

ACCURAY

THE UTSW EXPERIENCE: ULTRA-HYPOFRACTIONATED PARTIAL BREAST RADIOTHERAPY

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DISCLOSURES:

Employee of University of Texas Southwestern Medical Center

- Speaking Honoraria: Accuray and Hologic
- Research grants: Accuray (5 fraction and 1 fraction S-PBI trials)
- Scientific Advisory Boards: Hologic, GE Health



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NSABP-39/RTOG 0413(NRG): RANDOMIZED PHASE III STUDY OF WBI VS PBI FOR WOMEN WITH STAGE 0,I, OR II BREAST CANCER

NSABP B-39/RTOG 0413 SCHEMA

03/30/06

Patients with Stage 0, I, or II Breast Cancer Resected by Lumpectomy

Tumor Size ≤ 3.0 cm

No More Than 3 Histologically Positive Nodes

STRATIFICATION

- Disease Stage (DCIS only; invasive and node negative; invasive with 1-3 positive nodes)
- Menopausal Status (premenopausal, postmenopausal)
- Hormone Receptor Status (ER-positive and/or PgR-positive; ER-negative and PgR-negative)
- Intention to Receive Chemotherapy (yes or no)

RANDOMIZATION

GROUP 1*

Whole Breast Irradiation (WBI)

50 Gy (2.0 Gy/fraction) or 50.4 Gy (1.8 Gy/fraction) to whole breast, followed by optional boost** to 60.0 Gy-66.6 Gy

GROUP 2*

Partial Breast Irradiation (PBI)***

34 Gy in 3.4 Gy fractions using multi-catheter brachytherapy

or

34 Gy in 3.4 Gy fractions using MammoSite® balloon catheter

or

38.5 Gy in 3.85 Gy fractions using 3D conformal external beam radiation

For all PBI techniques: RT given to tissue surrounding lumpectomy cavity only, BID (with a fraction separation of at least 6 hours), for a total of 10 treatments given on 5 days over a period of 5 to 10 days.





NSABP 39 CONCLUSIONS:

- Statistical analysis cannot declare WBI & PBI are equivalent in ipsilateral local breast tumor recurrence. Absolute difference at 10 years is only 0.7% favoring WBI
- Recurrence free interval higher for WBI (SS) v PBI, but absolute difference only 1.6%
- DDFI, OS, DFS were not SS for PBI v WBI
- PBI may still be an acceptable alternative to WBI for early stage breast cancer as IBTR and RFI differences are so small



NSABP-39 COSMESIS OUTCOMES

- Pts stratified by chemo use, and assessed on 4 point scale by patients, MD, and digital photos (3 teams of physicians) at baseline and 3 years
- 900 analyzable pts; 420 chemo patients and 480 no chemo pts
 - Chemo pts: PBI equivalent to WBI on patient assessment
 - Chemo pts: PBI worse than WBI on MD assessment
 - Pts with No Chemo: PBI equivalent to WBI on patient assessment
 - Pts with No Chemo: PBI worse than WBI on MD assessment
 - Chemo pts: PBI worse than WBI when assessed by digital photos
 - Pts with No chemo: WBI worse than PBI when assessed by digital photos
 - Conclusion: Pt rated cosmetic outcome, based on Global cosmetic scale and satisfaction were equivalent for PBI and WBI.
 - PBI resulted in worse cosmetic outcome on MD rating.
 - On DP central review, cosmetic outcome is worse for PBI in Chemo treated group and worse for WBI in the no-Chemo group.

STEREOTACTIC PARTIAL BREAST RADIATION (S-PBI)

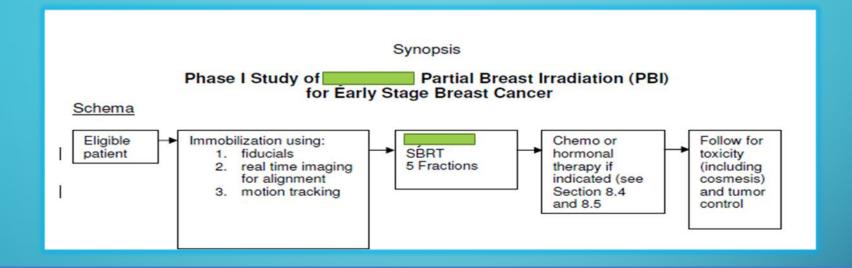


ADVANTAGES OF SBRT PBI VS. PBI BRACHYTHERAPY

- Non-invasive
- More convenient
- Less risk of infection
- Able to minimize PTV margins in comparison to 3D PBI (3D-PBI has 2.5 cm margins vs 1.5 cm)



UTSW 5 fraction Early Stage Breast Cancer Stereotactic-PBI Trial Schema:



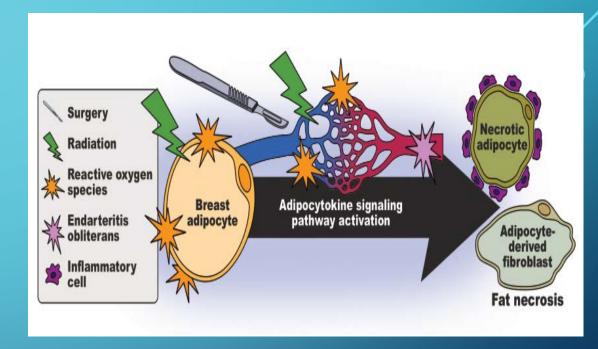
Dose Escalation:

1	Step No. F	-ractions	Dose per fraction (Gy)	Total Dose (Gy)	No. Patients
	-1	5	5.5	27.5	7-15
	0 (starting)	5	6	30.0	7-15
	1	5	6.5	32.5	7-15
	2	5	7	35.0	7-15
丫	3	5	7.5	37.5	7-15
	4	5	8	40	7-15

10

TREATMENT VOLUME MATTERS FOR S-PBI!!

- 11 patients developed palpable fat necrosis (4 of which were symptomatic)
- Median time to development of fat necrosis was 12.7 months
- 5/11 pts with fat necrosis in 37.5 Gy arm (cohort with largest PTVs)
- ROC curve analyses showed PTV >99.5cc had highest predicted probability of fat necrosis (p=0.01)



Hypothesized mechanism for fat necrosis

Risk Factors for Fat Necrosis after Stereotactic Partial Breast Irradiation (S-PBI) for Early Stage Breast Cancer in a Phase I Clinical Trial- ASTRO 2019.

A S. Pahimi¹, Y. Zhang¹, F. Hossain¹, A. E. Spangler¹, D. N. Kim¹, M. Leitch¹, R. Wooldridge¹, C. Ahn², B. Zhao¹, B. Haley¹, R. Rao³, A. Rivers⁴, X. Gu¹,

and R. D. Timmerman⁵

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MULTIVARIATE ANALYSES FOR FACTORS ASSOCIATED WITH ANY FAT NECROSIS A) AND PAINFUL FAT NECROSIS B)

A- Any Fat Necrosis

Parameter	cc	Odds Ratio Estimate	95% C.I. for Odds Ratio	P-Value
Ipsi Breast volume (cc)	1062.7	1.001	(1.001,1.002)	0.007

B) Painful Fat Necrosis

Parameter	Odds Ratio Estimate	95% C.I. for Odds Ratio	P-value
Two Fractions <24 Hours	13.163	(1.0121,171.1984)	0.049
V45.0Gy (cc)	1.069	(1.0201,1.1197)	0.005

(Fisk Factors for Fat Necrosis after Stereotactic Partial Breast Irradiation (S-PBI) for Early Stage Breast Cancer in a Phase I Clinical Trial- ASTRO 2019

A S. Rahimi¹, Y. Zhang¹, F. Hossain¹, A. E. Spangler¹, D. N. Kim¹, M. Leitch¹, R. Wooldridge¹, C. Ahn², B. Zhao¹, B. Haley¹, R. Rao³, A. Rivers⁴, X. Gu¹, and R. D. Timmerman⁵

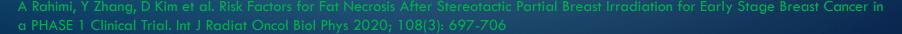


FAT NECROSIS DOSE CONSTRAINTS FOR 5-FRXN S-PBI

Table 4. Dose constraint recommendations for stereotactic partial breast irradiation to prevent painful necrosis in patients with breast volume greater than 1000 cm^3 *

Factor	Constraint
Maximal dose	48 Gy
V37.5	95 cm ³
V40 Gy	$85~\mathrm{cm}^3$
V42.5 Gy	$50~\mathrm{cm}^3$
V45 Gy	$20~\mathrm{cm}^3$
V47.5 Gy	$1\mathrm{cm}^3$
Planning target volume	<100 cm ³

Only one patient with breast volume less than 1000 cm³ developed fat necrosis, and she was not included in calculation of predictive dose-constraints.





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Clinical Investigation

Cosmetic Outcomes of a Phase 1 Dose Escalation Study of 5-Fraction Stereotactic Partial Breast Irradiation for Early Stage Breast Cancer



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Patient Reported Cosmesis Outcomes on 5 fraction CyberKnife Trial

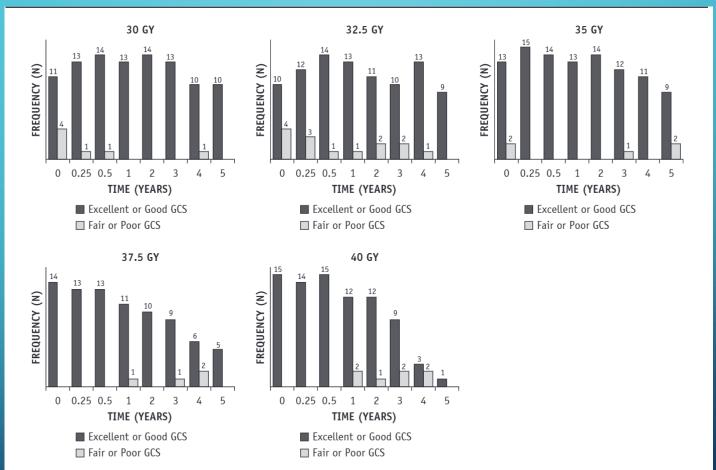


Fig. 1. Frequency of patient-reported global cosmetic scores (GCSs) over time for each dose cohort. On McNemar analysis, there was no significant change in patient-reported cosmesis from baseline to year 3 in any dose cohort.



Physician Reported Cosmesis Outcomes on 5 fraction CyberKnife Trial of Physician Reported Cosmesis

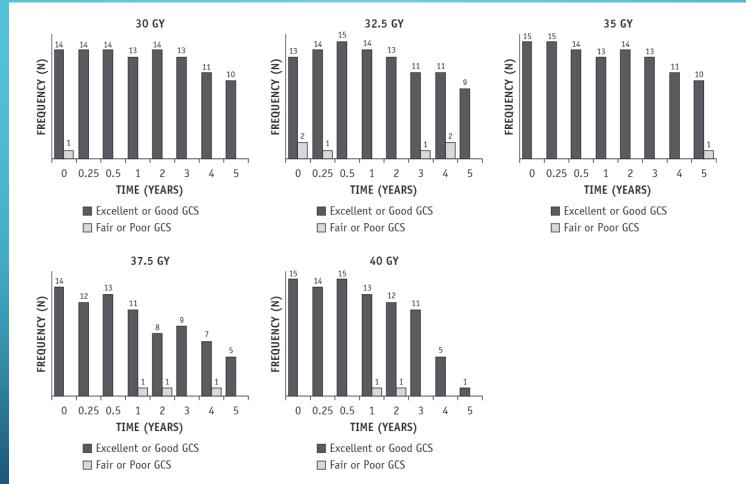


Fig. 2. Frequency of physician-reported global cosmetic scores (GCSs) over time for each dose cohort. On McNemar analysis, there was no significant change in physician-reported cosmesis from baseline to year 3 in any dose cohort.

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Independent Physician Panel Reported Cosmesis Outcomes on 5 fraction CyberKnife Trial

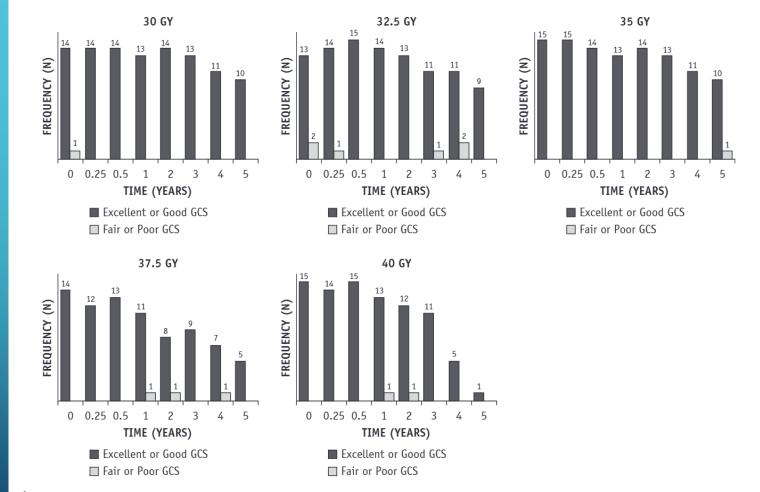


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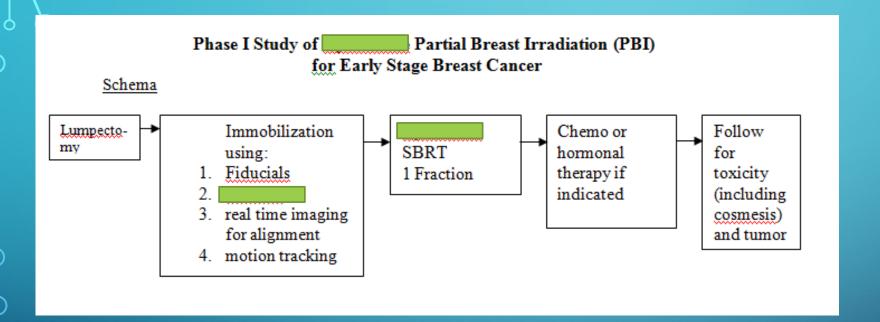




Can We Mimic and/or improve 1 Fraction Intra-Operative Breast Radiation with S-PBI?



UTSW PHASE I TRIAL- 1 FRACTION ADJUVANT S-PBI:



Step No. F	ractions	Dose per fraction [1]	No. Patients
-1	1	20	7-15
0 (starting)	1	22.5	7-15
1	1	26.5	7-15
2	1	30	7-15



UTSW PHASE I TRIAL- 1 FRACTION ADJUVANT S-PBI:

Results: From June 2016 to January 2021, 11, 8, and 10 patients were treated to doses of 22.5, 26.5, or 30 Gy in a single fraction, respectively, with median follow-up being 47.9, 25.1, and 16.2 months. No patients experienced acute (<90 days) grade 3 or higher treatment-related toxicity, and maximum tolerated dose was not reached. There were 2 delayed grade 3 toxicities. Four patients (13.8%) developed fat necrosis across all 3 cohorts, which compares favorably with results from other PBI trials.

<u>Preliminary Results of Multi-Institutional Phase 1 Dose Escalation Trial Using Single-Fraction Stereotactic Partial Breast Irradiation for Early Stage Breast Cancer</u>

Rahlmi, A., Simmons A., Kim D.N., Leitch M., Haas J., Gu X., Ahn C., Ga, A., Spangler A., Morgan H.E., Goudreau, S., Seiler, S., Farr, D., Wooldridge R., Haley B., Bahrami, S., Neufeld S., Mendez, C., Alluri P., Rao R. and Timmerman, R.D.

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UTSW PHASE I TRIAL- 1 FRACTION ADJUVANT S-PBI:

Table 5 Frequency of EG GCS by patient and physician report

Patient-rated EG cosmesis			Physician-rated EG cosmesis		
Baseline	Month 12	Month 24	Baseline	Month 12	Month 24
91% (10/11)	90% (9/10)	90% (9/10)	100% (11/11)	100% (10/10)	100% (10/10)
88.9% (8/9)	87.5% (7/8)	100% (8/8)	100% (9/9)	87.5% (7/8)	87.5% (7/8)
80% (8/10)	75% (6/8)		90% (9/10)	100% (8/8)	
92.9% (26/30)	84.6% (22/26)	94.4% (17/18)	96.7% (29/30)	96.2% (25/26)	94.4% (7/18)
	Baseline 91% (10/11) 88.9% (8/9) 80% (8/10)	Baseline Month 12 91% (10/11) 90% (9/10) 88.9% (8/9) 87.5% (7/8) 80% (8/10) 75% (6/8)	Baseline Month 12 Month 24 91% (10/11) 90% (9/10) 90% (9/10) 88.9% (8/9) 87.5% (7/8) 100% (8/8) 80% (8/10) 75% (6/8) -	Baseline Month 12 Month 24 Baseline 91% (10/11) 90% (9/10) 90% (9/10) 100% (11/11) 88.9% (8/9) 87.5% (7/8) 100% (8/8) 100% (9/9) 80% (8/10) 75% (6/8) - 90% (9/10)	Baseline Month 12 Month 24 Baseline Month 12 91% (10/11) 90% (9/10) 90% (9/10) 100% (11/11) 100% (10/10) 88.9% (8/9) 87.5% (7/8) 100% (8/8) 100% (9/9) 87.5% (7/8) 80% (8/10) 75% (6/8) - 90% (9/10) 100% (8/8)

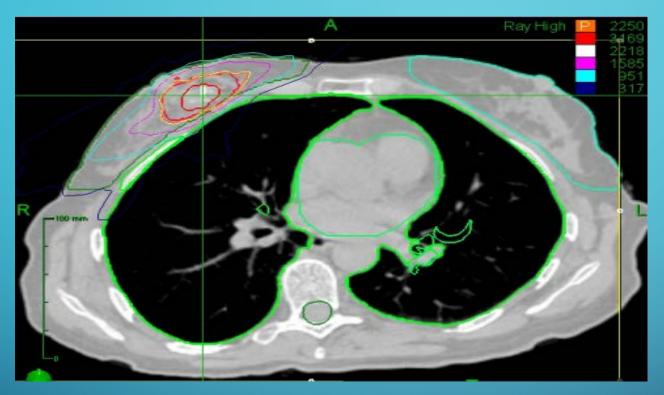
Abbreviations: EG = excellent/good; GCS = global cosmetic scores.

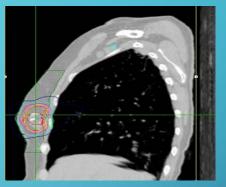
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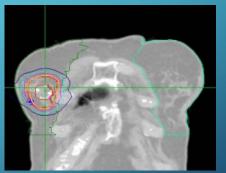
Rahimi, A., Simmons A., Kim D.N., Leitch M., Haas J., Gu X., Ahn C., Ga, A., Spangler A., Morgan H.E., Goudreau, S., Seiler, S., Farr, D., Wooldridge R., Haley B., Bahrami, S., Neufeld S., Mendez, C., Alluri P., Rao R. and Timmerman, R.D. International Journal of Radiation Oncology Biology Physics • 1 March 2022



TREATMENT







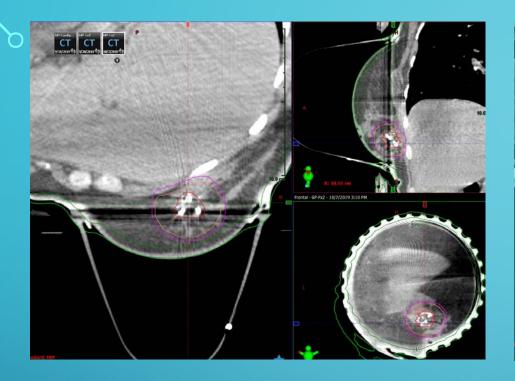
Dose 22.5 Gy in 1 Fraction

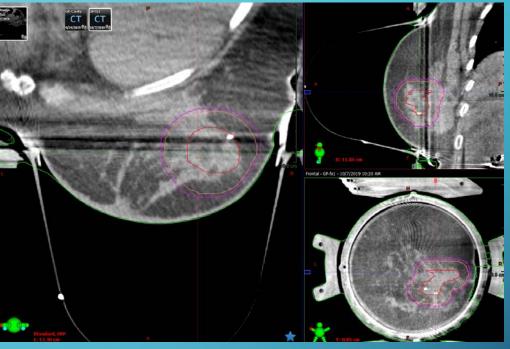
CTV= lumpectomy cavity +10mm

(5 mm off skin, and off of lung-chest wall interface)

CTV: 27.6 cc ; Device 2 x2 cm







Device= 2x2cm

No device; cavity more difficult to discern and larger

GTV=5 cc CTV=37 cc PTV=56.8 cc GTV=14.3cc CTV=88.6cc PTV=121.9cc

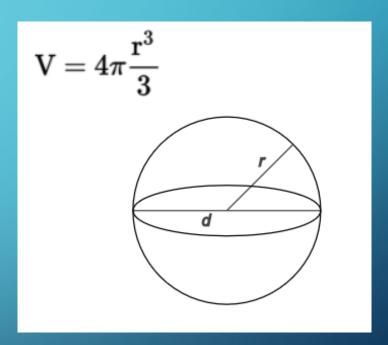
PBI CASE WITH AND WITHOUT DEVICE



SIMPLE MATH

- If you have a cavity that is 2 cm in diameter and add a 1cm margin for CTV, and 1 cm PTV= 4 cm diameter thus the cavity volume 4/3(pie)r.r. = 33.4cc
- If you have a cavity that is <u>3 cm</u> in diameter and add a 1cm margin for CTV, and 1 cm PTV= 5 cm diameter thus the cavity volume 4/3(pie)r.r.=65.25
- If you have a cavity that is $\frac{4 \text{ cm}}{1}$ in diameter and add a 1cm margin for CTV, and 1 cm PTV= 6 cm diameter thus the cavity volume 4/3(pie)r.r. = 113 cc

• If you have a cavity that is $\underline{5 \text{ cm}}$ in diameter and add a 1cm margin for CTV, and 1 cm PTV= 7 cm diameter thus the cavity volume $4/3(\text{pie})\text{r.r.} = \underline{179.05}$



FUTURE DIRECTIONS

 Currently have an ongoing pre-operative single fraction radiation Phase I trial at UTSW treating to ablative doses using SPBI techniques