

Evaluation a Hydrogel Radiopaque Tracer for the Definition of the Target Volume for Boost or Partial Breast Radiation Therapy After Lumpectomy of Breast Cancer

Ilja Ciernik¹, Hermann Voß², Gunnar Lohm¹, Anton Voronin¹, Agron Bujupi¹, Fathemeh Ebrahimi¹, Maria Ganser², Henriette Meyer¹, und Markus Wösle¹

¹ Radiation Oncology, City Hospital, 06847 Dessau

² Gynaecology and Obstetrics, City Hospital, 06847 Dessau



Introduction

After lumpectomy of a breast cancer tumor, the optimal target volume definition for external beam radiation therapy (EBRT) or the volume for partial breast irradiation (PBI) is subject to considerable inter-observer variability (1, 2). Recent data suggest, that PBI may be an appropriate time-efficient approach resulting in adequate local tumor control rates after primary surgery (3). However, while oncological final results are being awaited, late effects reported with accelerated PBI using EBRT has risen concerns regarding the cutaneous and soft tissue toxicity (4).

Materials & Methods

10mL of TracelT[®] (Augmenix, Inc. Waltham, MA, USA) (Fig. 1) was installed by the surgeon after complete removal of the tumor. After wound healing, a planning CT was acquired. TracelT[®] was visualized on the planning CT and expert radiation oncologists familiar with handling breast cancer target volumes were asked to contour the cavity to define the CTV, source for the PTV used for the boost.



Figure 1. TracelT[®] fiducial marker (10mL).

References:

1. Shaikh T *et al.* Improvement in interobserver accuracy in delineation of the lumpectomy cavity using fiducial markers. *Int J Radiat Oncol Biol Phys* 2010;78:1127-1134.
2. Hau E *et al.* Radiotherapy breast boost with reduced whole-breast dose is associated with improved cosmesis. *Int J Radiat Oncol Biol Phys* 2012;82:682-689.
3. Vaidya JS *et al.* Risk-adapted targeted intraoperative radiotherapy versus whole-breast radiotherapy for breast cancer: TARGIT-A *Lancet* 2014; 383: 603–13
4. Olivotto IA *et al.* Interim cosmetic and toxicity results from RAPID: a randomized trial using t3D conformal EBRT. *J Clin Oncol* 2013; 31:4038-4045
5. Ciernik IF *et al.* Standardization of the target volume for boost or partial breast radiation therapy of breast cancer. *Int J Radiat Oncol Biol Phys.* 2014;89:690-691.

Results

Instillation of TracelT[®] during Surgery

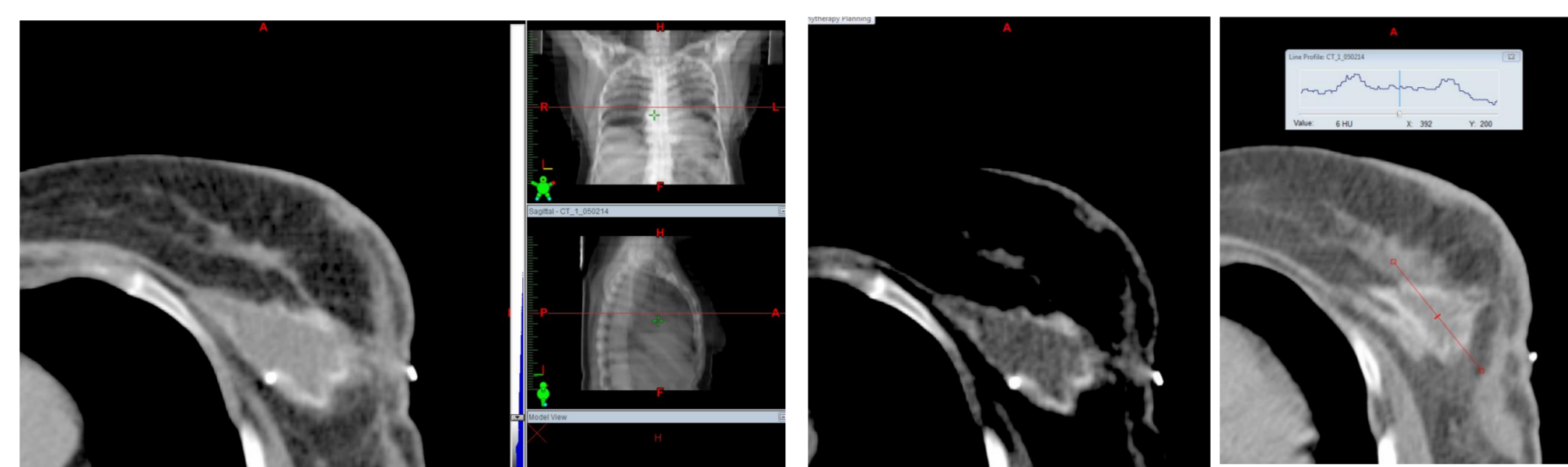


Fig. 2a Fig. 2b Fig. 2c

Figure 2. Case 1 : Instillation of 9,5 mL immediately after lumpectomy in the OR. (a) The bright spot close to the thoracic wall indicates a conventional localizer clip. (b) Gating HU = -20 to 200 highlights the tumor cavity. (c) TracelT[®] concentration is highest on the cavity boarder due to seroma foramtion after Sx.

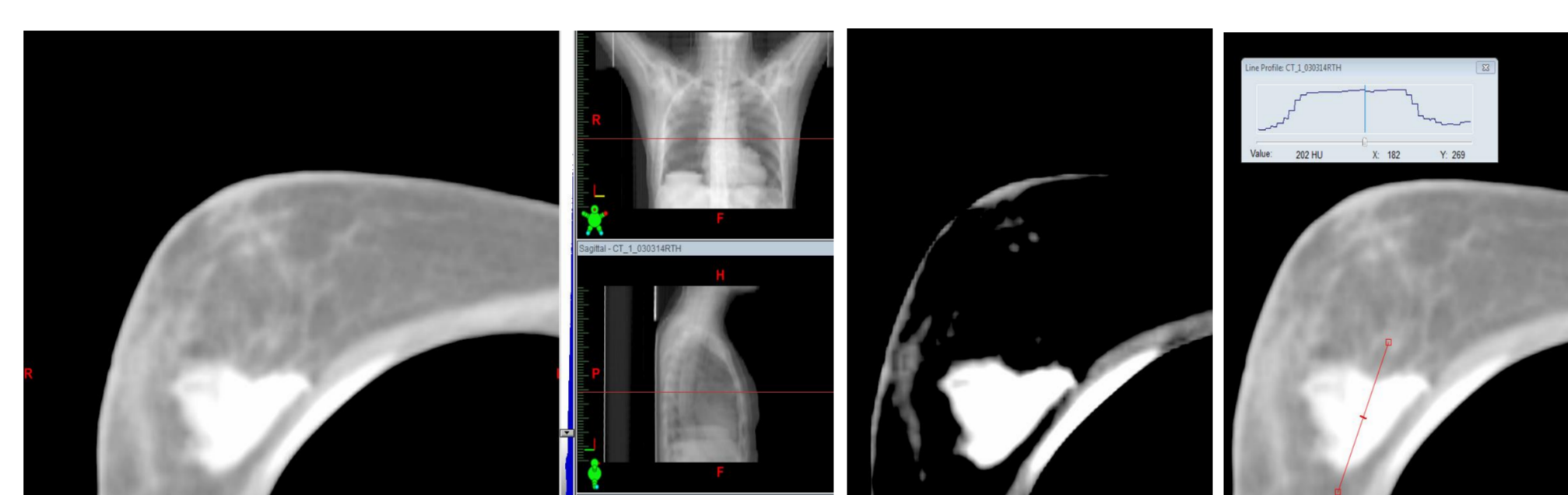


Fig. 3a Fig. 3b Fig. 3c

Figure 3. Case 2 : Instillation of 8,5 mL immediately after lumpectomy. (a) HU gating for soft tissue visualization. (b) Gating HU = -20 to 200. (c) TracelT[®] density profile.

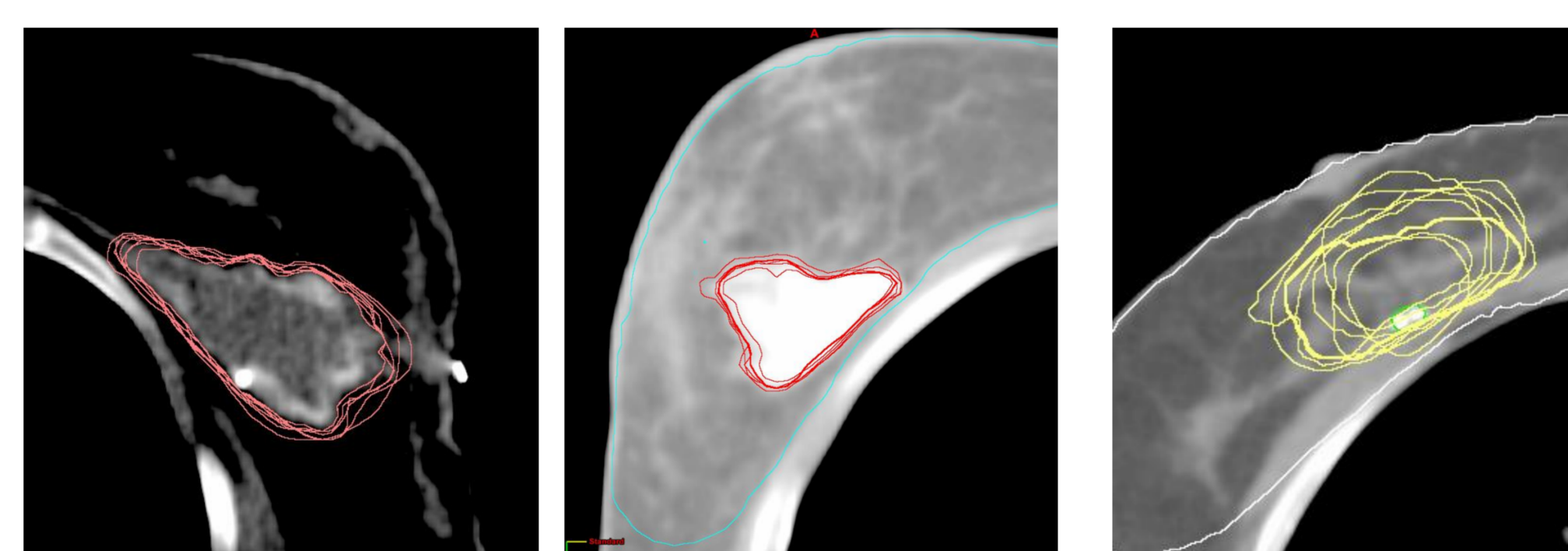
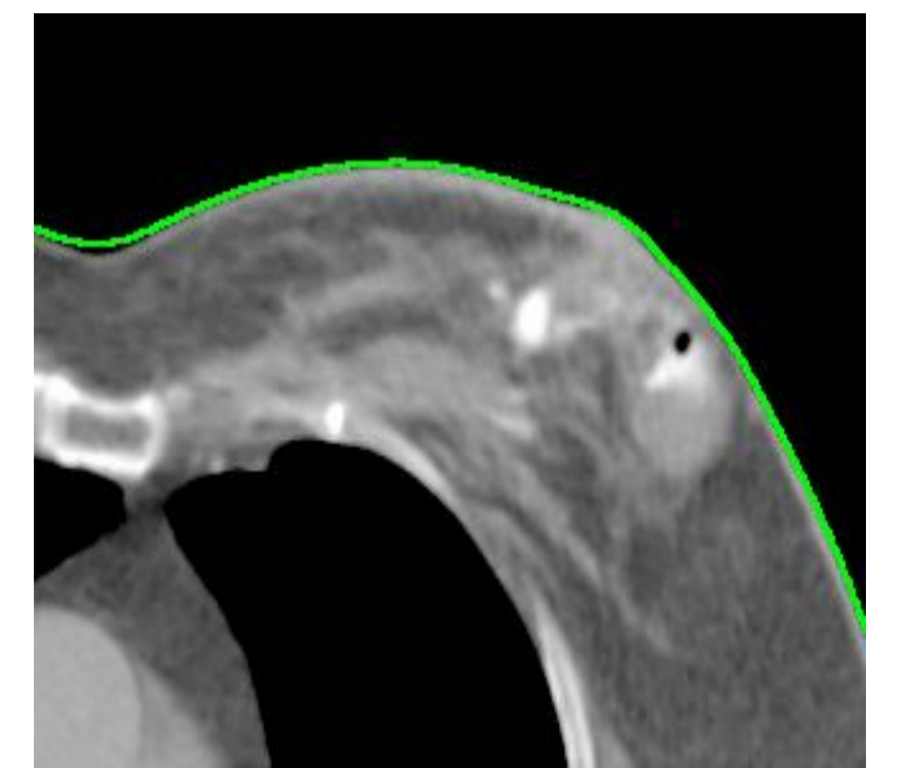


Fig. 4a Fig. 4b Fig. 3c

Figure 4. Interobserver target volume definition variability. (a) case 1, cf fig. 1 and tab. 2 (b) case 2 cf. fig. 2 and tab. 1 (c). Contouring variability without hydrogel tracer marking of the lumpectomy cavity, cf. tab 1.

Instillation of TracelT[®] during Planning CT

Figure 5. Injection into the tumor cavity as visualized during planning CT. TracelT[®] is unable to indicate the dimensions of the lumpectomy cavity, probably due to seroma formation and fibrosis starting immediately after Sx.



Statistical Analysis

Table 1. CTV boost definition without TracelT[®] in situ

CTV [Kürzel]	V [cm ³]	CTV _x ∩ CTV _{ref} [cm ³]	CTV _x ∪ CTV _{ref} [cm ³]	R ⁺ [1]	JI [1]	CN [1]
Med1	21,61	18,12	33,19	0,612	0,546	0,513
Med2	43,18	26,94	46,01	0,909	0,586	0,567
Med5	9,58	8,08	31,27	0,273	0,258	0,230
Med3	21,55	14,88	36,46	0,502	0,408	0,347
Med6	50,05	22,77	56,91	0,768	0,400	0,350
Med4	11,75	11,41	29,98	0,385	0,381	0,374
Med7	53,44	28,54	54,63	0,963	0,522	0,514
ref	29,63	29,63	29,63	1,000	1,000	1,000
m	30,17	18,68	41,21	0,630	0,443	0,414
s	18,33	7,77	11,27	0,262	0,114	0,121

ref = volume of ref of a volume as defined by mean density width
m = mean without ref; s = SD of sample w/o ref
R⁺ = overlap of volume = (CTV_x ∩ CTV_{ref}) / V_{ref}
JI = Jaccard-Index = (CTV_x ∩ CTV_{ref}) / (CTV_x ∪ CTV_{ref})
CN = conformity index = (CTV_x ∩ CTV_{ref})² / (V_x · V_{ref})

Table 2. CTV boost definition with TracelT[®] in situ

CTV [Kürzel]	V [cm ³]	CTV _x ∩ CTV _{ref} [cm ³]	CTV _x ∪ CTV _{ref} [cm ³]	R ⁺ [1]	JI [1]	CN [1]
Med1	44,83	36,98	47,79	0,926	0,774	0,764
Med2	48,26	35,77	52,53	0,895	0,681	0,664
Med5	42,00	36,40	45,49	0,911	0,800	0,790
Med3	45,95	37,52	48,37	0,939	0,776	0,767
Med6	61,92	39,71	62,08	0,994	0,640	0,637
Med4	43,87	36,49	47,33	0,913	0,771	0,760
Med7	59,36	39,86	59,38	0,998	0,671	0,670
ref	39,95	39,95	39,95	1,000	1,000	1,000
m	49,46	37,53	51,85	0,939	0,730	0,722
s	7,91	1,63	6,47	0,041	0,064	0,062

ref = volume of ref includes voxels w/ hydrogel & signal of ≥ -5 HU
m = mean without ref; s = SD w/o ref
R⁺ = overlap of volume = (CTV_x ∩ CTV_{ref}) / V_{ref}
JI = Jaccard-Index = (CTV_x ∩ CTV_{ref}) / (CTV_x ∪ CTV_{ref})
CN = conformity index = (CTV_x ∩ CTV_{ref})² / (V_x · V_{ref})

Conclusions

- Interobserver variability is low using a high contrast hydrogel for the purpose of target structure delineation.
- Standardized target volume definition may help to reduce toxicity and may improve standards in clinical trials or in daily practice.
- Reliable cavity visualization is achieved best if TracelT[®] is injected immediately after lumpectomy, prior to seroma formation or fibrotic transformation.