

FOR IMMEDIATE RELEASE

B.C. woman receives breast brachytherapy, a potential new breast-cancer treatment option

Treatment on the agenda at Annual Scientific Meeting of CARO-ACRO in Vancouver Sept. 22-25

VANCOUVER, September 8, 2010 - In May, Pat Mostovich, a 62-year-old, retired Primary/Special Education teacher from Gibsons, BC, found out that a cancer suspected on a mammogram had been confirmed with a biopsy.

Last month, she traveled to the BC Cancer Agency's Vancouver Island Centre in Victoria to receive one week of *High Dose Rate Breast Brachytherapy* – a potential new option in breast cancer treatment currently under investigation. Her treatment was planned and delivered by a team led by Dr. Hosam (Sam) Kader, radiation oncologist. This followed a lumpectomy performed by Dr. Urve Kuusk of St. Joseph's Hospital in Vancouver, and a series of consultations with BC Cancer Agency medical oncologist, Dr. Karen Gelmon, and radiation oncologist, Dr. Scott Tyldesley.

(Brachytherapy is on the agenda at the Annual Scientific Meeting of the Canadian Association of Radiation Oncology – Association canadienne de radio-oncologie - CARO-ACRO - taking place in Vancouver Sept. 22-25.) Visit: www.caro-acro.ca.

Today, to look at Pat, a mother of two and grandmother, you would never know she's been dealing with breast cancer. She is relaxed and optimistic that the treatment she received will help give her a life free from the disease.

"I was originally considered for chemotherapy," explains Pat. "However, further tests of my particular tumour indicated a low risk of recurrence. After reviewing the results, Dr. Gelmon ruled out chemotherapy and referred me to Dr. Tyldesley to discuss the benefits of whole breast radiation therapy to reduce the possibility of recurrence around the tumour site."

Pat wanted to have the minimal radiation treatment necessary to do the job. So she was referred to Dr. Kader in Victoria to be considered for partial breast radiation via brachytherapy.

This procedure involves placing plastic catheters into or close to the tumour bed region. A tiny radioactive source is then used to deliver radiation treatment through these catheters from within the breast. Other forms of brachytherapy are commonly used in treating prostate and some gynecological cancers; however it is not currently the standard treatment option for breast cancer.

"During the last decade," explains Dr. Kader, "a number of cancer centres in North America and Europe have conducted initial small trials for the treatment of early breast cancer with a 4-5 day short course of brachytherapy, limited only to the tumour bed region, and without any external beam treatment to the rest of the breast. New facilities and equipment in the BC Cancer Agency, Vancouver Island Centre in Victoria allowed us to do a similar study to look at safety, patient tolerance and satisfaction as well as cosmetic results."

He says whole breast external radiation therapy, following surgical removal of the breast tumour (lumpectomy or partial mastectomy), remains the standard recommended treatment until results from large randomized trials show whether or not partial breast irradiation is as effective.

At this time there are no trials of breast brachytherapy underway in BC. There is, however a national Canadian study of partial breast irradiation (the RAPID study) using external radiation therapy. This study is open for patients with early breast cancer that fulfill certain criteria. Under exceptional circumstances, if external radiation is not feasible for technical or medical reasons, brachytherapy may be discussed.

“At the first appointment,” Pat explains, “after reviewing the procedure in depth and at length, Dr. Kader and his team created my unique treatment plan. The procedure was done under *Conscious Sedation*, so I was unable to recall feeling any pain. Fine plastic tubes were placed through the area of my breast that surrounds the tumour bed. There were no stitches required. After that I had a CT scan to make sure the plastic tubes were in the right places and to complete the treatment planning. I then went home and rested until my first radiation treatment that afternoon.”

Pat raves about her care, especially its brevity. “I had nine treatments, Monday through Friday, twice a day, for 10-15 minutes each. And that’s it. They removed the tubes before I left the clinic on Friday.”

Pat hit a few golf balls at the driving range the following Monday.

New treatments such as this may potentially allow the delivery of more personalized medicine to patients, effectively and with minimal healthy-tissue damage.

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