

A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

SKIN CANCER (OTHER THAN MELANOMA)

## INTERVENTIONAL RADIOTHERAPY (BRACHYTHERAPY; IRT) ALONE FOR PRIMARY SKIN LYMPHOMA

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BACKGROUND: Decision-making in primary cutaneous lymphomas (CLs) is usually taken by a multidisciplinary group. Although interventional radiotherapy (IRT) is well established and frequently used to treat skin cancer, it was not even considered as a potential approach for localized CLs. The aim of our study was to demonstrate the potential of IRT in the treatment of localized CLs.

MATERIAL AND METHODS: Three patients with Stage I CLs (2 follicle and 1 T-cells; median age 64 years old, range 63-65) were treated with an individual mould based high dose rate (HDR)-IRT. Following the international lymphoma radiation oncology group guidelines, electron and photon plans were prepared for each patient as well as an individual HDR mould for interventional radiotherapy.

A double-layer of a thermoplastic mask was applied to the skin surface. Plastic tubes were fixed on the mould in appropriate geometry over the target area. Planning computed











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tomography (CT) images were acquired (2.5mm slice thickness). The treatment intention was to deliver ≥ 95% of the prescribed dose to the Planning Target Volume (PTV), accepting 90% as satisfactory. Toxicities were assessed using the Common Terminology Criteria for Adverse Events scale (CTCAE) v. 4.0.

RESULTS: The electron plans were not applicable because of the large lesion sizes and of the complex anatomic situations. The photon plans showed an acceptable dose distribution while the HDR-IRT plan provided optimal coverage. Acute toxicity: Grade 2 erythema patients during IRT. Towards the end of each treatment schedule, epidermolysis developed which was resolved within 6 weeks. Late toxicity: Grade 1 skin atrophy, pigmentation changes and infield alopecia were observed in all patients. At last follow-up (28 months), all patients were disease free.

CONCLUSION: Our case-series highlights the potential of personalized surface HDR-IRT monotherapy. Since the method is rarely used, a further multi-institutional investigation is warranted.





