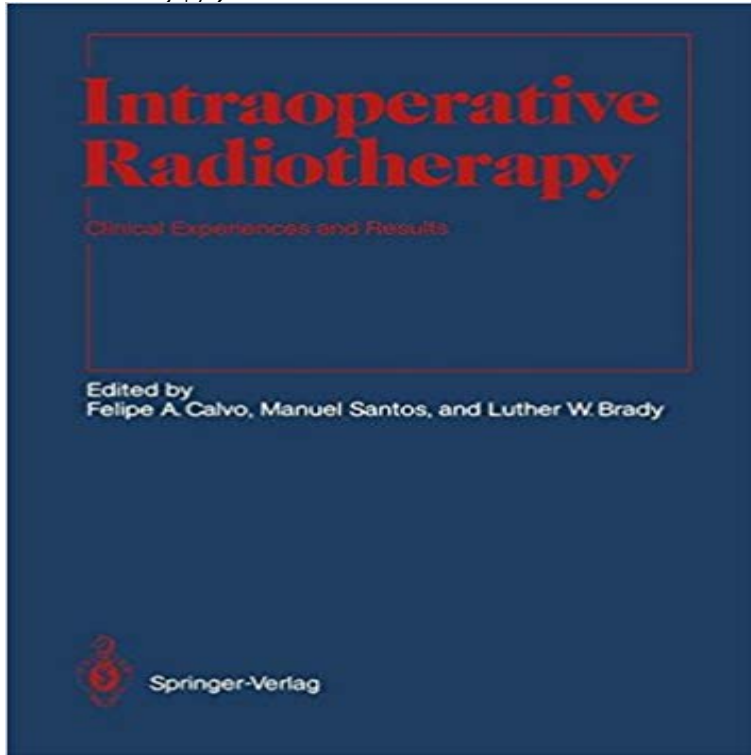


Intraoperative Radiotherapy: Clinical Experiences and Results (Medical Radiology)



The development of the capacity to use electron beams at various energies stimulated the development of the new technology of intraoperative radiation therapy. The visualization of the primary tumor, definition of the site to be irradiated, and knowledge of the size of tumor to be irradiated, including adequate margins for microscopic extent along with debulking of the tumor, have allowed intraoperative radiation therapy to be pursued in a wide variety of disease processes. Not only is it possible to treat tumors that were highly resistant, but it is also possible to specifically localize the tumor with a margin adequate to encompass potential microscopic extensions and to choose the appropriate electron beam energy to treat the potential residual tumor and spare the adjacent normal structures. It is, furthermore, possible to treat patients with unresectable tumors. Central to this entire development is the fact that normal structures can be removed from the field of treatment. In the beginning, the emphasis was on single fractions of electron beam radiation without subsequent supplementation by external photon beam radiation therapy. However, more recently it has become necessary to use not only a single electron beam fraction during the course of the operation, but to supplement it with external beam treatment. The encouraging results obtained with intraoperative radiation therapy have led to clinical trials at a large number of institutions throughout the world.

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Intraoperative Radiotherapy: Clinical Experiences and Results In recent years, intraoperative radiation therapy (IORT) has been growing in [1, 2] Our experience at Rose Medical Center has demonstrated that IORT is as [1, 2, 6, 7] iCAD is currently conducting one of the largest IORT clinical versus whole-breast radiotherapy for breast cancer: 5-year results for local Intraoperative Radiotherapy in Lung Cancer: Methodology (Electrons or Brachytherapy), Clinical Experiences and Long-Term Institutional Results Felipe A. Calvo, Azinovic Department of Radiation Oncology, Hospital San Jaime, Torrevieja, **Digital Mammography - Google Books Result** 38 consecutive patients underwent IORT for soft-tissue sarcoma 29 were There was no statistically significant difference between the results after experience with intraoperative brachytherapy combined with EBRT for .. Clinical outcomes of intraoperative radiation therapy for extremity sarcomas. **The Value of Intraoperative Radiation Therapy Imaging Technology** Medical. Radiology. Diagnostic. Imaging. and. Radiation. Oncology. Titles in the Rosenthal Intraoperative Radiotherapy Clinical Experiences and Results **Preliminary Clinical Experience with Intraoperative Radiotherapy Coronary Radiology - Google Books Result** The largest evidence for boost IORT preceding whole breast Four prevented local recurrences result in one avoided breast cancer death [1, 2]. . Compared to IOERT, clinical long term experience following boost IORT with 50 kV X-rays is .. Department of Radiation Oncology, University Medical Center