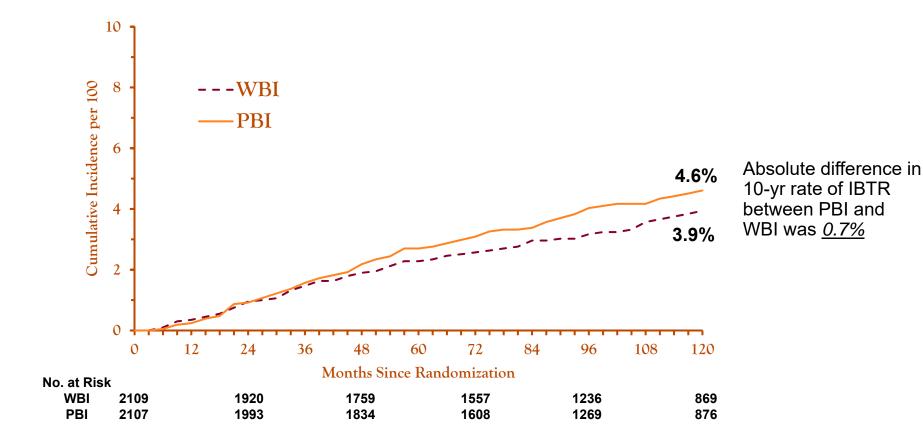
Cancer Center

San Antonio

Ipsilateral Breast Tumor Recurrence (IBTR)



Cumulative Incidence of In-Breast Tumor Recurrence





In-Breast Tumor Recurrence by PBI Method

Treatment Group	# of Pts	# of Events	Hazard Ratio (HR)	HR 95% Confidential Interval	10-yr Cum Incidence
WBI	2,011	67	REF		3.8%
PBI					
Multi-catheter brachytherapy	130	9	2.21	1.10 - 4.46	7.7%
Single-entry brachytherapy device	358	24	2.15	1.34 - 3.44	7.8%
3DCRT (external beam)	1,535	55	1.04	0.73 - 1.49	3.7%



Shrinking Indications for Whole Brain Radiotherapy

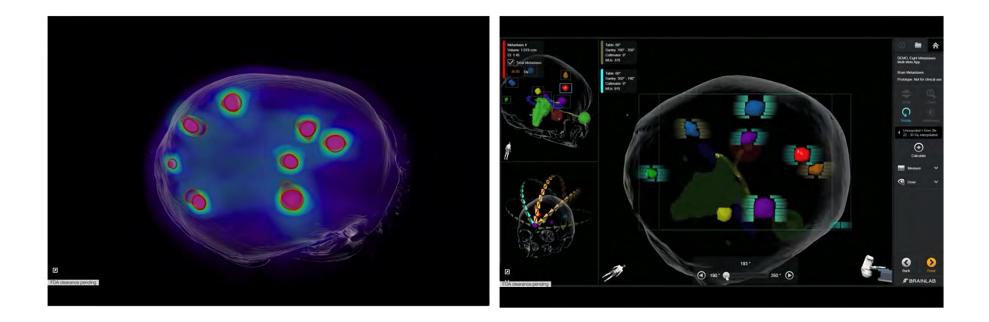
- Patient with Limited Life Expectancy, < 3 months*
- Patient with Very Poor Performance Status, KPS < 70*
- Patient with a Very Large Number of Lesions
- Patient with High "Metastatic Velocity"

*Exception may be pt with new diagnosis who has never received effective systemic therapy





Multiple Metastases: BrainLab Elements



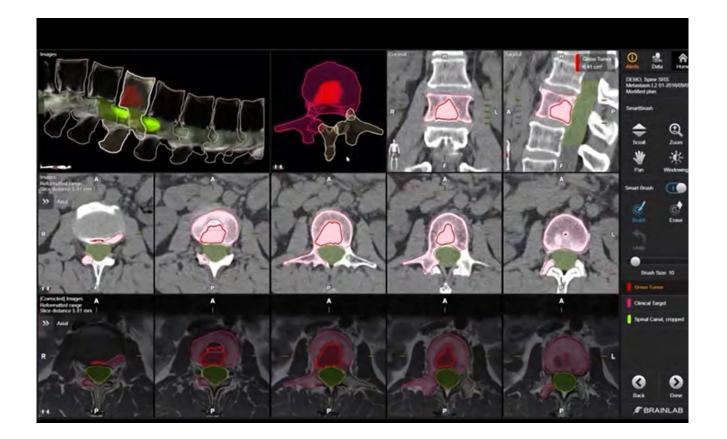


Spine SBRT: Novalis Elements





Spine SBRT: Novalis Elements





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