or locoregional treatment. All patients were treated with direct IMRT. Toxicity was analyzed using the scale of Harris and van Limbergen and Common Terminology Criteria for Adverse Events (CTCAE) Versión 4.0.

Results. We have evaluated 301 patients with a mean age of 52 years and a median following time of 15 months (3–39). 97% of the patients received a boost over the tumor bed (91.3% with brachytherapy). 77.4% were infiltrating tumors; 22.6% were DCIS. When finishing the treatment, 75.8% of the patients suffered grade 1 radiodermatitis (fully recovered after a month in 94.1%) and hyperpigmentation was grade 1 in 48.2% patients thirty days after treatment. Chronically, fibrosis appeared in 50% of the patients (48.2%; grade 1 and 1.8%; grade 2) and hyperpigmentation remained grade 1 in 30.9% of patients. No grade 3 or 4 toxicity was reported. We found that final aesthetic result in the evolution critically depend on the state of the breast after surgery and before radiotherapy.

Conclusion. Hypofractionated treatment in breast cancer is safe in terms of toxicity (acute and chronic) and very well tolerated with good cosmetic outcomes. It also provides patients the opportunity to reduce their visits to the hospital and return to their daily lives. Another important issue is the cost savings when compared to conventional treatment.

Impact of breast radiodermatitis in the quality of life

J. Buedo García 1, A. González Sanchís 1, R. Iñigo Valdenebro 1, R. Martínez San Juan 1, L. Brualla González 2, J. Gordo Partearroyo 1, J. López Torrecilla 1
1 Hospital General Universitario, Radioterapia, Spain
2 Hospital General Universitario, Radiofísica, Spain

Objective. To evaluate the influence of radiation dermatitis in the quality of life of women with breast cancer treated with radiation therapy after conservative surgery.

Material and methods. Observational, prospective longitudinal done at the Department of Radiation Oncology-CHGUV-ERESA between December and June 2012 in 35 patients requiring breast irradiation. Inclusion criteria: Conservative surgery, absence of cognitive impairment and Spanish-speaking. The assessment of quality of life was performed using two validated questionnaires for Spanish, DLQI1 and Skindex-292-3. Three surveys were conducted DLQI (the first and last week of treatment and one month after the end). The Skindex-29 was performed at the end of treatment and at three scales are rated: functional, emotional and symptomatic. All patients followed the protocol radiodermatitis prevention of service.

Results. In the valuation of impaired quality of life on the end of treatment shows that in DLQI: only 3 participants had scores of 10 or higher on a total score of 30, this represents a low influence. When spend a month of the end of treatment, further reduces this influence. The items on pain, burning and itching were the highest. In Skindex-29 only two women had scores of 35 and 38 out of 100 representing a half affectation. In the remaining women, affectation was low or very low.

Conclusions. Contrary to what is concluded in recent publications,1–5 this study shows a low alteration of the quality of life of women with breast irradiation. These results are highly dependent on Radiation Oncology service where treatment take place as they depend protocols on the acceptance of treatment and the protocols for prevention and management of radiation dermatitis that are used in each service.

Impact of focused assessment of breast radiodermatitis

J. Buedo García 1, A. Sanchís González 1, R. Martínez San Juan 1, R. Iñigo Valdenebro 1, J. Gordo Partearroyo 1, L. Brualla González 2, J. López Torrecilla 1
1 Hospital General Universitario, Radioterapia, Spain
2 Hospital General Universitario, Radiofísica, Spain

Introduction. Breast radiodermatitis not always appear uniformly distributed throughout the breast. Throughout the treatment, it is common to see more affection in some areas than in others.
Objectives. 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.

http://dx.doi.org/10.1016/j.rpor.2013.03.096

Importance of care in radiation therapy in breast

J. Buedo García1, A. González Sanchís1, R. Iñigo Valdenebro1, R. Martínez San Juan1, J. Gordo Partearroyo1, L. Brualla González2, J. López Torrecilla1
1Hospital General Universitario, Radioterapia, Spain
2Hospital General Universitario, Radiofísica, Spain

Objectives. To assess the effect of close monitoring and specialized care on the factors that influence the development of radiation dermatitis 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 only be attributed to increased toxicity areas with excess moisture or friction such as the underarm, the fold, the nipple and areola.

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.

http://dx.doi.org/10.1016/j.rpor.2013.03.097

IMRT in breast cancer: Experience of CROASA group

A. Serradilla1, E. López2, F. Góngora3, G. Arregui4, J. Velasco3, D. Álvarez3, A. Barbosa3, J. Begara1, P. Moreno1, R. Jiménez1, J. Gómez1, A. Domínguez1, A. Sacchetti1
1 Clínica CROASA, Málaga, Oncología Radioterápica, Spain
2 Clínica ONCOSUR, Granada, Oncología Radioterápica, Spain
3 Clínica CROASA, Málaga, Radiofísica, Spain
4 Clínica ONCOSUR, Granada, Radiofísica, Spain

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