



Axxent Electronic Brachytherapy: A Procedural Analysis

Surgeon

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Facility

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Procedure Summary

A 4-5 cm spherical balloon applicator was placed in the procedure room of Dr. Israel's office.

Patient's Testimonial

The patient reported that she was happy with her treatment and would recommend the Xoft radiation treatment to a friend.

Clinical History

- 62 year old postmenopausal female
- Prior history of breast cancer in 2002, patient was diagnosed and treated for infiltrating ductal carcinoma of the right breast with one positive node
- Positive family history for breast cancer with her mother having breast cancer

Indication for APBI

The patient had changes in her mammogram, showing a modular density in the upper outer quadrant of the left breast. Stereotactic core needle biopsy of lesion revealed infiltrating ductal carcinoma.

- T1c, NO, MO ductal carcinoma
- 1.3 cm tumor G 3 (poorly differentiated)
- ER+ PR+

Surgical Technique

- A transverse incision was made across the axilla and extended into the axillary fat pad.
- The lumpectomy was performed by creating a skin ellipse which was incised on the anterior margin.
- The incision was deepened through the skin, subcutaneous tissue and breast parenchyma down to the chest wall, creating a full-thickness lumpectomy from the skin to the chest wall.
- The wound was closed in three layers in preparation for the balloon placement.
- The two layers of subcutaneous tissue closed with 4-0 catgut and the skin edges with 6-0 nylon.
- A sterile dressing was applied, no drains were used.

Balloon Insertion

Dr. Philip Z. Israel used 5 cc of lidocaine for local anesthesia and with the use of a trocar, placed a 4-5 cm spherical balloon applicator in the procedure room of his office. The balloon was filled with 45 cc of 0.9% NS. Post balloon placement, the cavity to skin distance was 9.9 mm per ultrasound.

Results/Conclusion

4 Week follow-up visit

The following were recorded at the four week follow-up visit: Left breast skin redness, pruritis and tenderness. All were resolved on or prior to the three month visit. The cosmesis evaluation was reported by the physician as good.

3 Month follow-up visit

At the three month visit the patient was reported as getting along quite well with no complaints. The cosmesis evaluation reported by the physician remained as good.

6 Month follow-up visit

The following were recorded at the six month visit: Induration/fibrosis breast and hyper pigmentation. Hyperpigmentation was resolved prior to the one year visit. The patient was reported to have done quite well and has no specific complaints referable to the breast or otherwise. Overall, the patient is quite happy with her cosmetic results. The cosmesis evaluation reported by the physician remained as good.

18 Month follow-up visit

The patient was reported as doing well with BIRAD 2 – Benign findings on her mammogram. The cosmesis evaluation was reported by the physician as excellent.

The patient reported on her one year QOL questionnaire that she was happy with her treatment and would recommend the Xoft radiation treatment to a friend.