



Consensus Statement for Accelerated Partial Breast Irradiation

Accelerated partial breast irradiation (APBI) is a technique in which the portion of the breast at the highest risk of recurrence (the tissue surrounding the lumpectomy cavity) receives a shortened course of high dose radiation therapy. There are several techniques that can deliver this therapy including multiple catheters placed through the breast, a balloon catheter inserted into the lumpectomy cavity, localized external beam delivery, bead or seed implants, single dose intraoperative treatment and others. Several single-institution, non-randomized studies using the multicatheter technique have shown low local recurrence rates that are comparable to standard external beam radiation therapy.

Based on the available data the American Society of Breast Surgeons acknowledges the following:

1. Patients should be carefully selected for APBI and properly informed of the benefits and risks of this type of radiation treatment. The American Society of Breast Surgeons recommends the following selection criteria when considering patients for treatment with APBI, as a sole form of radiation therapy, in lieu of whole breast irradiation:

- Age 45 years old or greater
- Invasive ductal carcinoma or ductal carcinoma in situ
- Total tumor size (invasive and DCIS) less than or equal to 3 cm in size
- Negative microscopic surgical margins of excision
- Sentinel lymph node negative

2. Surgeons, radiation oncologists and physicists who will be utilizing the various APBI techniques should be adequately trained to allow for optimum radiation therapy planning and treatment.

3. All patients should be monitored regularly to identify adverse events as well as local recurrences.

4. The published data for APBI supports the recommendations summarized above. Continuous, long-term, outcomes-based monitoring of APBI is desirable. The American Society of Breast Surgeons maintains an ongoing Mammosite® Registry (registration completed in 2004) collecting data on more than 1400 patients treated via the balloon catheter technique. As is the case with all cancer treatments, participation in multi-institutional clinical studies, or in single site protocols, or in the context of data-gathering registries, is desirable, if available.

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Board of Directors

The American Society of Breast Surgeons