

Faster Treatment and Recovery for Cancer

Intraoperative radiotherapy following breast lumpectomy speeds recovery, reduces cost By Mary Ellen Zenka



Intraoperative radiotherapy allowed Cathy Friedman to keep running.

Helping people face personal difficulties is the goal of the trauma and crisis intervention organization where Cathy Friedman is associate director. Last January, Friedman faced her own crisis – she was diagnosed with breast cancer.

“It came as a total surprise,” says Friedman. “I had absolutely no risk factors. No one in my family ever had breast cancer. I am a vegetarian who exercises regularly, and I breast-fed my children.”

She knew she needed surgery and was informed about the standard six weeks of post-surgical radiation, but she did not want to endure the long treatment and recovery process, and miss running in the Los Angeles Marathon. A runner for 30 years, she has raced in the marathon for the past five years.

Friedman was referred to Dennis R. Holmes, M.D., director of intraoperative radiotherapy and breast surgeon at USC Norris Comprehensive Cancer Center and Hospital. Holmes explained to Friedman that because her type of cancer allowed for breast conservation, she would have the option of entering the TARGIT Trial – an international clinical trial of intraoperative radiotherapy.

“Rather than the typical multi-week course of radiation, the cancer site receives radiotherapy immediately after tumor removal using a device called the Intra Beam, manufactured by Carl Zeiss Meditec,” explains Holmes, who is assistant professor of clinical surgery at the Keck School of Medicine of USC. “The Intra Beam is directed into the breast and can precisely dispense radiation to the targeted area. The procedure takes as little as 17 minutes as compared to the usual 30-35 days over six weeks.”

Standard radiation covers the full breast and can

cause injury to surrounding organs and the skin of the breast. The advantage of intraoperative radiation is that a lower dose can be used because the radiation is administered to the interior of the breast and does not pass through the skin. Intraoperative radiation also permits the temporary insertion of internal radiation barriers to protect the underlying heart and lung from the effects of radiation.

An added benefit is the reduced cost of treatment – one-third to one-half the cost of standard radiotherapy.

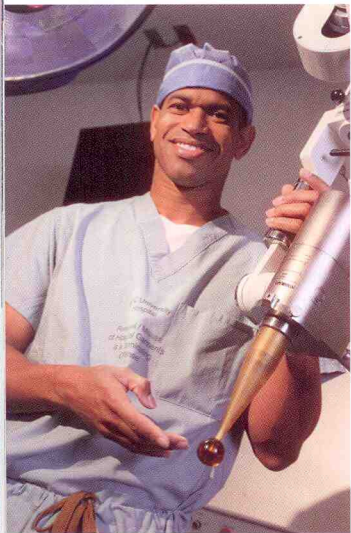
“More than 2,200 patients around the world have received this new form of radiotherapy with excellent results. Cancer recurrence rates using intraoperative radiotherapy are statistically equivalent to standard radiation techniques,” Holmes says. He is upbeat about what this means for improving treatment for women.

“USC Norris is now a leading institution, and the only one in Southern California, for both defining the future of this technology and expanding the trial for patients who might not have qualified for the TARGIT trial,” Holmes says.

For Friedman, the choice was simple. The intraoperative therapy option was quick with none of the side effects commonly experienced with standard radiation.

“I took one week off to recover from my procedure, and I returned to my marathon training activities the next week. I am so pleased to have found Dr. Holmes,” Friedman says. “His caring demeanor and recommendation for my inclusion in the TARGIT Trial calmed my breast cancer crisis – something I truly value.” •

For further information or an appointment, contact Holmes’ referral coordinator at 323-865-3628.



Dennis R. Holmes, M.D., with the Intra Beam device, which can deliver a targeted dose of radiation during surgery.