

# Better cosmetic outcome and less fibrosis after breast IORT? Peter Koper



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For patients aged 60 years or older breast cancer with tumour stage Tis, T1 or T2 less than 3 cm in the greatest diameter.

Adoption of ELIOT protocol Milan
Pilot phase
Phase 2 (phase 4) APBI/IORT study (since 2011)

1.IORT 23.3 Gy (=21 Gy at 90% isodose); loc. MCH 2.APBI ext. Beam 10 times 3.85 Gy; loc. Haga







### A lot of critism .....

CRITICS

Show me your 5 or 10 year tumor control data (randomised phase 3 study; mature results)

**And** .....

1 fraction instead of 5-6 weeks (or 3 - 4 weeks)??? That is bound to give a lot of problems Bad Cosmesis and severe fibrosis





I am sorry, but we have no 5 year tumor control data yet As we started our study in 2011

Today.....

Focus on patiënt questionaires (PRO;subjective) and BCCT software (objective) to grade cosmetic result

1.IORT 23.3 Gy (=21 Gy at 90% isodose) > 200 study pat.

2.APBI ext. Beam 10 times 3.85 Gy, still accruing patients



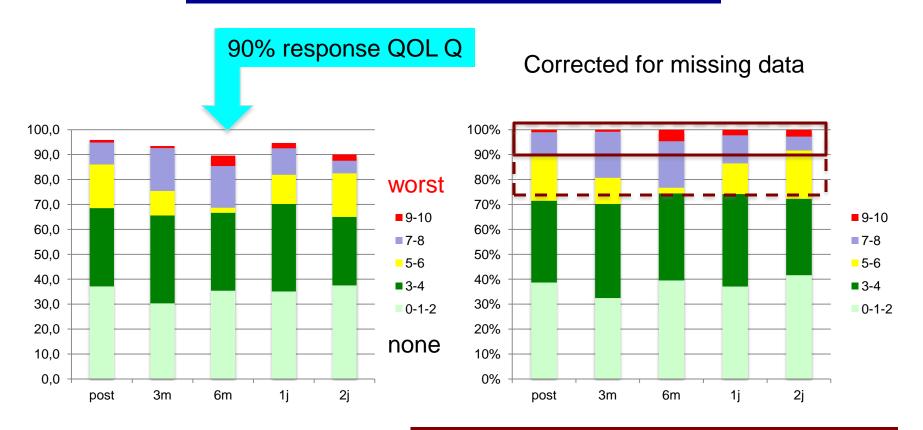
## Subjective (patient) assessment of cosmesis "Young Boost Trial" questionnaire (score 1 to 10)

- Scar visibility
- Size differences
- Contour differences
- consistency
- Colour
- Position of nipple
- Cosmesis (graded)
- Satisfaction (graded)
- Pain / tiredness



#### PRO patient questionnaire data

#### Change in appearance of the breast

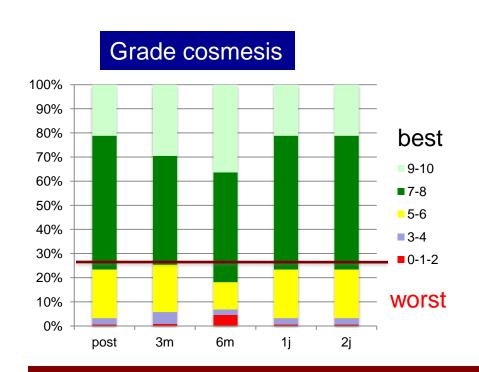


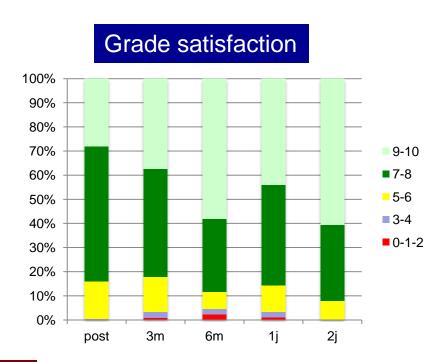
Cosmesis after breast conserving therapy = Surgery + radiotherapy effect





### PRO patiënt questionaire data





Cosmesis after breast conserving therapy = Surgery + radiotherapy effect



Corrected for missing data



#### **Would you expect any other result??**



You offer them a one stop treatment (breast conserving therapy in one day)

**CRITICS** 

and tumorcontrol identical with the standard treatment

You'r bound to have high patiënt satisfaction



### asses cosmesis <u>objectively</u> using <u>BCCT software</u>

(Cardoso et al.)

Patients from 3 local hospitals

- 3 year after breast conserving treatment
- Same inclusion or exclusion of study protocol

- 25 patients IORT, mean follow up 36.3 mnths
- 47 patients WBI, mean follow up 41.3 mnths

	IORT n=25	WBRT n= 47	P value
Age	68.8	64.1	0.001
Comorb (no)	64%	51%	0.293
Tumor size	1.01 cm	1.12 cm	0.419
Excision volume	117.84 cc	108.68 cc	0.566
chemotherapy	4%	2%	1.00
Hormonal therapy	40%	17%	0.032
Complications haem/ inf.	4%	6.4% - 8.5%	0.330



### objective assesment of cosmesis using BCCT software



### Objective assesment of cosmesis using BCCT.core "assuming the breast are symetrical"

7 objective parameters

pBRCA= the relative breast retraction assesment

pLBC= the relative lower breast contour



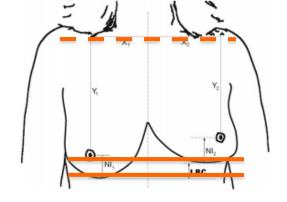
pUNR=the relative upward nipple retraction

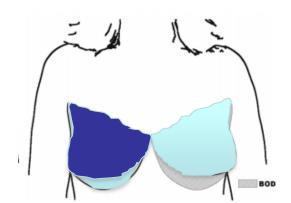
pBCE= the relative breast compliance evaluation

pBCD=the relative breast contour difference

pBAD=the relative breast area difference

pBOD=the relative breast overlap difference





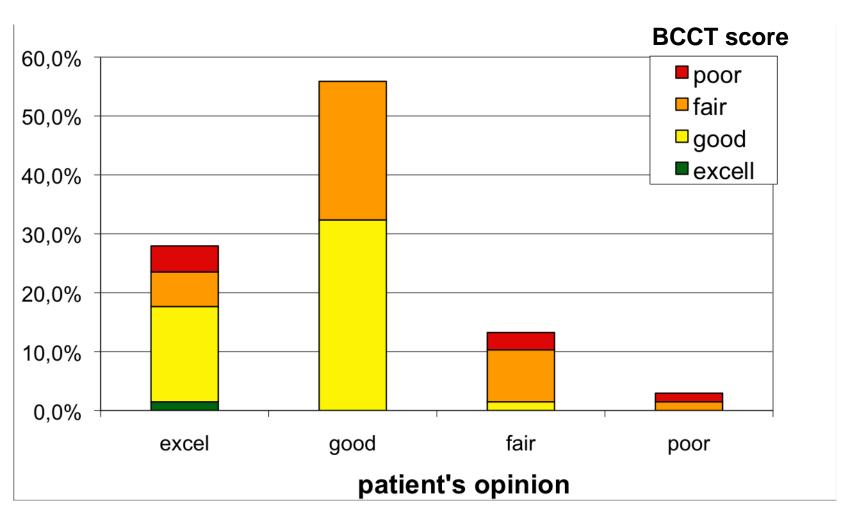


- BCCT.core combines different parameters (Cardoso et al.)
- In total score, subdivided in 4 categories
  - Excellent; almost identical
  - O Good; slight difference
  - O Fair; clear difference
  - O Poor; disfigured

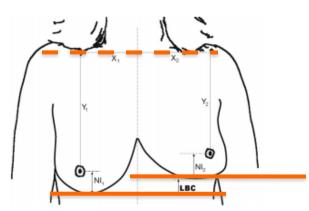


objective assesment of cosmesis using BCCT software

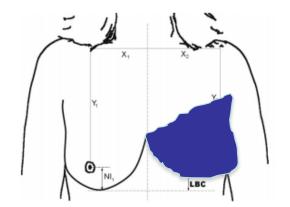
### (dis)agreement BCCT and patient score of cosmetic result

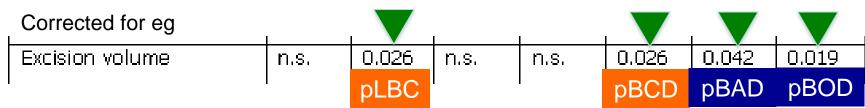


### Results objective BCCT assesment

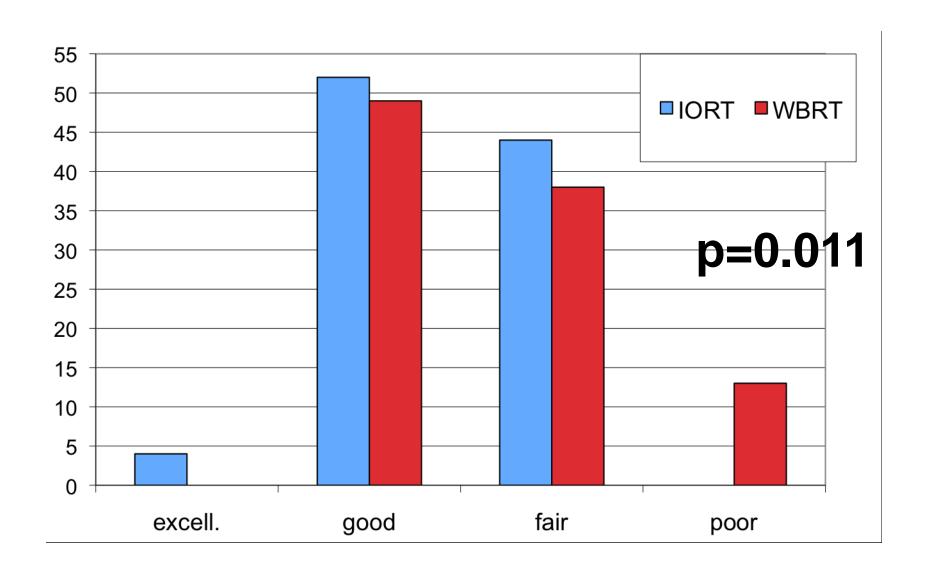


	IORT	WBRT	P-value
pBRA	0.098	0.114	0.247
pLBC	0.043	0.067	0.043
pUNR	0.078	0.106	0.084
pBCE	0.343	0.321	0.761
pBCD	0.070	0.111	0.044
pBAD	0.132	0,206	0.058
pBOD	0.246	0.339	0.022





### BCCT objective cosmetic assessment





#### **Conclusions:**

1.a. Early Q results; cosmetic result favourable (subjective)

80% score 7-10 = identical with postoperative score

- 1.b.cosmetic result = <u>lumpectomy</u> + minor IORT changes
- 2. High patient satisfaction 95% score 7-10
- 3. 3 to 4 out of 7 BCCT (objective) parameters better for IORT when compared with WBRT patients; highly significant better in composite score

Instead of more fibrosis and bad cosmetics ELIOT type of IORT results (although short fu)

Better cosmetic outcome and less fibrosis

**Peter Koper**