RSNA: Studies Suggest Role for Brachyther Lumpectomy

By Peggy Peck
Special to DG News

CHICAGO, IL -- November 27, 2001 -- Brachytherapy either at time of surgery or over the course of five day promoted as an option for women with early, non-inva cancer.

Dr. Martin E. Keisch of Mount Sinai Medical Center, in Beach, Florida, said that five days of treatment with a catheter device called MammoSite delivers a total dos That treatment can replace the standard six-week cou radiation therapy for women with early stage non-inva cancer.

Dr. Keisch presented the results yesterday (Nov. 26) Scientific Assembly and Annual Meeting of the Radiol Society of North America, in Chicago, Illinois.

Likewise, Dr. Euan S. Thomson said a single treatme Intrabeam, a portable electron-beam device, at time o while the patient is still under anesthesia, is as effecti standard treatment.

Dr. Keisch said the MammoSite catheter is much mor friendly than brachytherapy delivered with injections, requires not only careful placement of needles, but al complicated calculation of dosing. Referring to Mamm said, "this is so simple that I can train a monkey to im to calculate the dose."

The deflated MammoSite is surgically implanted in br remaining after the tumor has been excised and is the with saline, he said. Twice a day, a radioactive seed a guide wire is advanced through the catheter into the b

"bathes the area with radiation." Because much less ti volume is irradiated, achieving a therapeutic dose tak less time than standard radiotherapy, Dr. Keisch said.

In his study he presented results from 28 women treat MammoSite.

"We have had no single recurrence of breast cancer," Most women had the device implanted while they wer local anesthesia, although a few women requested ge anesthesia.

While the device is implanted, the women have a sma extruding from the breast, but he said this is well toler said that when the device is removed, a small scar on centimeters in diameter remains. There were no adve associated with the MammoSite device, he said.

The device can be implanted at any time following lu to about eight weeks, he said, after that point the exci begins to close. He said 43 women have now been su treated with MammoSite.

Although the device can be implanted at time of surge Keisch recommends waiting for pathology "to be sure don't have an invasive carcinoma."

Dr. Thomson said his team takes a different approach Intrabeam "during surgery so we can avoid a second The device is also implanted into the excision site and radiation for about 20 to 30 minutes."

In a study of 29 women who had breast conserving su lesions of 3.5 cm or smaller, 15 women were treated Intrabeam and 14 with standard six-week radiation tre After 18 months "no women in either group had a rec Thomson said.

"Both of these approaches reflect the growing feeling radiation oncologists that it may be sufficient to give a dose rather than standard therapy," Dr. Thomson said

Dr. Thomson, who is president and CEO of Photoelec Corporation, of Lexington, Massachusetts-the device Intrabeam is approved by the U.S. Food and Drug Ad He said radiation oncologists at the Cleveland Clinic F and New York Medical College are using the device a treatment. They irradiate at time of surgery and they f with standard radiation treatment."

Dr. Keisch said the MammoSite's maker, Proxima Th
Inc., of Alpharetta, Georgia, expects the FDA to appr
device early in 2001.

The manufacturers, Proxima and Photoelectron, func
studies.

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