

Interstitial Brachytherapy in Cervix- Advancements

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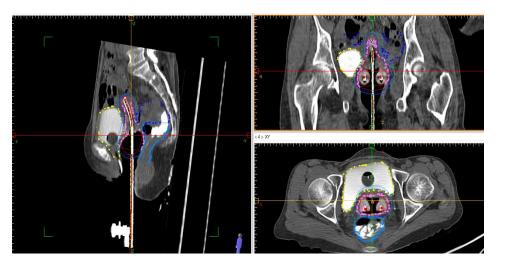
Objectives of the teaching session....

- To understand the concept of ISBT
- To list the Indications of ISBT
- To identify different applicators available
- To know the procedure, plan evaluation
- To understand the benefits with ISBT



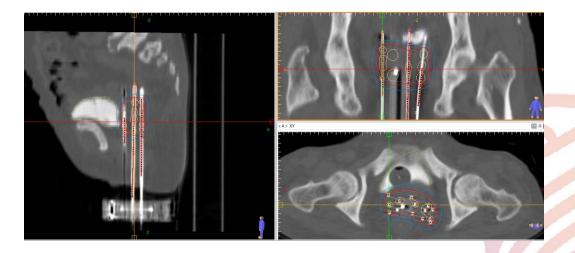






Intracavitary Brachytherapy

Interstitial Brachytherapy







Indications for ISBT

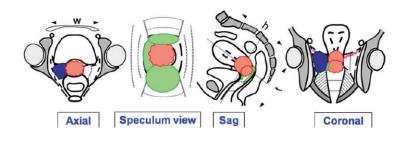
- Ca Cervix IIB & beyond
 - If Partial Response
 - Post Op + Parametrium Positive
- Anatomic variations
 - Distorted Goemetry (obliterated fornices)
 - Narrow Vagina
 - OS not identifiable
- Bulky Parametrial Disease
- Vault Recurrences
- Reirradiation

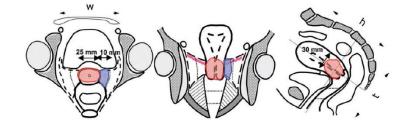


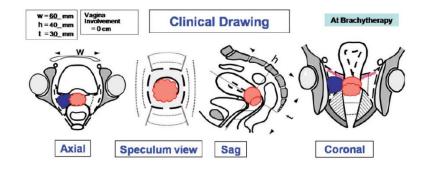


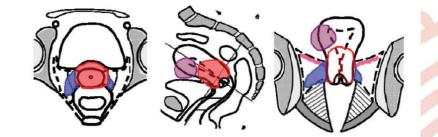


Very important.....













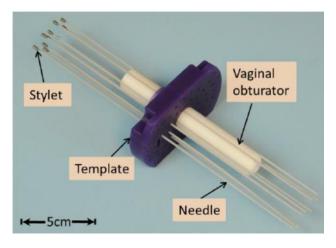
Different applicators available



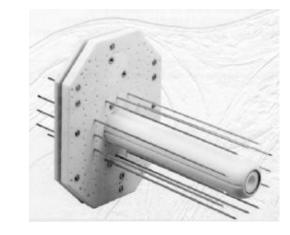




• Syed-Neblette Universal



MUPIT (Martinez Perineal Interstitial Template)

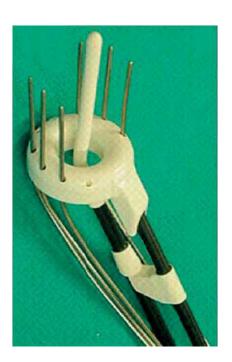






Vaginal mould brachy..impression after EBRT





Vienna Ring

Tandem ovoids with freehand needles







* * *

Tulip applicators....add on with...

Fletcher



Henschke



Ring





Utretcht applicator

Venezia applicator



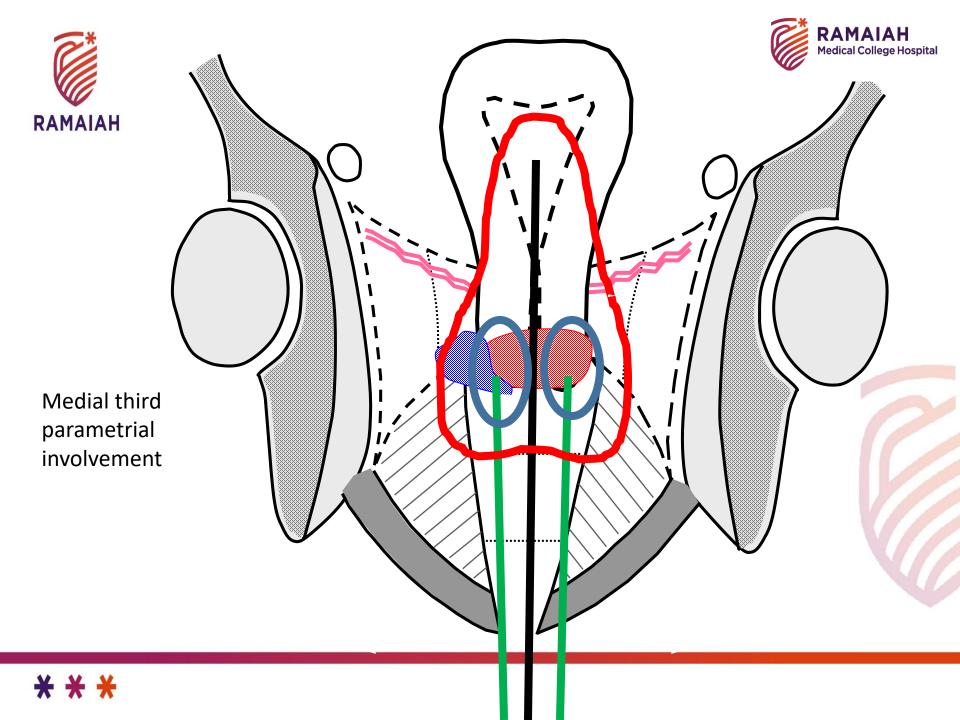


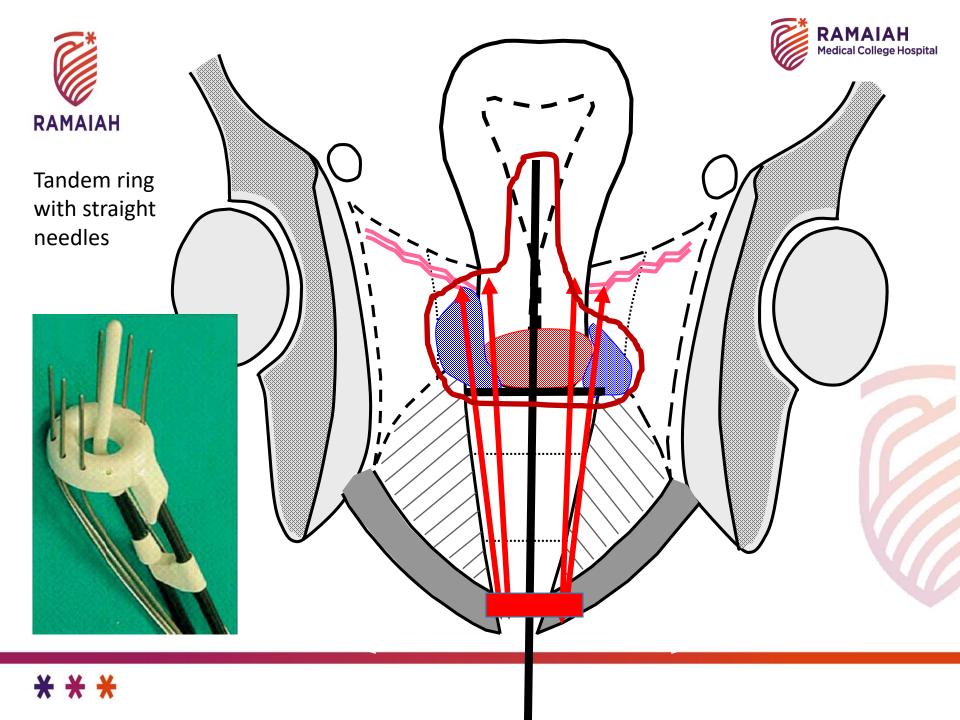


Selection of the applicator system

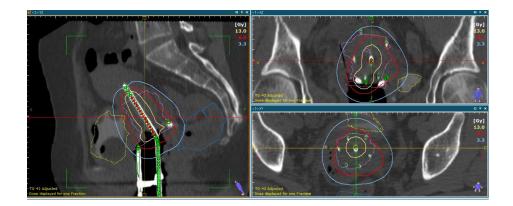


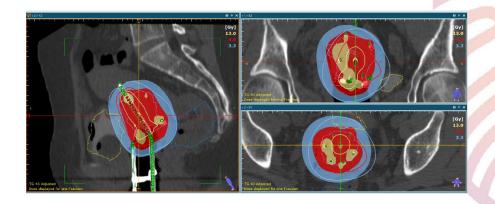




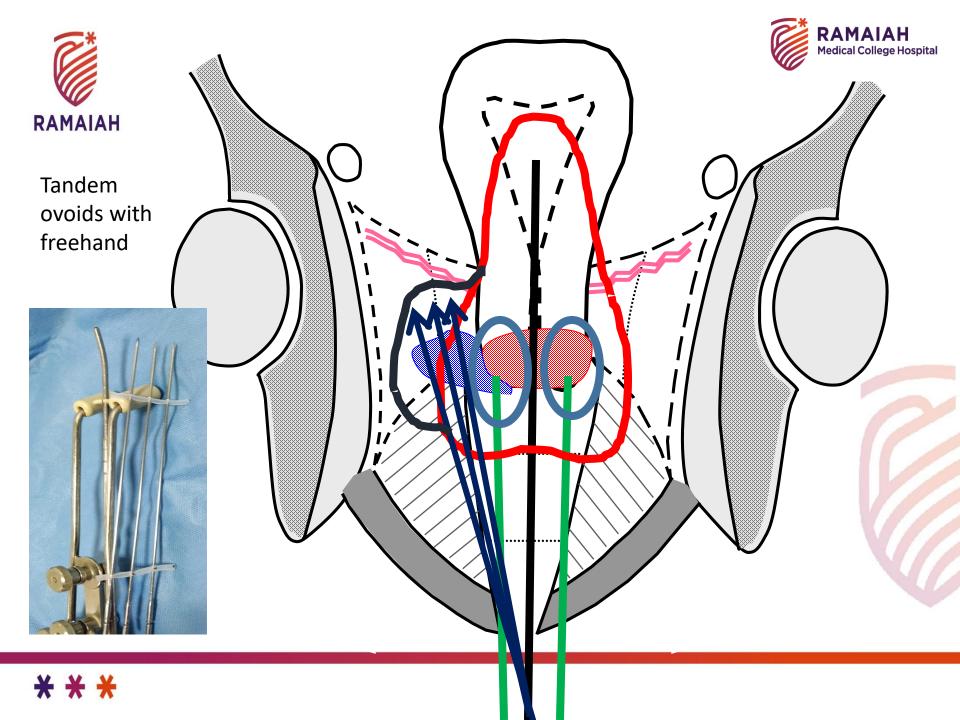






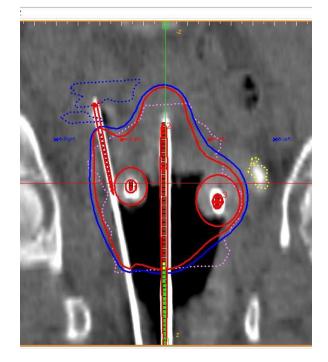






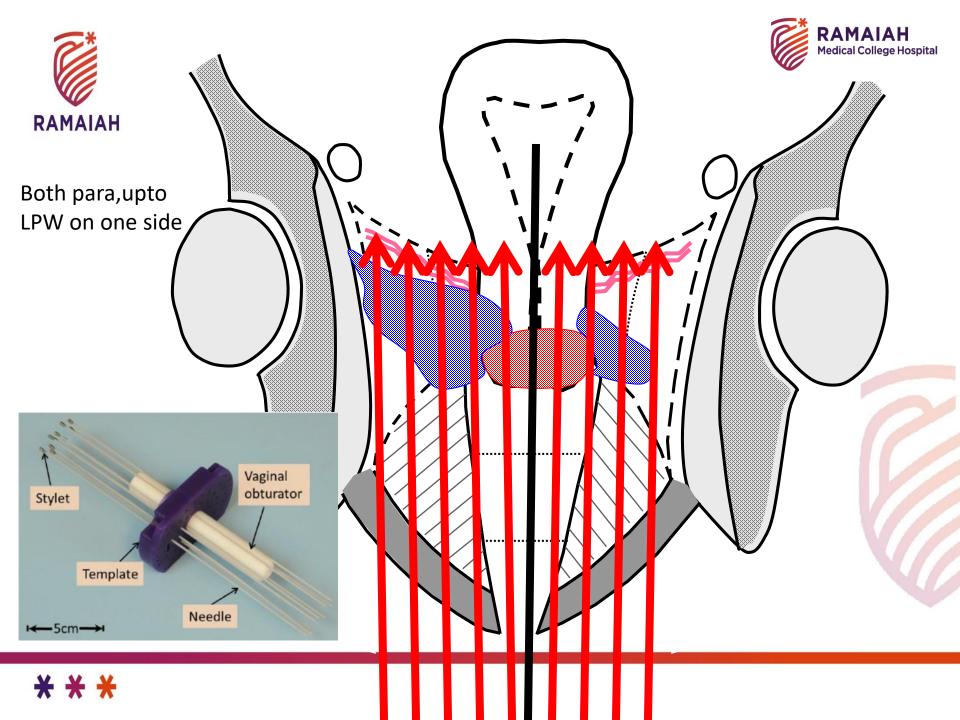


Freehand ISBT



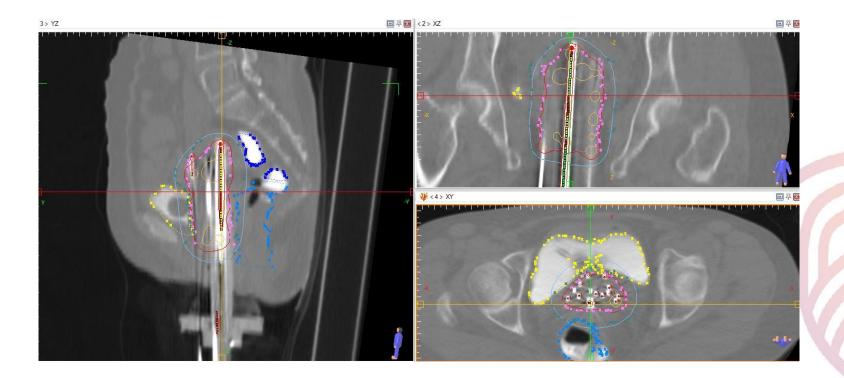


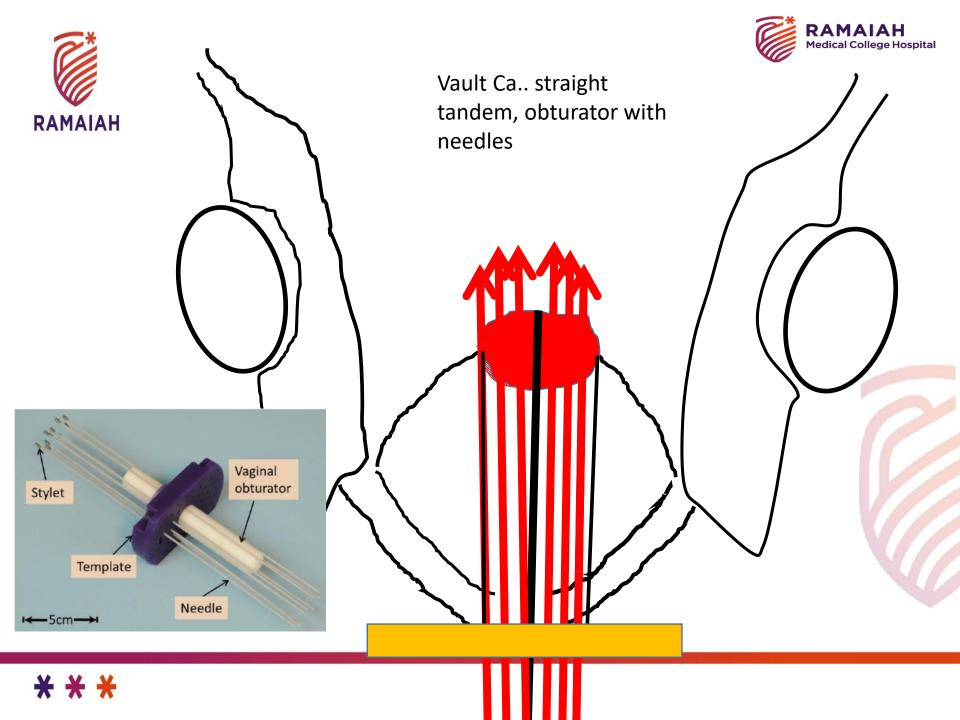






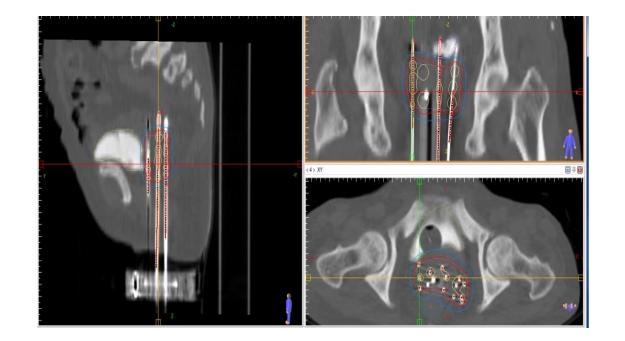
Para involvement on both sides..





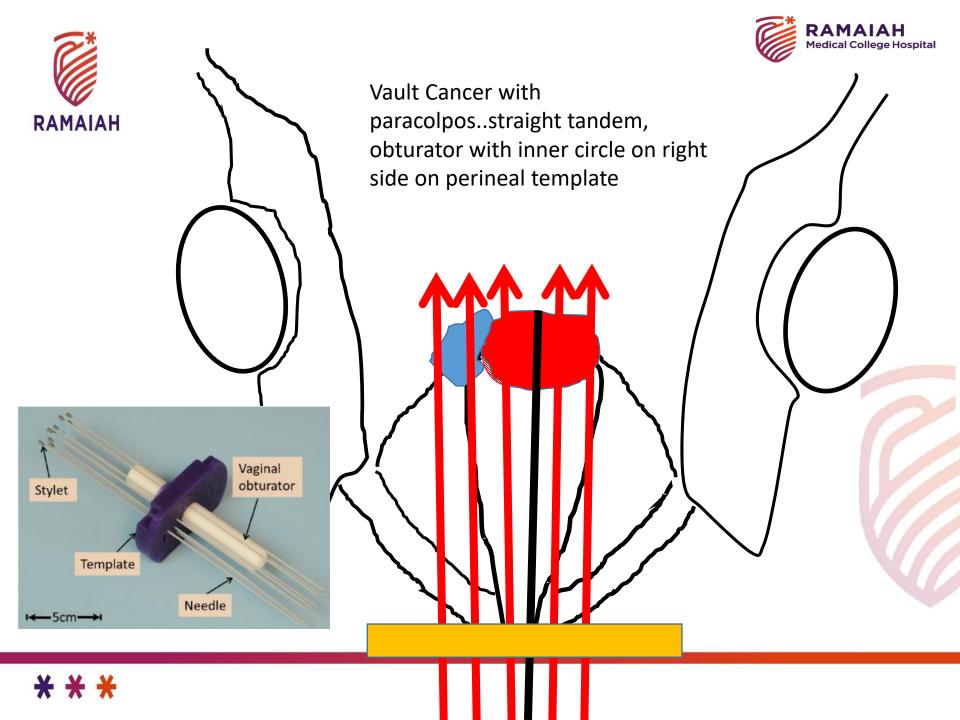


Postop/Vault Ca



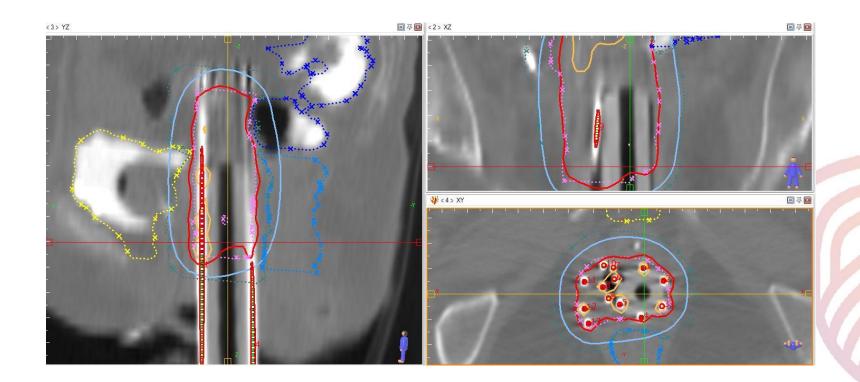




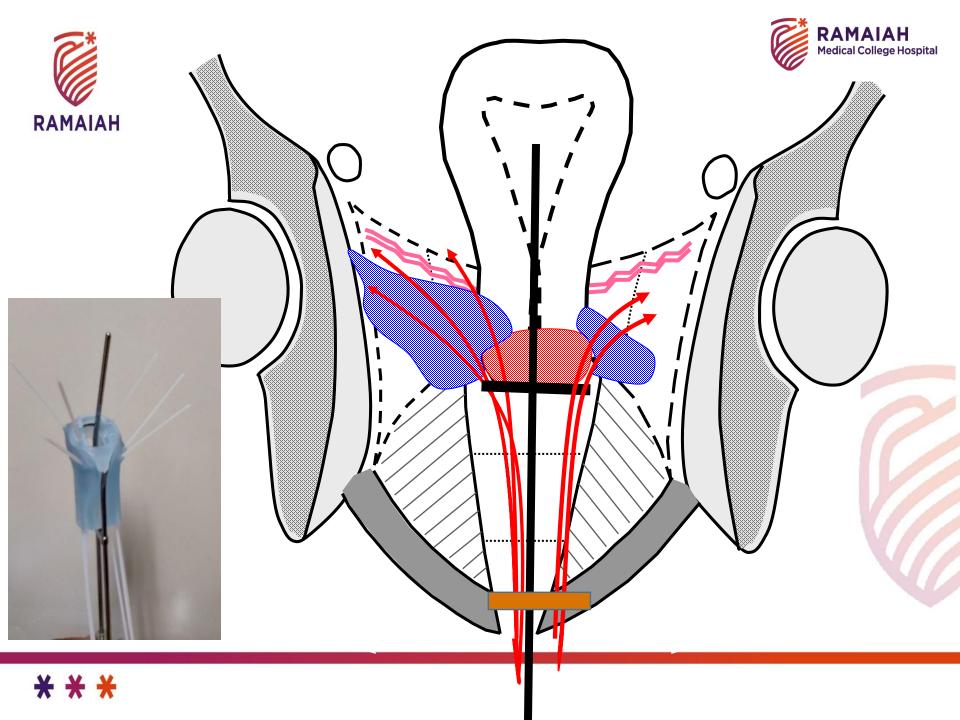




Unilateral paracolpos involved

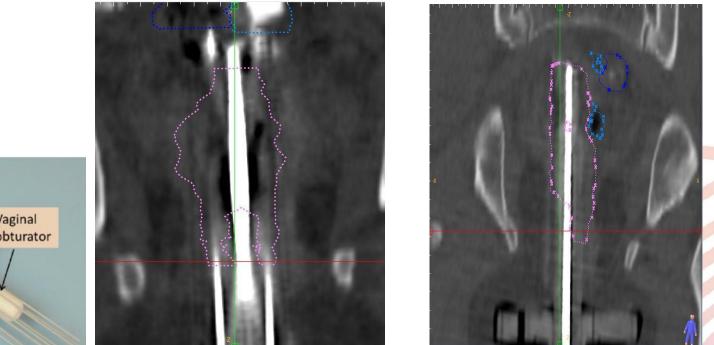


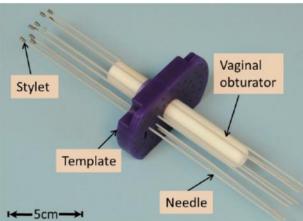






Tandem/obturator...selective vaginal involvement

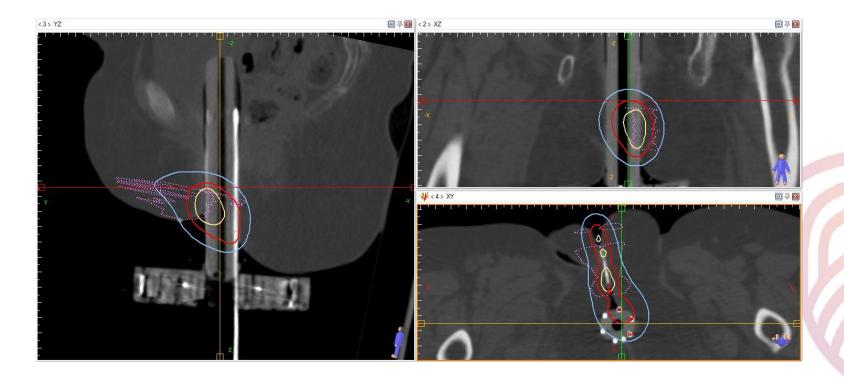








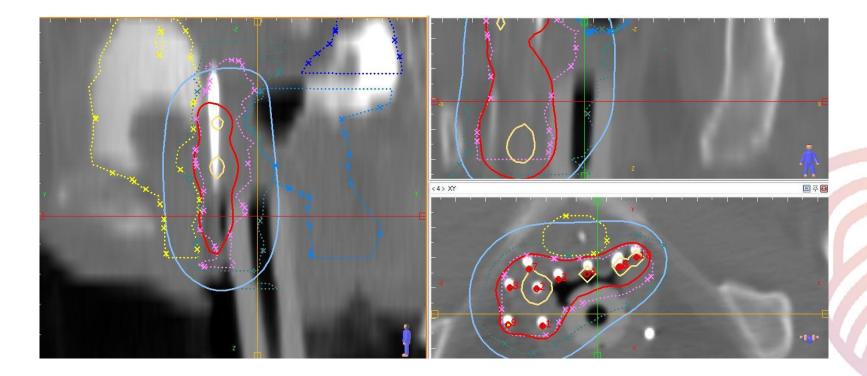
Vulva....obturator with additional wires at introitus







Recurrence in vagina











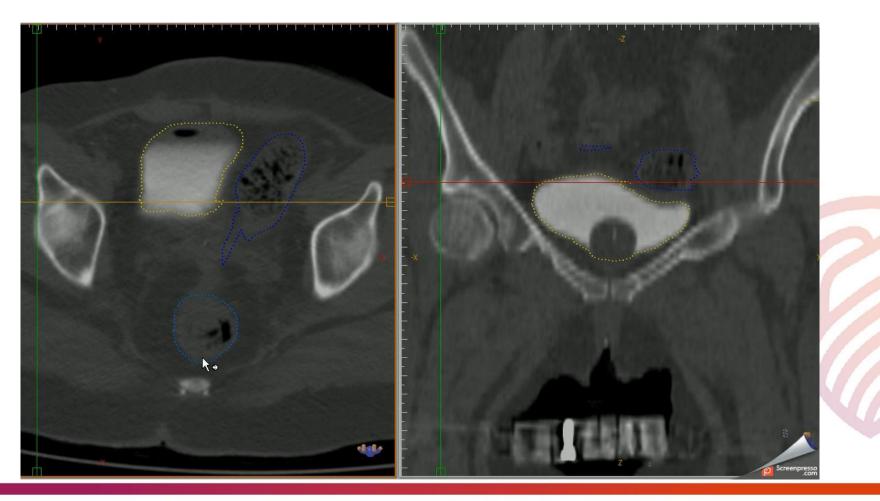
Plan evaluation...







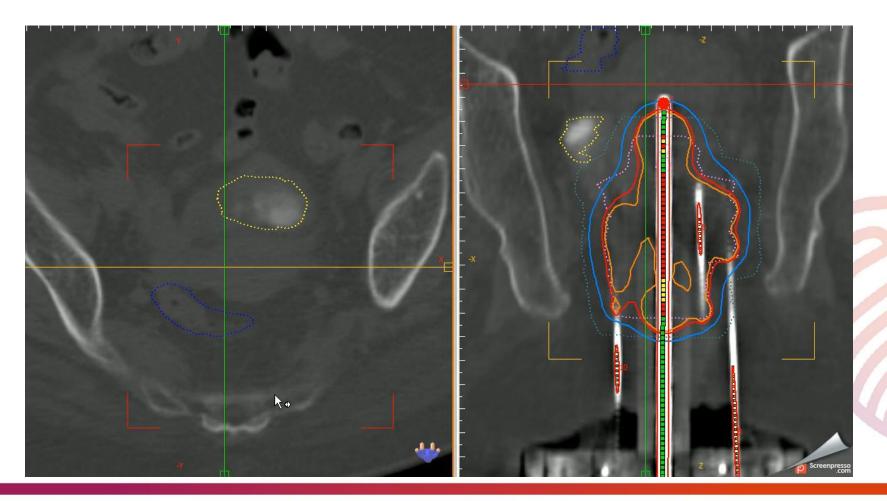
Plan evaluation.. Postop case





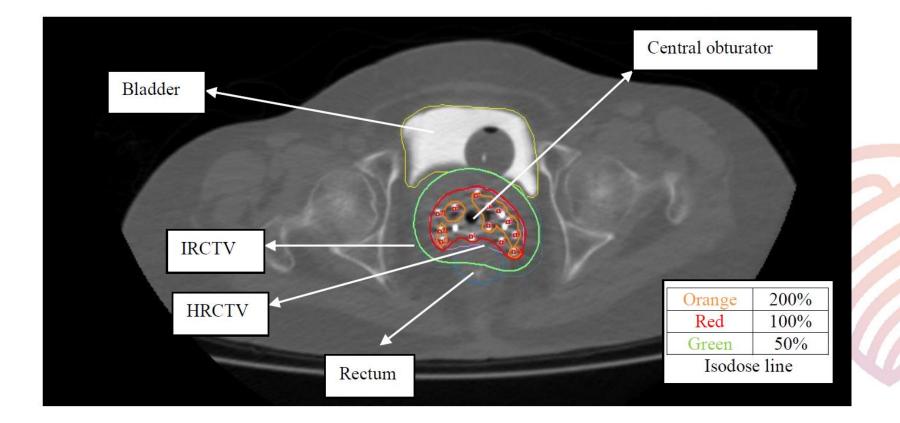


Plan evaluation .. Intact uterus





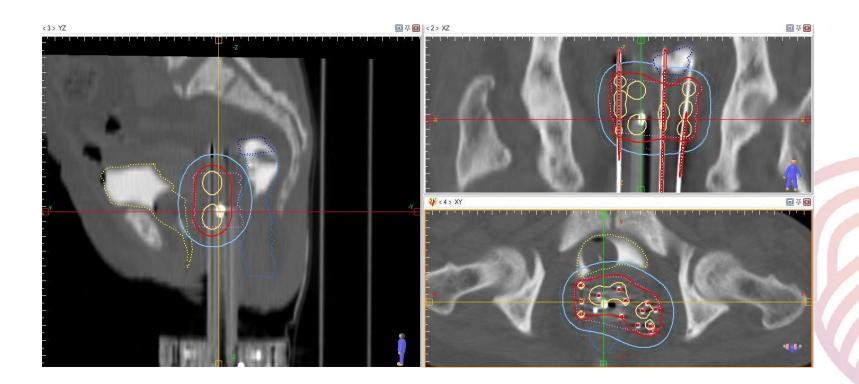






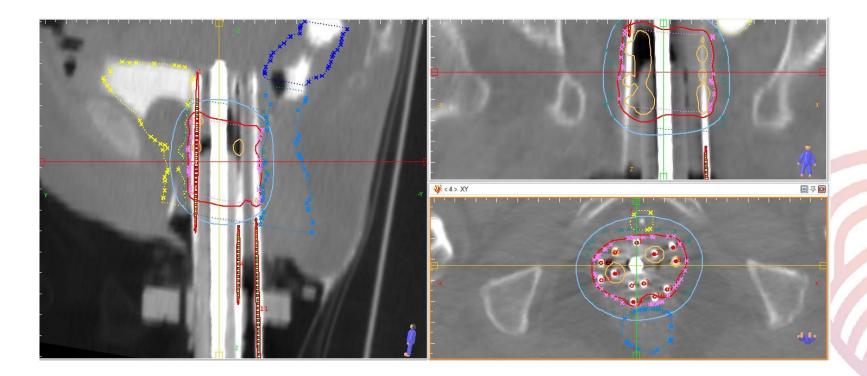


Hyperdose sleeve...should not touch each other as much as possible





Rectum and Bladder evaluation..







DVH parameters...

Prescription Dose Rx = 6.50 Gy

Plan Quality Indices

	TR WITHOUT NEEDLES	TR WITH NEEDLES
c1 (V100)	79.0 %	97.1 %
c2	55.3 %	52.7 %
COIN	0.436	0.512

Total Dose Volume for 6.50 Gray

TR WITHOUT NEEDLES	TR WITH NEEDLES
64.58 cm ³	83.52 cm ³

hrctv

Total Volume = 45.4 cm³, 4692 Control Points

	TR WITHOUT	TR WITHOUT NEEDLES		TR WITH NEEDLES	
V90	38.3 cm ³	84.5 Vol%	44.8 cm ³	98.7 Vol%	
V100	35.8 cm ³	79.0 Vol%	44.1 cm ³	97.1 Vol%	
V150	24.4 cm ³	53.9 Vol%	34.2 cm ³	75.4 Vol%	
V200	14.3 cm ³	31.5 Vol%	17.3 cm ³	38.1 Vol%	
D90	5.1 Gy	78.9 %Rx	8.1 Gy	124.5 %Rx	
D98	3.9 Gy	60.3 %Rx	6.2 Gy	95.1 %Rx	
D100	2.7 Gy	41.9 %Rx	4.4 Gy	68.3 %Rx	

bladder

Reference Volume = 97.9 cm³, 4746 Control Points

	TR WITHOUT NEEDLES	TR WITH NE	EDLES	
D2cm ³	4.0 Gy	61.6 %Rx	4.0 Gy	61.7 %Rx

rectum

Reference Volume = 46.9 cm³, 4976 Control Points

	TR WITHOUT NEEDLES		TR WITH NEEDLES	
D2cm ³	2.7 Gy	41.6 %Rx	2.7 Gy	41.8 %Rx

hrctv





ISBT Execution





Results with IGBT

- Potter et al ...2007
 - Local control with lesions more than 5 cm..64% vs 82%
 - Survival..28 % vs 58 %
 - Serious complications...10 % vs 2 %

- Potter et al..2011
 - Local control with lesions 2-5 cm- 98% and >5 cm- 92 %
 - Survival..72 % vs 65 %
 - Serious complications...5 % with
 - D90 >85 Gy
 - D2cc rectum/sigmoid <75 Gy
 - D2cc bladder <90 Gy







To Summarise....

- ISBT effectively covers all types of targets for cervical cancer
- Delivers minimal dose to rectum, bladder, Sigmoid
- Applicators have seen tremendous improvement over the years and are patient friendly
- Computerised plans permit quick planning and evaluation
- All the above have resulted in better therapeutic ratio







Thank Youhappy learning.....



