

## PATIENT HISTORY

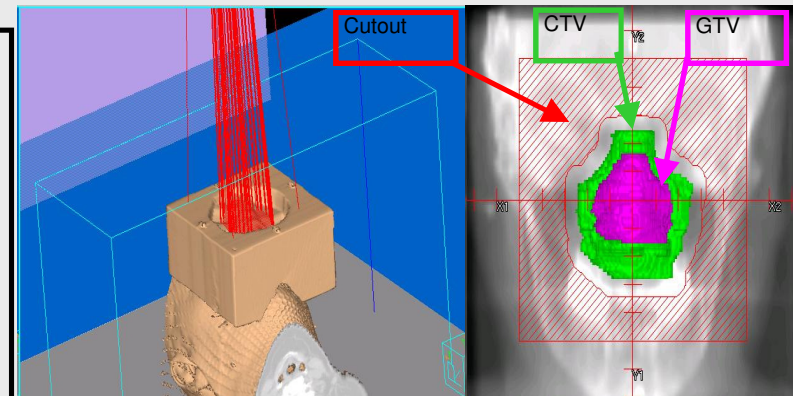
- 81 year old white female
- July 2008  
Mohs resection for squamous cell CA nose
- clear margins; reconstruction
- Sept 2009  
4-5 cm recurrence of entire nose with deep cartilage involvement
- Treatment Options  
complete rhinectomy
- IMXT vs. flat-bolus EB vs. BolusECT®



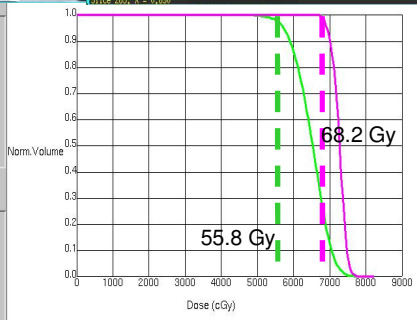
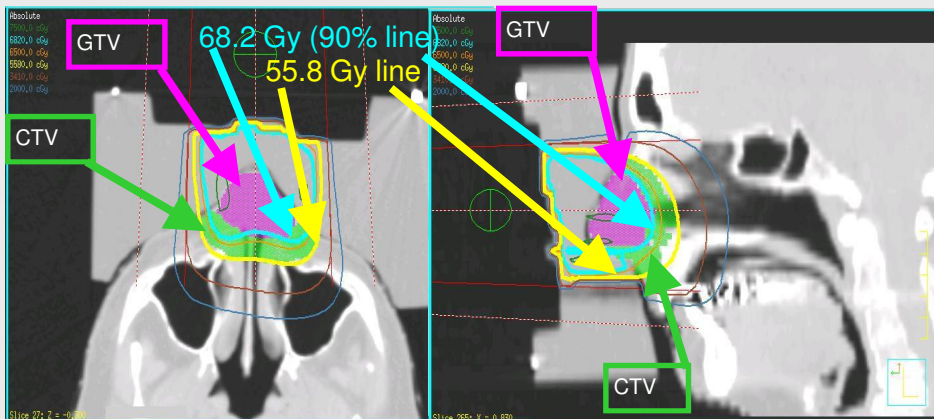
## DOSE PRESCRIPTION

- Prescription Site  
Skin of entire nose
- Prescription Dose  
AP electron field (16 MeV) with bolusECT®
- GTV: 68.2 Gy at 2.2 Gy /Fx (31 Fx) to 90% isodose line
- Dose for subclinical: 55.8 Gy
- Actual Tx was stopped at 66 Gy (30 Fx)

## BOLUS SETUP and BEAMS-EYE-VIEW



## DOSE PLANNING



## FOLLOW-UP (4 months post treatment)

- No recurrence in skin or lymph nodes
- Good cosmetic result
- Future recurrence on nose or in the lymphatics, which were not irradiated, is possible.

## SUMMARY

- BolusECT® conformed well to PTVs, sparing underlying brain tissue.
- .decimal-fabricated bolus, designed using CT scan data, is improvement over manually-fabricated bolus in that it:
  - fits patient surface better
  - allows thickness and shape of bolus to be optimized using p.d software

Acknowledgements: Medical physicists Connel Chu, MS and Kenneth Hogstrom, PhD participated in the implementation of bolusECT® at Mary Bird Perkins Cancer Center and in bolusECT® treatment planning for this patient.

Conflict of Interest: MBPCC has a research agreement with .decimal, Inc.