Clinical Implementation of Intravascular Brachytherapy

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Disclosure

• None

90Sr/90Y Beta-CathTM 3.5 F System



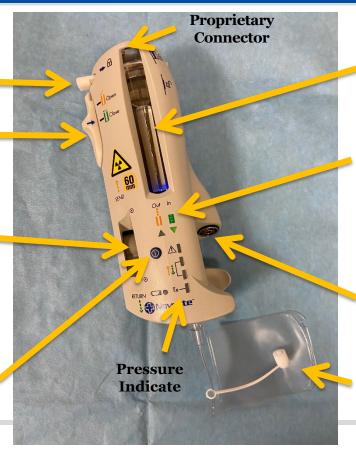
Transfer Device

Catheter Lock

Gate Control Switch

Fluid Control Switch

Power Button

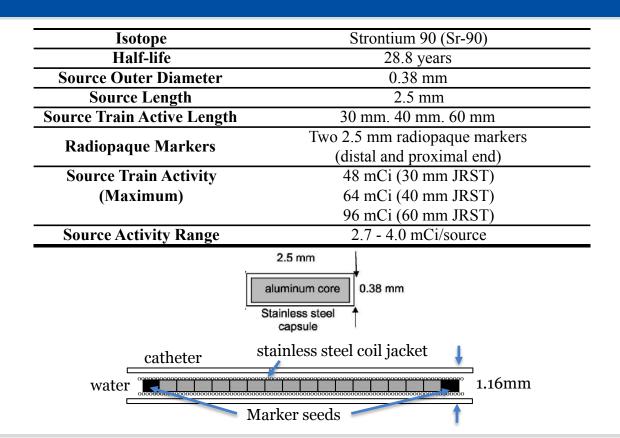


Source Chamber

Source Position Indicator

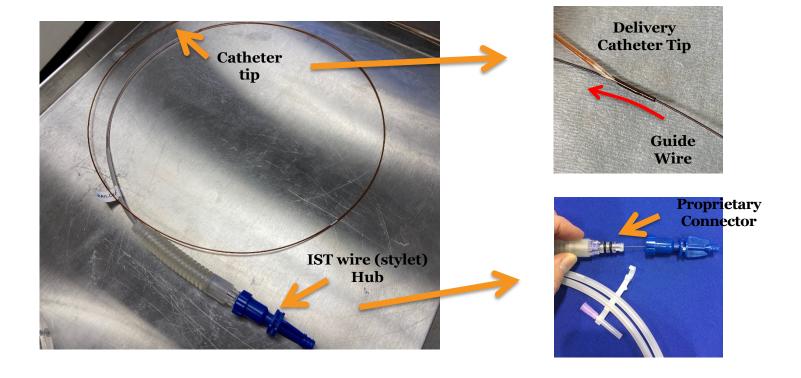
Syringe Connector

Fluid Collection Bag



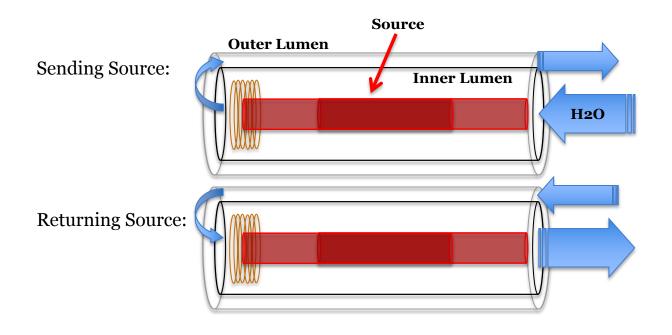
Sr-90/Y-90 40mm (16 seed) train with Pt/Ir markers at the ends in a stainless steel wire jacket (O.D. = 0.47mm)

Delivery Catheter



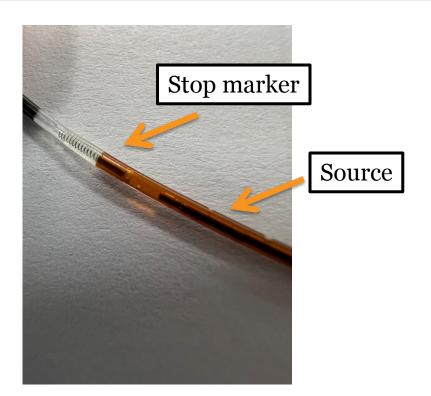
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Delivery Catheter











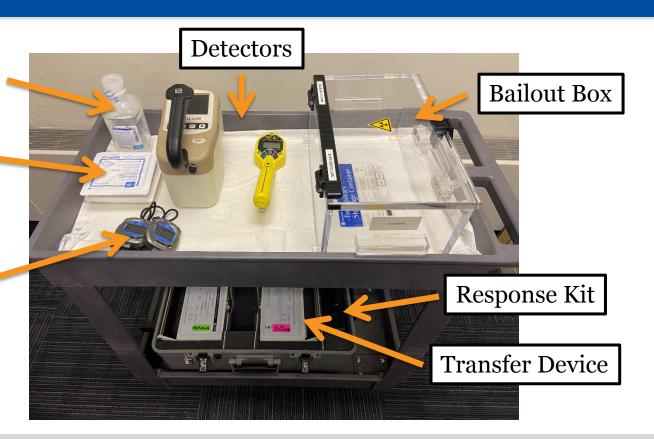
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IVBT Cart

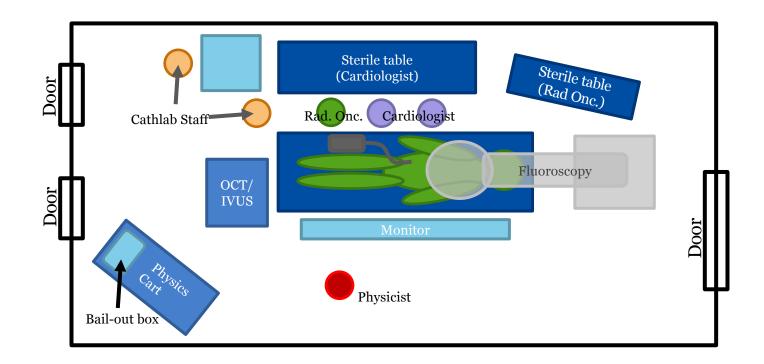
Sterile-Water/ Distilled Water

Gauzes

Stopwatches

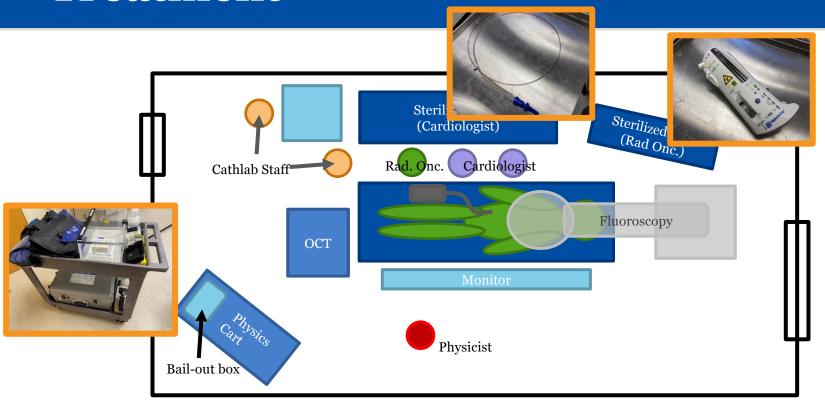


Treatment Set-up

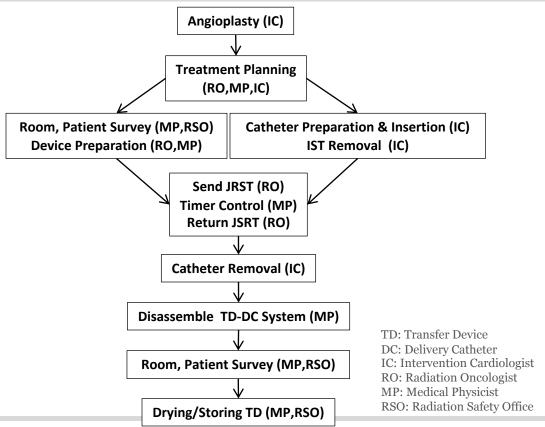


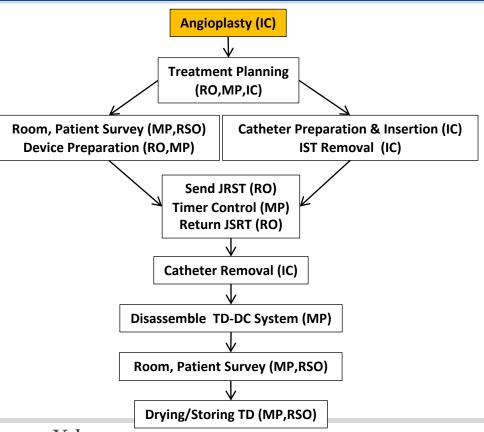
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Treatment

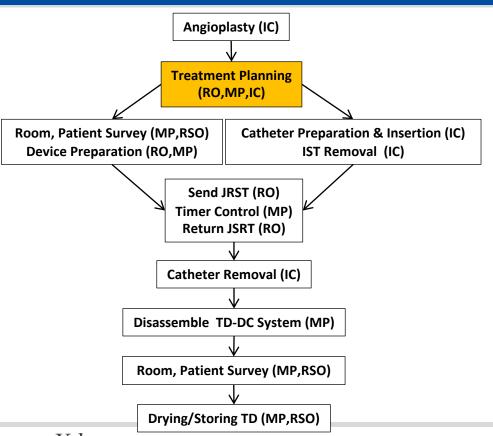


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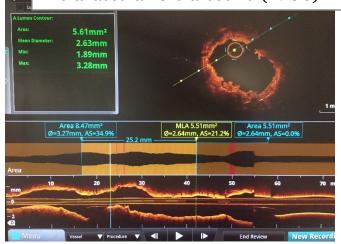






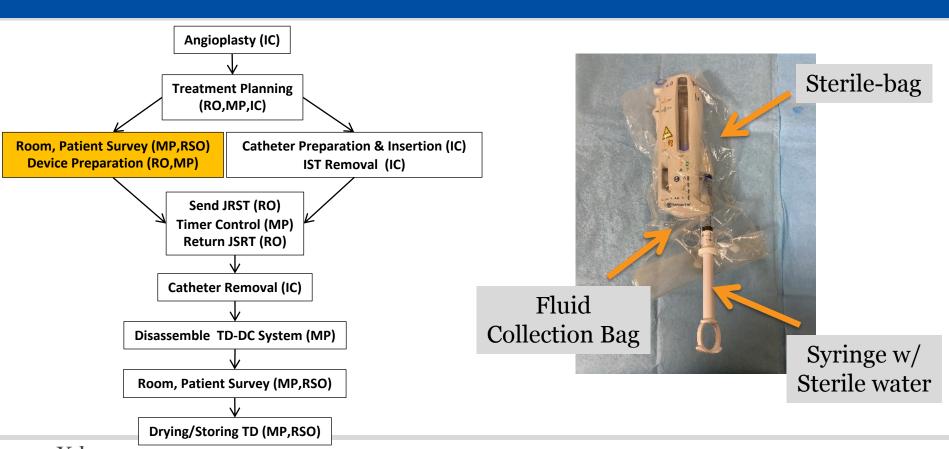


Optical Coherence Tomography (OCT) / Intravascular Ultra-sound (IVUS)

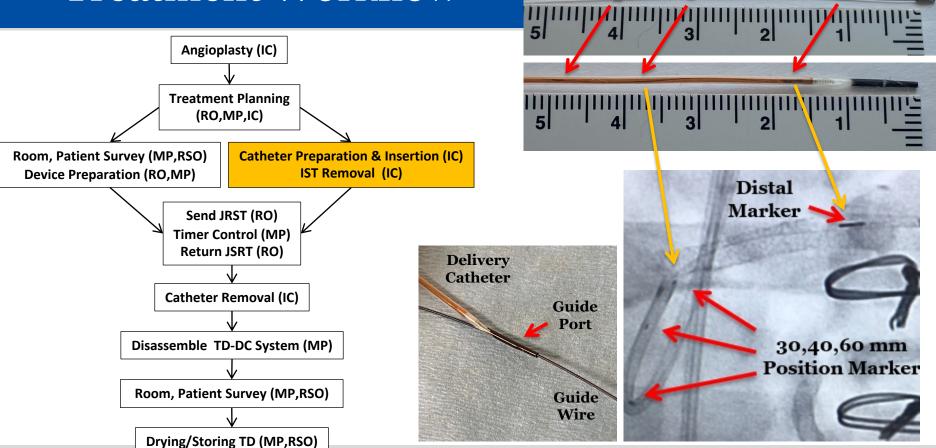


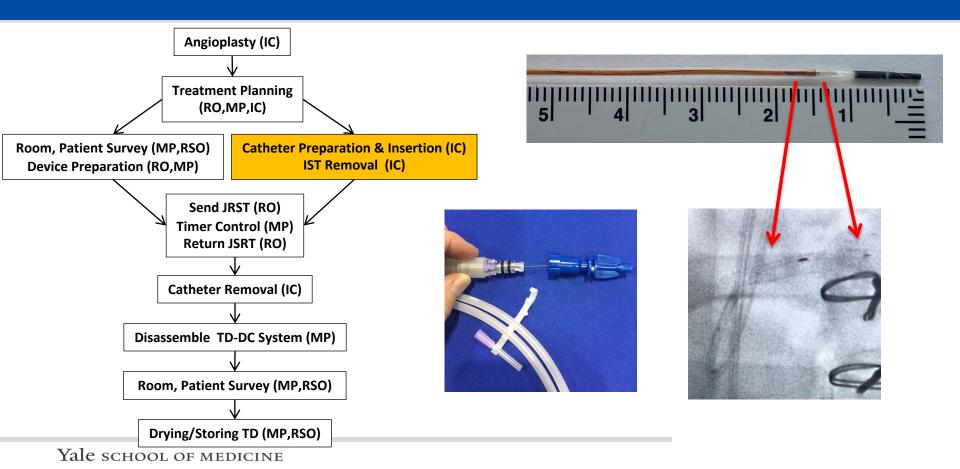
Vessel Diameter
Injury Length

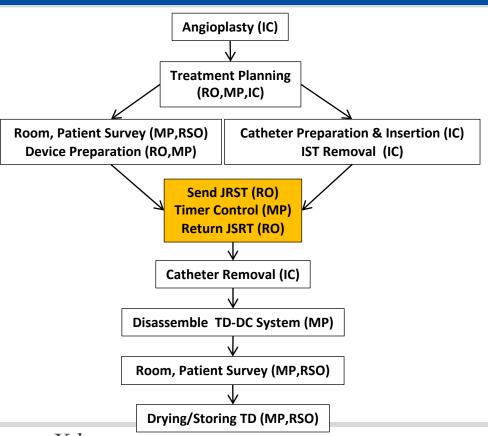
Dose RO, MP Source Length Dwell time Tx Technic

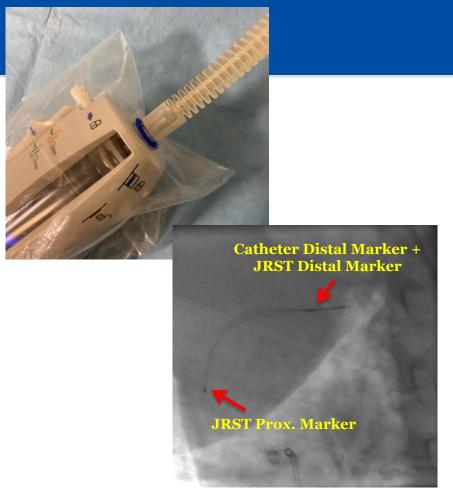


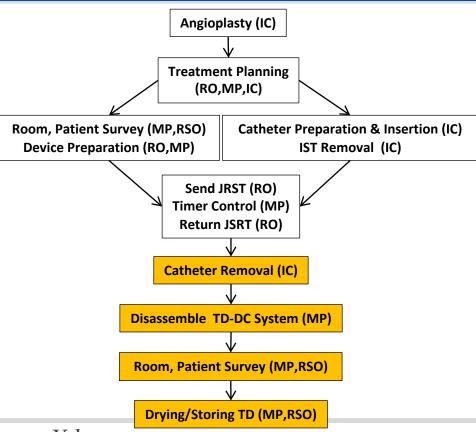
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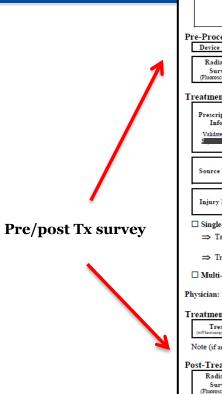








Clinic Cases - General



YNHH Coronary Intravascular Brachytherapy Written Directive & Procedure Checklist (Beta-Cath™ Sr-90/Y-90 3.5F system)

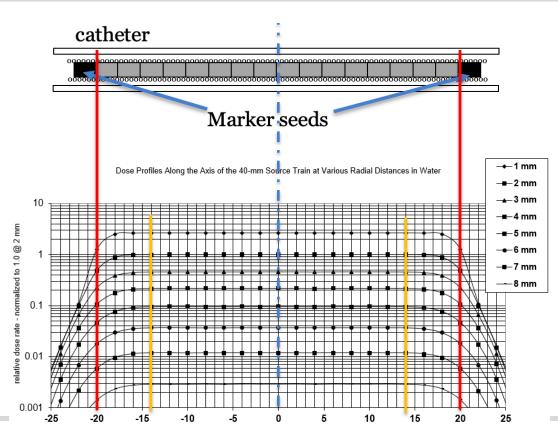
Date

Patient Name:

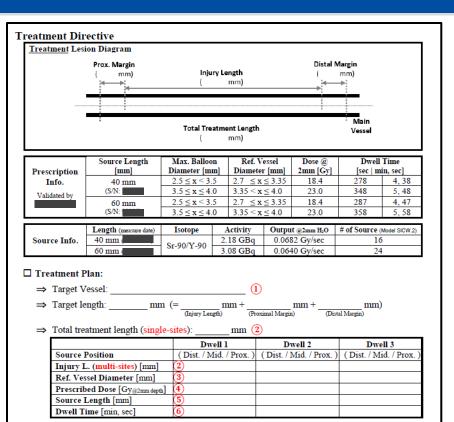
	MR#:			Rad. Oncologist: Physicist:					
Pr	e-Procedure Device Check	Function Check		☐ Perform	ned	By		Date	
- 1	Radiation	Survey Meter Info. :		Room No:					- 1
- 1	Survey Transfer Device*: (Fluoroscopy off) Patient (at contact):				mR/h	Background:			mR/h
L	(Findloscopy on)):				Background.			
Treatment Directive									
- 1		Source Length	Max. Balloon Diameter [mm] 2.5 ≤ x < 3.5 3.5 ≤ x ≤ 4.0 2.5 < x < 3.5			Vessel Dose @		Dwell Time	
- 1	Prescription	[mm]				er [mm]	2mm [Gy]		nin, sec]
- 1	Info.	40 mm			2.7 ≤ x ≤ 3.35 3.35 < x < 4.0		18.4	278	4, 38
- 1	Validated by	(S/N:				x < 3.35	23.0 18.4	348 287	5, 48 4, 47
- 1	\$	60 mm (S/N:		< x < 4.0	3.35 <		23.0	358	5, 58
L		(3/11.	3.3	≤ X ≤ 4.0	3.35 <	X ≥ 4.0	23.0	330	5,50
Γ		Length (measure date)	Isot	tope	Activity	Outpu	t @2mm H ₂ O	# of Source	(Model SICW.2)
- 1	Source Info.	40 mm (0	S- 00	/Y-90 2	.18 GBq	0.068	32 Gy/sec	1	.6
L		60 mm (0	31-90	3	.08 GBq	0.064	10 Gy/sec	2	94
Target Vessel Injury Length Vessel Dian								Diameter	
- 1	Injury Info.	Target vesse			Length	Proxima		m, Distal: () mm
- 1	Injury Into.		() mm		Treatment: () m		,
☐ Single-dwell treatment: ① ② ③									
$\Rightarrow \text{ Target length:} \underline{\qquad} \text{ nnm } (= \underline{\qquad} \text{nnm} + \underline{\qquad} \text{nnm} + \underline{\qquad} \text{nnm})$									1)
⇒ Treatment length: mm; Prescribed dose: Gy@2mm dayth; Dwell time: sec (minsec) 6									
☐ Multi-dwell treatment: See attached note									
Ρh	veician:			/ Physi					,
Physician:			(dat	e / time)			(signature)		(date / time)
Treatment									
- 1	Treatment	Source Position			l Yes				I
L	(w/Fluoroscopy every 15-3	0 sec.) Catheter Posit	tion Che	ck: [Yes				
Note (if any):									
Post-Treatment									
Γ	Radiation	Source Train Retr			•	Roo	m Survey (<	0.05 mR/h):	□ Yes
- [Survey Transfer Device*:				mR/h	Flui	d Collection	Bag:	mR/h
L	(Fluoroscopy off)	Patient (at contact			mR/h		very Cathete		mR/h
Рh	ysician:			,	Physicis				,
. 11	ysician.	(signature)	(dat	e / time)	i nysicis		(signature)	(date / time)
		,	-	,				-	,,

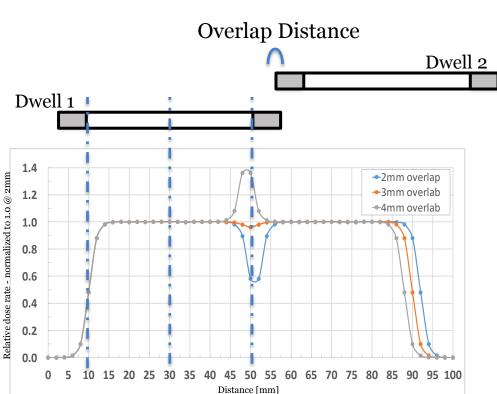
Treatment Planning

Margin

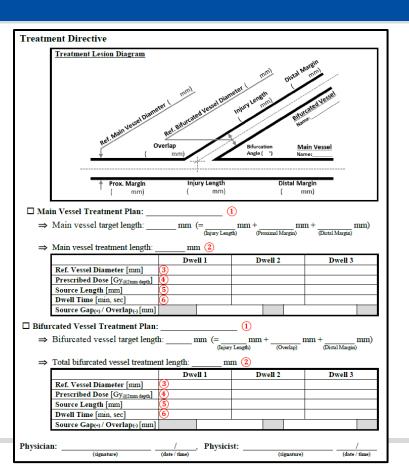


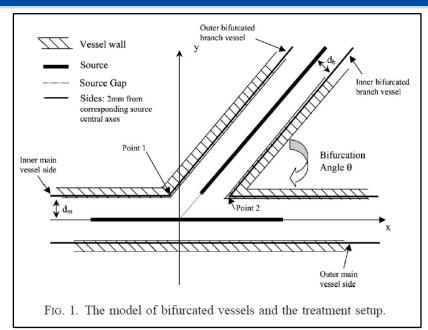
Clinic Cases – Hot Pull-Back





Clinic Cases - Bifurcation



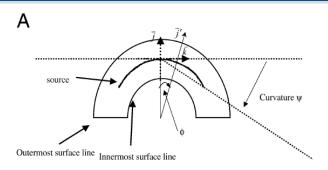


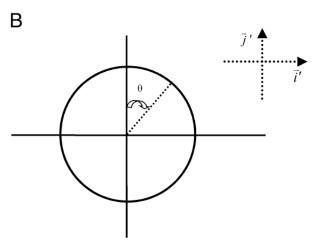
Hot spots at portions of the main vessel near the junction cannot be totally avoided without severely under dosing the branch vessel.

^{*} N. Yue, K. Roberts, S. Pfau, R. Nath, Med. Phys. 30 (7) July 2003142-150

^{*} N. Yue, K. Roberts, S. H Son, S Khosravi, Pfau, R. Nath, Med. Phys., Vol. 31, No. 9, September 2004

Other Dosimetry Consideration





Although curvature-induced changes were relatively larger for the beta emitters, the differences were only within a few of percent (less than 5%).

* N. Yue, K. Roberts, R. Nath, Cardiovascular Radiation Medicine 5 (2004) 142-150

Emergency Source Recovery

Most common reasons:

- Without IST wire support (or during treatment), push forward delivery catheter
- 2. Target vessel anatomy is too tortuous
- 3. Hemostasis valve closed too tightly
- 4. Hydraulic interference between delivery catheter and transfer device (e.g. by sterile bag)

YNHH Coronary Intravascular Brachytherapy

EMERGENCY SOURCE RECOVERY PROCEDURE

BETA CATH AND BETA RAIL (3.5F) SYSTEM

CAUTION: DO NOT TOUCH A SOURCE WITH BARE HANDS.

RADIATION EXPOSURE AND/OR INJURY CAN OCCUR. ALWAYS USE REMOTE HANDLING TOOLS TO MANIPULATE SOURCES.

- · Notify personnel present of missing source
- No personnel allowed to enter/leave the room until the source is contained
- Do Not:
 - 1. Grasp the catheter directly with hands
 - 2. Cut the catheter
 - 3. Pick up a source with fingers: Use saline-soaked gauze sponge (> 4 gauze sponge)

Situation considered as lodged in the Catheter:

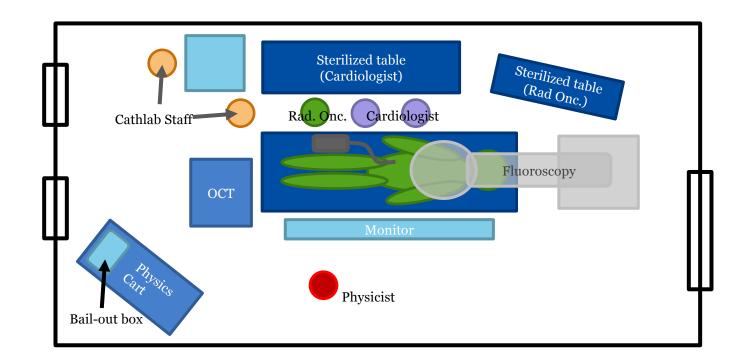
- 1. If the source train does not return to the transfer device and
- 2. If the delivery catheter has not been disconnected from the transfer device.

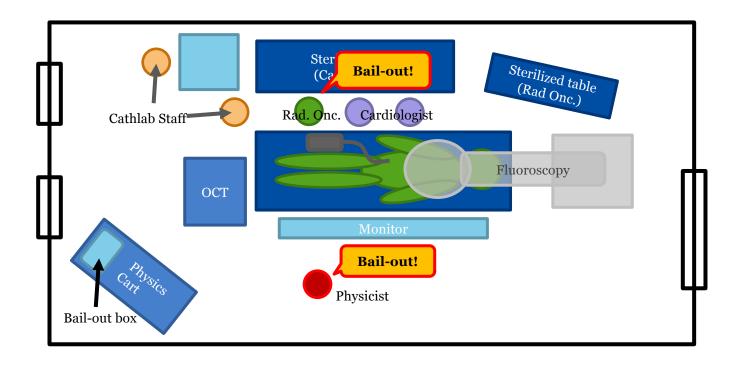


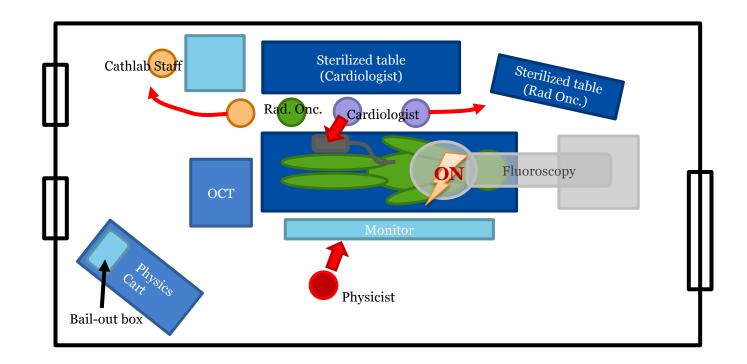
Temporary Storage Box

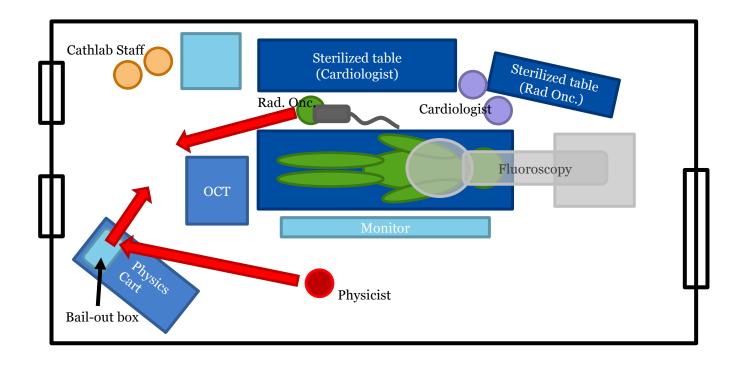


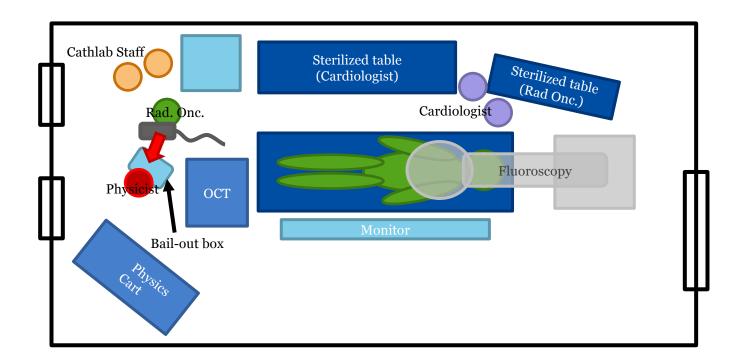
Response Kit

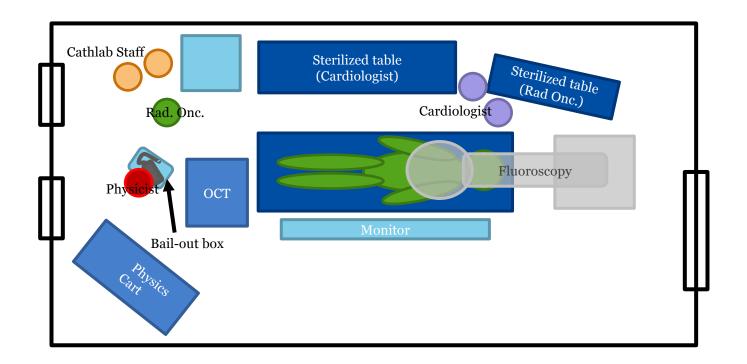


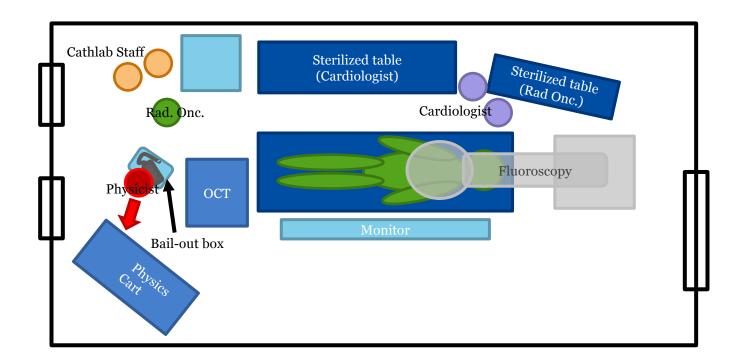


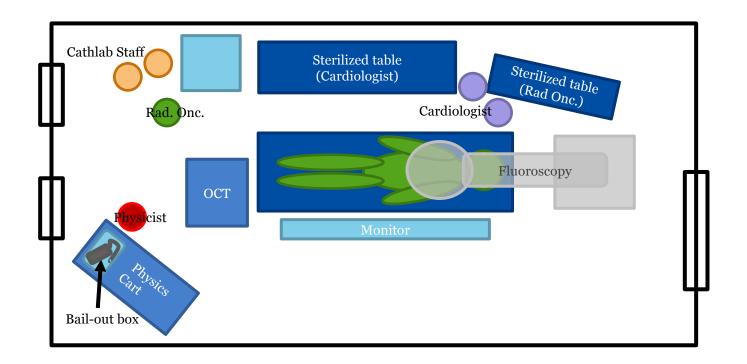


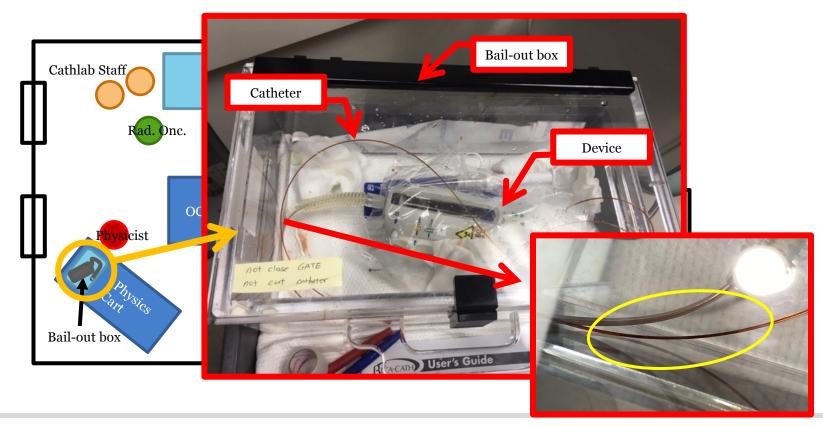




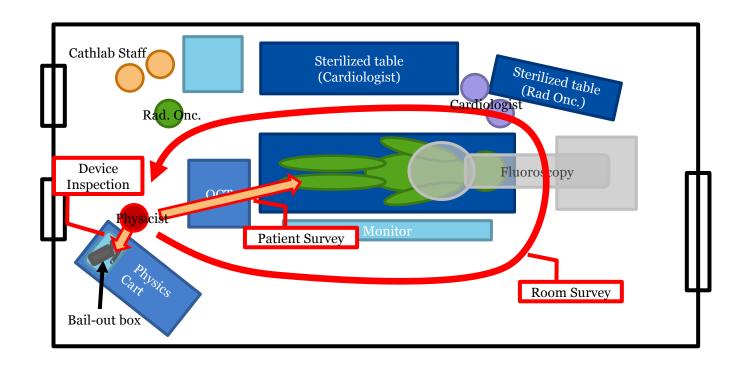




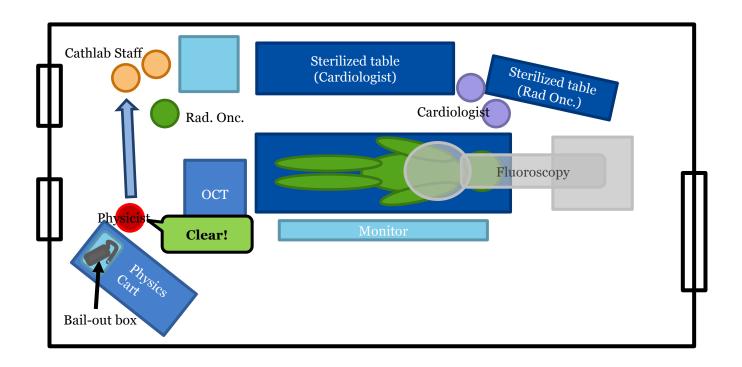




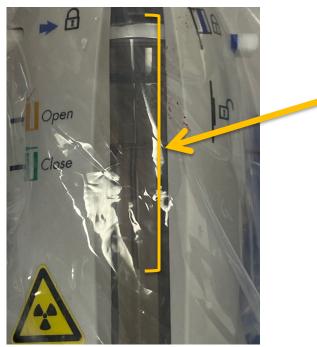
Emergency Procedure - Survey



Emergency Procedure - Clear Notification



Emergency Source Recovery - Example



Source train is not moving between transfer device and catheter



Blue ring of sterile-bag wedged in between transfer device and catheter

- Fast dose fall off ⁹⁰Sr/⁹⁰Y Beta-emitting source has advantage to treat coronary artery with brachytherapy technic
- The hydraulic operating system sending the ⁹⁰Sr/⁹⁰Y Beta-emitting source to treatment lesion
- 90Sr/90Y Beta-emitting source requires less and low-Z shielding

Yale IVBT Team

Medical Physicist



Dae Han



Emily Draeger

Radiation Safety Officer



William Hinchcliffe

Radiation Oncologist



Kenneth Roberts



James Hansen

Intervention Cardiologist



Steven Pfau



Glen A Henry



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