



Surgeon

Elizabeth Tito, MD

Facility

Rhode Island Hospital
Providence, RI

Indication for APBI

- T1a, Tis, NO, MO
- 0.5 cm tumor, G1
- ER+ PR+

Applicator Placement

4-5 cm spherical balloon applicator was placed in the Department of Radiation Oncology by David Wazer, MD

Patient Testimonial

The patient was delighted that she was able to complete her treatment in 5 days as opposed to several weeks.

Insertion of an Axxent 4-5 cm Spherical Applicator

Clinical History

- 62 year old, postmenopausal
- No prior history of breast cancer
- No family history of breast cancer
- Mammogram results – microcalcifications
- Stereotactic biopsy – DCIS with Invasive Ductal Carcinoma
- Pre-Operative MRI revealed 7 x 4 mm tumor

Indication for APBI

Her pre-operative evaluation of left breast Invasive Ductal Carcinoma and DCIS

- T1a, Tis, NO, MO
- 0.5 cm tumor G1, DCIS with Comedo Necrosis
- ER+ PR+, Her2neu -

Procedure - Technique

Prior to the lumpectomy, this patient had a needle wire placed for localization.

A skin incision is made at the edge of the areola or over the tumor site. If the tumor is away from the incision, a skin flap is created as if performing a skin sparing mastectomy. The skin is then elevated until I reach the area of the cancer. As the cancer is removed, a round cavity for balloon placement is maintained. The cavity is then examined. If it is irregular, then the cavity is sculpted to accommodate the balloon catheter. Oftentimes, using sutures will help to create a cavity that is more uniform in shape.

It is important to make sure only the areas that tail away from the tumor are re-approximated. In the event the distance between the cavity and skin is less than 7 mm, then the parenchyma will be excised back to thick tissue. By suturing the two edges of thick tissue together, a generous bridge of tissue is formed between the skin and cavity. To decrease the chance of skin dimpling, create a large skin flap in the area. Then free the skin from the underlying parenchyma while staying in the usual mastectomy plane; the tissue is then sutured together without dimpling the skin, which creates an excellent cosmetic outcome post-intracavitary APBI.

Balloon Placement

Dr. David Wazer, Radiation Oncologist, placed a 4-5 cm balloon applicator in the Radiation Oncology Department. The balloon was filled with 65 cc of NS. Post balloon placement cavity to skin distance was 20 mm per CT.

Results/Conclusion

The patient was “very satisfied” with her experience and she would “definitely” recommend it to a friend. She was featured on the Boston Channel WCVB. She shares her experience and can be viewed at <http://www.thebostonchannel.com/video/15914556/index.html>.

