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The Oregon Clinic Evaluates Use of Accelerated Partial Breast Irradiation Treatment Devices on Post-Lumpectomy Patients

Only medical group in the area enrolling patients in study; procedure delivers targeted radiation internally and reduces treatment from six weeks to one week

Portland, Ore., Oct. 20, 2011 – When Angie M. was diagnosed with a fast-growing type of breast cancer on Jan. 3, 2008, she did what most of us would do: She cried for the better part of a day. Then this 56-year old administrative supervisor gathered her strength and, with the help of her surgeon, discovered a radiation treatment option designed to limit radiation to healthy tissue and significantly reduce treatment time in patients with early stages of breast cancer.

“Patients like myself who have lumpectomies usually receive six weeks of daily external radiation treatments followed by chemotherapy,” Angie explained.

“Instead, I was referred to Dr. Jeannie Louie of The Oregon Clinic, who enrolled me in a study of an internal targeted radiation treatment that would take only one week to complete.”

“October is Breast Cancer Awareness Month,” said Dr. Louie, radiation oncologist at The Oregon Clinic. “We need to remind everyone that there are more treatment options than ever for breast cancer patients. The procedure that Angie underwent is called intracavitary high dose rate breast brachytherapy or

accelerated partial breast irradiation (APBI). For many patients diagnosed with early stage breast cancer who undergo lumpectomies, APBI is just as effective as whole breast external radiation.”

APBI differs from traditional whole breast external radiation in three ways:

- It utilizes a high dose rate source of radiation (Iridium-192) which delivers the radiation internally instead of externally.
- The radiation targets areas of the breast where cancer is most likely to recur instead of the entire breast.
- The treatment, which lasts about 30 minutes, is performed twice a day for five days in an outpatient setting instead of once a day for five to seven weeks.

This highly precise approach reduces radiation to healthy tissue such as the surrounding breast tissue, ribs and skin, which can minimize the potential for side effects.

“I took one week off for the lumpectomy, then another week off for the APBI treatment,” said Angie. “During the treatment, I listened to music and imagined all the remaining cancer cells dying off. After the last treatment, they put a small Band-aid on the site, then I went back to work. Dr. Louie was wonderful, kind and considerate. All things considered, it was the best experience I could have hoped for.”

The Oregon Clinic’s group of radiation oncologists, located at both Providence St. Vincent Medical Center and Providence Portland Medical Center, is one of four in Portland to acquire the APBI technology and expertise. It is the only medical group in the area chosen to participate in the study, which is gathering data to evaluate the safety and effectiveness of these FDA-approved breast brachytherapy devices used to deliver the radiation. Dr. Louie and other physicians within the radiation oncology division who have been involved in the

intracavitary breast brachytherapy study, which began in 2006, include Christine M. Cha, Alice Wang-Chesebro, David Gannett and Eric Hansen.

The Oregon Clinic's Westside Surgical division works side by side with the radiation oncologists to determine patient eligibility for the study. Surgeons place the catheter either at the initial time of lumpectomy or in the surgeon's office one week after surgery under ultrasound guidance. Dr. Laurel Soot was involved in the initial protocol development and has been placing catheters since 2006. Dr. Kim Swartz is also experienced in this procedure.

About 200 patients have participated. Patients in the study are followed up at one month, then every six months up to two years, then annually.

The study's goal is to evaluate these intracavitary breast brachytherapy applicators used to deliver the internal radiation. The MammoSite® applicator consists of a balloon catheter that is inserted into the area of the breast where the tumor was removed. Once inserted, the balloon is expanded, and radiation is delivered through a tiny bead attached to a wire, irradiating the area surrounding the cavity. The Contura® applicator is a single small balloon with multi-lumen catheters that fits inside the lumpectomy cavity. A tiny radioactive seed, about the size of a grain of rice, is inserted into the balloon and delivers the radiation therapy. The Oregon Clinic physicians who are participating in the study will begin to evaluate a third device, the SAVI™, in coming months.

Patients receive no payments for taking part in the study, nor are there any additional costs to patients enrolled in the study. Not all insurance covers this treatment course. For more information or to enroll in the study, contact The Oregon Clinic Radiation Oncologists at Providence St. Vincent Medical Center, (503)-216-2195.

About The Oregon Clinic

The Oregon Clinic is the largest private specialty physician practice in Oregon, with more than 140 providers practicing over 30 different medical and surgical specialties and sub-specialties. We use a team approach to address health conditions at more than 15 locations from Vancouver to Salem, and from Hood River to Astoria. Founded in Portland in 1994, our physicians and staff are committed to delivering the highest quality patient care, practicing evidence-based medicine, and providing leadership for the healthcare community. Visit www.orclinic.com or call 503-935-8000 for more information.

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