

HERBERT-II

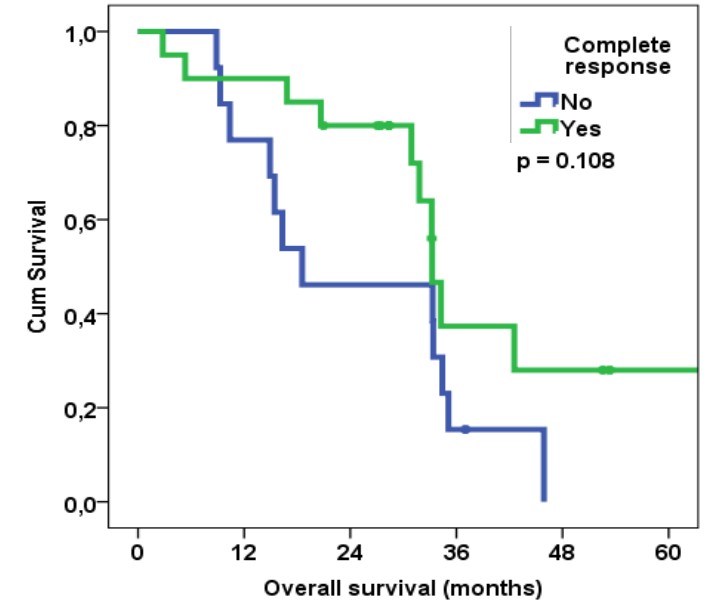
External beam radiotherapy with or without HDR brachytherapy boost for elderly rectal cancer patients

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Pitch Your Study

- HERBERT-I: brachytherapy dose finding study in 38 patients
- Rectal cancer patients unfit for surgery (median age 83 years)
- Median FU: 30 months (range 21 - 86)

Complete response	20	60.6%
Partial response	9	27.3%
Stable disease	4	12.1%



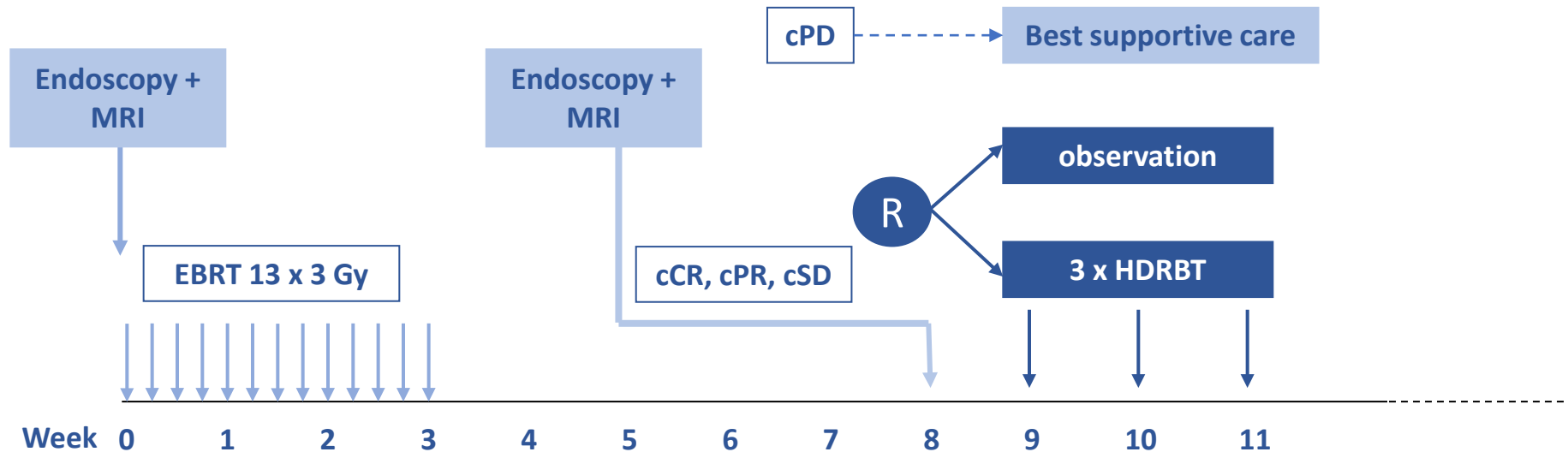
- Grade ≥ 3 late toxicity in 10/29 patients in CR or PR
- Recommended brachytherapy dose 3 x 7 Gy

E.C. Rijkmans et al. IJROBP 2017

Background

- **Aim:** To determine the added value of a brachytherapy boost compared to external beam radiotherapy alone for rectal cancer patients unfit for surgery

- **Design:**



- **Patients:**

- cT1-3N0-1M0-1 rectal cancer (M1 with radical treatment, e.g. SRS)
- <15 cm from anal verge, max 2/3 circumference
- Patients unfit for surgery (co-morbidity); unlikely to maintain ADL
- Life expectancy ≥ 1 year

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- *Primary endpoint:*
 - Composite QoL endpoint
 - Increase in local symptoms (tumor or treatment related)
 - Deterioration of QoL / maintenance of ADL level
- *Secondary endpoints:*
 - Local control, (progression free) survival
 - Use of retreatment
 - Patient reported symptoms and QoL
- *What this study will teach us:*
 - If there is an added value of a brachytherapy boost over external beam treatment alone in the setting of elderly rectal cancer patients unfit for surgery

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- *Number pts needed: to be determined*
- *Seeking for / discussion:*
 - Participating centers
 - Selection criteria: (unfit for surgery but ≥ 1 year life expectancy); geriatric asessment
 - Endpoint: composite endpoint, experience?
- *Contact information:*

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