

Objective. Get a working method to help us improve nursing care in breast carcinoma radiodermatitis. **Methods.** An observational, longitudinal and prospective study in 2012 on 35 women diagnosed with breast cancer radiotherapy after conservative surgery. To evaluate the degree of radiation dermatitis was used scale RTOG/EORTC. To locate where the first signs or where further intensifies the degree of radiation dermatitis, was performed in addition to the general evaluation of the breast, an assessment by area. Have differentiated localized in 9 areas: axilla, submammary fold, nipple, areola, supraclavicular and each of the quadrants of the breast. The assessment of the signs of breast radiodermatitis was conducted in weekly from the first to the last and one month after stopping treatment. **Results.** During the weekly review, in 24 of the 35 women appeared radiodermatitis degrees higher when this assessment was carried out in specific areas when performed in the general assessment of the breast. Performing radiodermatitis averages with RTOG scale, the overall breast showed a mean of 1, compared to 1.25 presented than the fold and armpit and 1.11 was obtained in the nipple and areola. **Conclusions.** This evaluation of the breast radiodermatitis focused differentiation gives us a much better risk areas as care to apply. Furthermore, we can observe the evolution and determine specific areas of care against the valuation of the breast as a whole.

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Importance of care in radiation therapy in breast

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Objective. To assess the effect of close monitoring and specialized care on the factors that influence the development of radiodermatitis in patients with breast irradiation.

Material and methods. Between December 2011 and June 2012 was an observational, longitudinal and prospective study in 35 patients with indications for breast irradiation. Weekly are evaluated the signs and symptoms of radiation dermatitis during and for one month after stopping treatment by nursing unit in radiotherapy. To evaluate the influence of the following factors: (1) Type of treatment and fractionation. (2) Age of the patient. (3) Areas of friction and high humidity areas. (4) Breast size. (5) Nutritional status. (6) Skin phototype. (7) Application of metal-based cosmetics. To determine the degree of radiation dermatitis have used the scale of the RTOG/EORTC.

Results. Of the 35 participants, 24 had in areas of friction or rubbing an increased degree of radiation dermatitis. Of all the factors analyzed no differences by different dose fractionation, or age, breast size, nutritional status, skin type or increased by applying zinc oxide in the treatment areas.

Conclusions. Of all the factors analyzed only be attributed to increased toxicity areas with excess moisture or friction such as the underarm, the fold, the nipple and areola.

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IMRT in breast cancer: Experience of CROASA group

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Introduction. Treatment to the whole breast with standard tangential fields produces rather inhomogeneous dose distributions due to the variations in thickness across the target volume. The underlying ribs, lung and heart are in part included within the same isodose as the target volume and hot spots are often found in areas of reduced tissue thickness. These dose inhomogeneities may lead to increased late skin toxicity and increased cardiac and lung morbidity. IMRT has the potential to improve target coverage and reduce inhomogeneities observed within the breast (and regional lymph nodes) and enables dose reduction to normal structures with the potential to reduce treatment toxicity improving cosmesis.

Objectives. We present the initial experience of the first breast cancer patients treated with IMRT in our centers in Málaga and Granada.

Material and methods. 16 patients with breast cancer were referred to receive radiotherapy to our clinics. After individualized evaluation in a clinical meeting, the patients were proposed to undergo IMRT treatment.

Results. Patient selection criteria: Left breast: 9, unfavourable chest wall: 4, patient decision: 2, irregular breast: 1 patient. Stage: Early breast cancer: 10 patients, advanced breast cancer: 6 patients. Positive axillary nodes: 6 patients (all of them received radiotherapy at supraclavicular area). Median prescribed dose to the whole breast was 42.56 Gy, with fractionation of 2.66 Gy. 12 patients received additional boost to the tumor bed, in 7 patients it was an integrated boost (median dose administered was