



# Renaissance of contact radiotherapy with the Papillon 50 machine- Preliminary data on first 100 patients treated at Clatterbridge

Sun Myint A<sup>1</sup>, Gerard JP<sup>2</sup>, Myerson R<sup>3</sup>, Lindegaard J<sup>4</sup>, Ramani VS<sup>1</sup>, Montazeri A<sup>1</sup>, Perkins K<sup>1</sup>, and Wong H<sup>1</sup>

1. Clatterbridge Centre for Oncology, Bebington, Wirral, UK
2. Centre Antoine Lacassagne, Nice, France
3. Washington University School of Medicine, St Louise, USA
4. Aarhus University Hospital, Aarhus, Denmark

Presented on behalf of ICONE Group

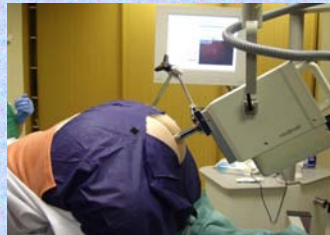
## Introduction

Local contact radiotherapy is an option for early rectal cancer. However, the old Philips machine is obsolete and many centres are unable to continue treating patients using this technique. A new Papillon machine is now commercially available and there is a renewed hope for elderly patients and others who wish to avoid major surgery or permanent stoma. We present our data on first 100 patients.

## Methods

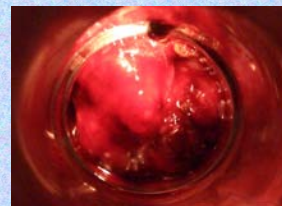
Between 15th Oct 2009 and 15th Oct 2010, 100 patients were treated at Clatterbridge centre for Oncology (CCO). Curative intent in 85% of cohort includes Males (67) and Females (33) with median age 72 yrs (range 33- 99).

T1=33, T2 =35 and T3=25. N0 =68, N1=18, N2=8. Papillon was offered as part of post-op RT in 36(42%), pre-op in 11 (12.9%) and no surgery in 38 (44.7%) elderly patients. Dosimetry measurements were carried out to compare the two (new and old) machines.



## Results

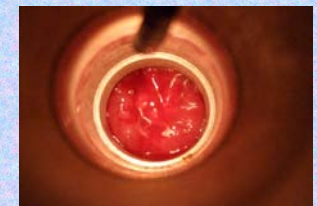
The follow up is still short and outcome is not presented in this abstract. However, dosimetry showed comparable depth dose data with (RT 50) 55% at 5 mm, 34% at 10mm compare to 45% and 30% respectively. There was no immediate acute side effects e.g. G3 bleeding or perforation.



Malignant polyp



Response at 14 d



No residual tumour 24d

## Conclusions

At present approximately 30% of patients with early (T1N0) low rectal cancer (<6cm) are over treated with APR. Revival of contact radiotherapy allows multimodality treatment which could avoid major surgery and morbidity which is considerable in elderly and high risk patients. This treatment modality should be available as an option for the elderly and high risk patients with early low rectal cancer in specialist colorectal centres.

Clatterbridge Centre for Oncology

