



Surgeon

William C. Dooley, MD

Professor and Chair OU
Breast Institute,
University of Oklahoma
Director, Division of
Surgical Oncology,
Department of Surgery,
Oklahoma University
Health Science Center

Facility

Oklahoma Health
Science Center
Oklahoma City,
Oklahoma

XOFT Procedure

Summary

4-5 cm spherical balloon
applicator was placed in
an outpatient setting
using local anesthetic.

Patient's

Recommendation

The patient would highly
recommend the Xoft
treatment to a friend.

Clinical History

- 64 year old, postmenopausal, G2, P2
- No prior history of breast cancer
- No family history of breast cancer
- 20 year history of oral hormone therapy, stopped 2 years ago
- Mammogram results – new spiculated mass LOQ with 1.4 cm mass per ultrasound
- Core biopsy – IDC, consistent with mammogram/clinical picture

Indications for APBI

Patient was referred for surgical consultation for evaluation of left breast cancer/infiltrating ductal carcinoma.

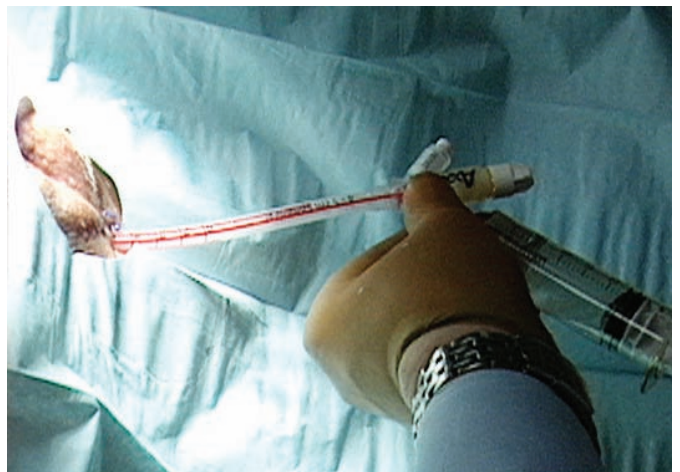
- IDC, T1c, NO, MO
- 1.8 cm tumor, G3
- ER+ PR+ K1 67 53%

Procedure

At the time of lumpectomy, care was given to create an ideal cavity to be used for balloon insertion. Lumpectomy was performed using ultrasound to localize the lesion. A superior elliptical incision was created and the previous biopsy cavity was excised in a circumferential fashion taking a 1 cm margin. Retractors were not used to avoid beveling toward the skin. Instead of retractors, two prolene stitches were placed lateral and medial to the lesion and as these were pulled upward, the bovie was used to cut toward the lesion. The flat superficial surface is where the skin island is located. Beveling outward is minimal and bottom "v"s downward. The shape of the removed tissue is similar to that of a typical diamond solitaire cut.

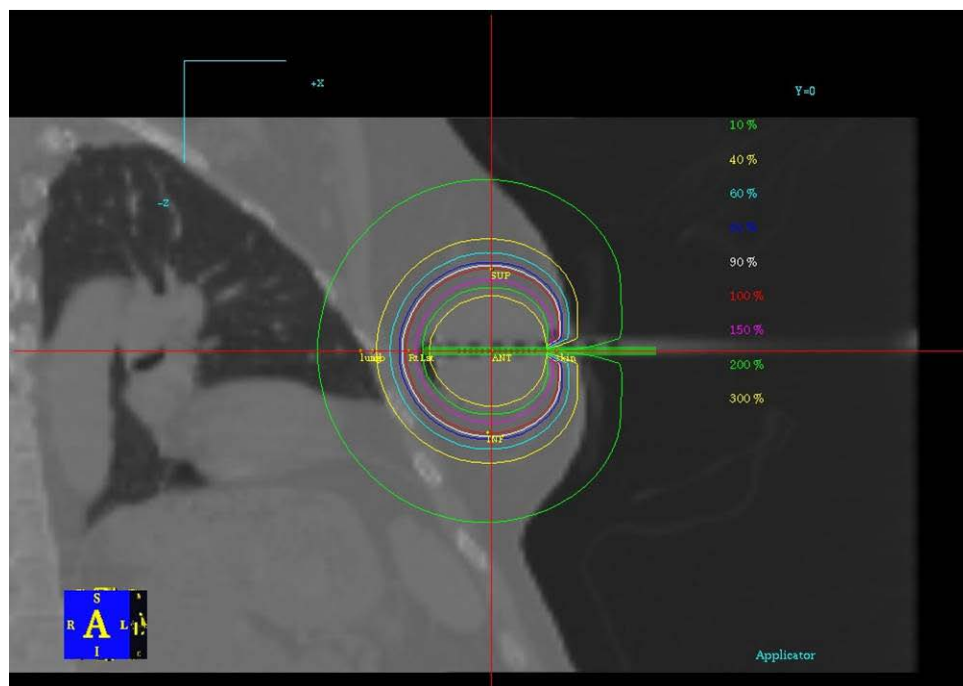
It is important to have supporting breast tissue structure, especially in older women. My closures were in 3 layers and began deeper;

at least 12-15 mm from the skin, making sure to take a generous purchase of tissue. An inflated balloon exerts pressure against the skin and an adequate skin bridge will maintain the distance from the balloon to the skin surface. Remember that the deeper the balloon sits within the breast and the bigger it is inflated, the greater the quantity of irradiated breast tissue and therefore the least difference



from external beam radiotherapy. The axillary nodes in the region of a single distinct sentinel node were dissected free and were grossly negative for tumor.

Axxent balloon insertion: The Xoft 4-5 cm spherical balloon applicator was placed in an outpatient setting using local anesthetic. The seroma cavity was entered through the wound incision and evacuated. The anterior/posterior balloon position on this patient allowed us to use dwell points to our advantage for a superficial skin bridge. The balloon was inflated with saline to a volume of 54 cc. The balloon position and fill volume were documented by intraoperative ultrasound. The applicator was secured and dressed. The patient was sent home on prophylactic antibiotics. The patient returned for a CT to confirm balloon position and skin bridge > 7 mm as per the study protocol. Her treatment was initiated on Monday and concluded on Friday without incidence.



Results/Conclusion

At the 1 week follow up visit the patient had been treated at the hospital for nausea, dehydration and hypokalemia. This was due to the concomitant chemotherapy.

The patient returned for her four week follow up visit in December. She presented with excellent cosmesis. On the patient satisfaction survey, the patient was “very satisfied” in all aspects of her treatment. She would highly recommend the Xoft treatment to a friend.