

Outcomes of Selective Whole Breast Irradiation Following Lumpectomy with Intraoperative Radiation Therapy for Hormone Receptor Positive Breast Cancer

MOFFIT (V) R

Kristy Broman MD MPH, Weihong Sun MD, Jun-min Zhou PhD, Brooke Fridley PhD, Roberto Diaz MD PhD, Christine Laronga MD

Breast Oncology Program, H. Lee Moffitt Cancer Center, Tampa, Florida

Abstract Number: 581227

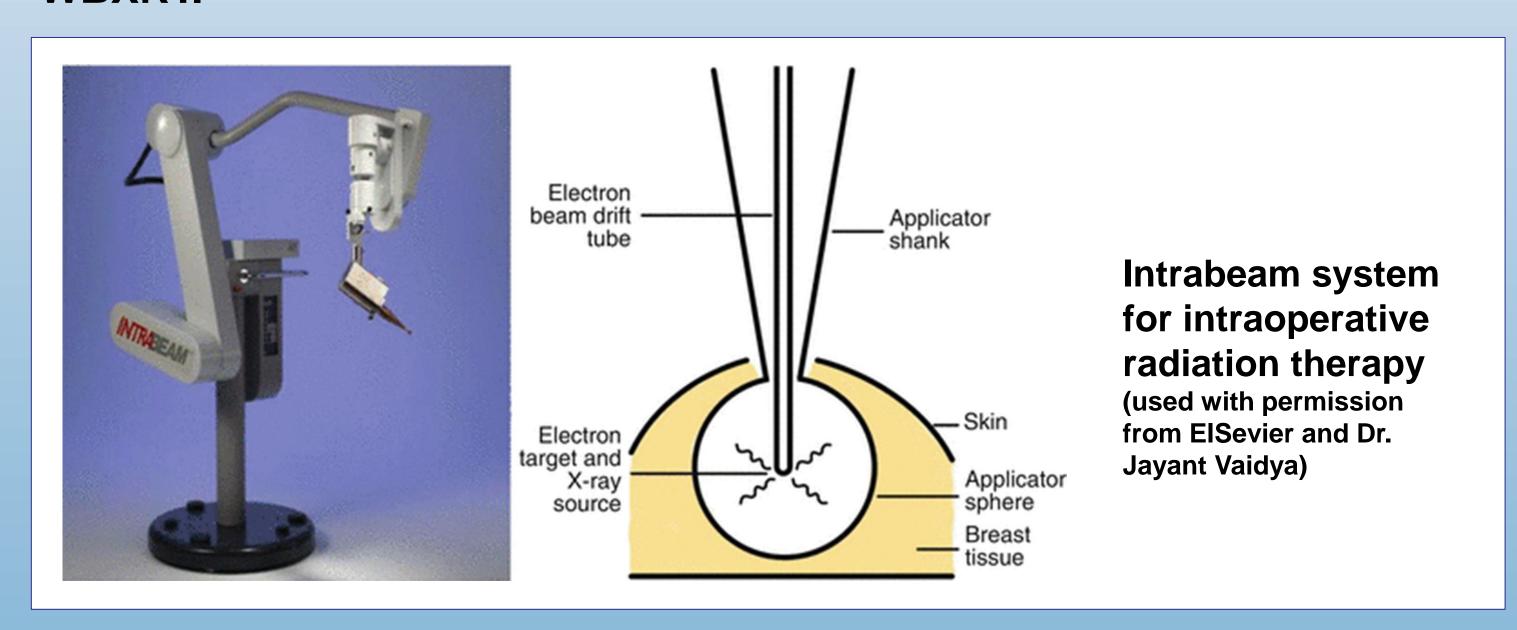
Introduction

Lumpectomy with whole breast radiation (WBXRT) is standard treatment for breast cancer.

For low risk patients with breast cancer undergoing lumpectomy, the TARGIT-A randomized trial supported intraoperative radiation therapy (IORT) with selective addition of whole breast radiation (WBXRT) based on final clinicopathologic criteria.

Many institutions use expanded TARGIT-A criteria in their recommendation for WBXRT after lumpectomy plus IORT.

AIM: To evaluate local recurrence after lumpectomy plus IORT, based on suitability for IORT alone versus TARGIT-A or expanded TARGIT criteria used by Moffitt Cancer Center (TARGIT-MCC) for addition of WBXRT.



Methods

Study Design: Single institution, retrospective review

Population: Adult women with estrogen-receptor positive, clinically nodenegative breast cancer

Time frame: 2011-2015

Comparison Groups: Suitable for IORT alone, meeting TARGT-A criteria for selective WBXRT, meeting expanded (TARGIT-MCC) criteria for selective WBXRT

Analysis: LR was compared based on whether patients met criteria for WBXRT, had recommendation for WBRT, and on receipt of WBXRT using Fishers' exact tests.

Selection criteria for whole breast radiation therapy after lumpectomy with intraoperative radiation therapy per TARGIT-A and TARGIT-MCC protocols

Clinicopathologic Criterion	TARGIT-A	TARGIT-MCC	
Initial margin	Positive*	Positive*	
initiai margini	*regardless of re-excision	*regardless of re-excision	
Final margin	<1mm*	<=2mm**	
i iliai iliai gili	*regardless of re-excision	**or tumor in re-excised specimen	
Final histology	Invasive lobular carcinoma	Invasive lobular carcinoma	
Extensive intraductal		If present	
component (>25%)	If present		
Lymphovascular space			
invasion	Per institution	If present	
Positive sentinel lymph node	Per institution	If present	
		11 p1000110	
Tumor Size	Not specified*** ***Protocol excluded >3.5cm	>3cm	

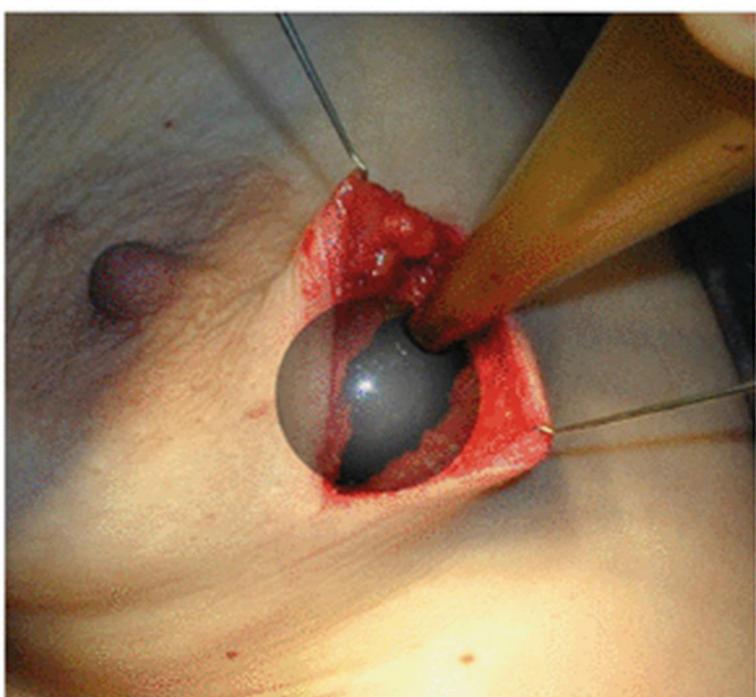
Results

Local recurrence based on receipt of whole breast radiation therapy and suitability for IORT alone by TARGIT-A and TARGIT-MCC criteria

All I	ORT patients	No Local Recurrence N=181	Local Recurrence N=13
Suit	able for IORT alone (n=140)		
N	o recommendation for WBXRT	126	8
V	/BXRT recommended but not completed	1	1
	/BXRT completed	4	0
Met	criteria for WBXRT (n=54)*		
T.	ARGIT-A	32	2
T.	ARGIT-MCC	18	2

Patients meeting criteria for WBXRT	No Local Recurrence N=50	Local Recurrence N=4	
Met criteria and WBXRT recommended			
(n=24)			
TARGIT-A	17	0	
TARGIT-MCC	7	0	
Met criteria and WBXRT not			
recommended (n=30)			
TARGIT-A	15	2	
TARGIT-MCC	11	2	
Met criteria and WBXRT received (n=17)			
TARGIT-A	13	0	
TARGIT-MCC	4	0	





Intrabeam system for intraoperative radiation therapy (used with permission from ElSevier and Dr. Jayant Vaidya)

Impact of Adjuvant Therapies on Local Recurrence after Lumpectomy with Intraoperative Radiation Therapy

Adjuvant Treatment	No Local Recurrence N=181	Local Recurrence N=13	P-value
WBXRT, N (%)			
No	160 (88.4)	13 (100.0)	0.368
Yes	21 (11.6)	0 (0.0)	
Endocrine Therapy, N (%)			
No	34 (18.8)	7 (53.8)	0.007
Yes	147 (81.2)	6 (46.2)	

Conclusions

Most local recurrences were in women that did not meet criteria for selective WBXRT after IORT.

Among those meeting expanded (TARGIT-MCC) criteria for selective WBXRT, there was a clinically important reduction in local recurrence with receipt of WBXRT.

Future work should address additional factors that predict local recurrence in patients undergoing lumpectomy with IORT.

Contact

Kristy Kummerow Broman, MD, MPH
Complex General Surgical Oncology Fellow

Moffitt Cancer Center kristy.broman@moffitt.org