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## The impact of brachytherapy boost for anal canal cancers in the era of de-escalation treatments

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**ABSTRACT PURPOSE:** To analyze clinical outcomes of high-dose-rate (HDR) interstitial brachytherapy boost (ISBT) after external beam radiation therapy (EBRT) or chemoradiotherapy (CRT) for the treat- ment of anal canal cancers (ACC). **METHODS AND MATERIALS:** A total of 78 patients with ACC were treated at our institution by ISBT. Local Control (LC), disease-free survival (DFS), overall survival (OS), colostomy-free survival (CFS) and toxicity rates were analyzed. **RESULTS:** With a median followup (FU) of 59.8 months (95% CI [55.8−64.2]), six (7.7%) local recurrences with 2 patients (2.6%) having persistent disease at 3 months were observed. The 5-year rate of LC for the entire population was 92% [83−96%]. The 5-year DFS rate was 86% [76−93%]. The 5-year OS was 96% [88−99%]. In the univariate analysis, chemotherapy was significantly associated with morbidity grade ≥2. Late digestive toxicity grade

≥3 was reported in 8.9% patients, 1 patient underwent colostomy due to toxicity. The 5-year CFS rate was 88% [79–94%]. **CONCLUSIONS:** HDR interstitial brachytherapy boost provide excellent rates of tumor control and colostomy-free survival with a favorable profile of GI toxicity. Continence in anal cancer sur- vivors is a challenge and the boost technique must be discussed in a multidisciplinary approach as part of de-escalation treatments. ©2023 American Brachytherapy Society. Published by Elsevier Inc. All rights reserved.

Keywords: Anal cancer; Brachytherapy; Boost; Chemoradiation; Colostomy-free survival; High-dose-rate; Fecal inconti-nence

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