

Radiation Oncology Symposium Case Study CNSA – Annual Congress 2016

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Chair - Radiation Oncology Specialist Practice
Network

PATIENT

- Female – 58yrs
- Married; no children (unsuccessful IVF)
- Works full time
- Non smoker/drinks 2 glasses wine daily
- No family history of cancer

DIAGNOSIS

- Stage 1B SCC vulva

SURGERY

- Anterior vulvectomy & bilateral node dissection
- 1/6+ve node Right side 1/7 +ve node left side

MDM – concurrent chemo/RT – to reduce risk of recurrence

CHEMOTHERAPY

- Weekly Cisplatin
- 6 cycles concurrent

RADIOTHERAPY

Pelvis (EBRT)

- Phase 1 - 48.6Gy/27#
- Phase 2 – 10Gy/5# (no bolus)

TOTAL DOSE = 58.6/32#

New start

- What education do you provide & when?
- What information do you discuss?
- What resources do you provide?
- What are the potential side effects and potential impact on the patient?
- Who do you include in the education?
- Do you use assessment tools?
- Do you use patient questionnaires?
- What do you document?

10 # (18Gy)

- No skin reaction
- “Over-activity of bowels” – 3-4/day

? Management strategy

17# (30.6Gy)

- Gr 1 skin reaction – vulva and groin
- Gr 1 urinary incontinence (feels bladder fills quickly and experiences occasional dribbling)
- Diarrhoea – now settled

? Management strategy

20# (36Gy)

- Grade 1 urinary incontinence
- Grade 2 dysuria
- Grade 2 diarrhoea increase Of 4-6 stools over baseline
- Grade 2 skin reaction

27#/ 48.6Gy

Grade 3 skin reaction



Management

Dressings:

- Type
- Creams/gels
- Covers
- Frequency

Patient Education/support

- What to include
- Who to include

Pain management

1 week post treatment completion



18 days post

- Skin healed
- Proceed with Phase 2 (%#/10Gy)
- Completed phase 2 without complication

