

Less Toxicity. More Patients. Now *That's* SAVI.

SAVI® CLINICAL CASE REVIEW

Patient: 53-year-old female

Diagnosis: Ductal Carcinoma In Situ (D.C.I.S.), Stage 0, NO

Rx: 34 Gy B.I.D. x 5 days delivered via single-entry, multi-catheter applicator

Challenge: Maintaining safe dose limits with minimal skin and chestwall spacing

The patient, a 53-year-old female was found to have an intermediate grade ductal carcinoma of the left breast. After discussion about surgical options, the patient opted for a breast conserving procedure to include Accelerated Partial Breast Irradiation (APBI).

Sentinel lymph node biopsy was negative. A curvilinear incision was created on the upper outer quadrant of the left breast and the area delineated by guidewires. Partial mastectomy was performed with a cuff of normal tissue taken, resulting in a specimen measuring 1.1 cm in length X 0.4 cm in diameter. Negative margins were confirmed by pathology.

In a separate procedure, ultrasound was performed to identify the long axis of the partial mastectomy. A small incision was created to allow for the introduction of a sterile trocar and followed by placement of a SAVI® Prep Catheter (SPC). Fill volume of the SPC determined the selection of a SAVI 8-1 which was placed through the created tract and expanded using the expansion tool. Proper placement and conformance was confirmed at a later date using CT.

The treatment plan revealed a cavity to skin distance of 2mm, and a cavity to rib distance of 4mm, which contraindicate the use of a balloon catheter. Dose to the skin and chestwall was limited 101.94% and 101.95% respectively. Maximum dose to rib was restricted to 87.48% of the prescription dose.

Following NSABP B-39 dosimetry criteria guidelines, the treatment plan yielded the following data:

PTV-Eval	90%	95%	V100	V150	V200	Max Skin Dose	Max Chest Wall Dose
63.08cc	96%	91%	63.06cc	25.29cc	11.16cc	346.6 cGy	346.6 cGy

34 Gy was delivered B.I.D. for 5 days. Dressings were changed at each fraction. Follow up visit revealed excellent cosmetic results. (*Figure 3*)

Conclusion: The multiple, peripheral source lumens of the SAVI applicator allowed for simultaneous, significant dose modulation at the skin and chest wall despite minimal distances, while maintaining excellent target volume coverage. Sculpting of the 3-D dose delivered is easily accomplished with the SAVI device.

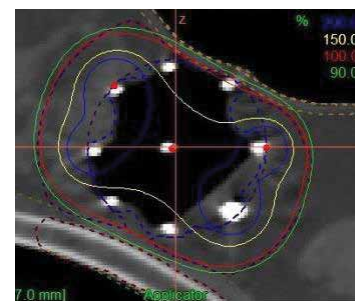


Figure 1

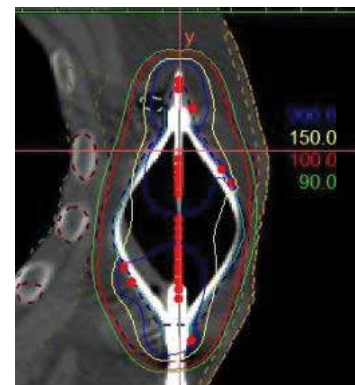


Figure 2



Figure 3

Case and photos provided by
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