

BrachyNext



Working Together to Shape the Future of
Brachytherapy

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Building a Brachytherapy Program in Developed Countries Outside of the USA and Europe

Keith H.C. Lim, MBBS, FRANZCR
Department of Radiation Oncology
National University Cancer Institute, Singapore

Disclosure

- Consulting Fees: Bayer Healthcare



Agenda

- Introduction – NUH Case Study
- Why Brachytherapy?
- Is There a Market for Brachytherapy?
- How Do I Market My Service?
- What Do I Need to Start a Service?
 - Personnel
 - Equipment
 - Training

Introduction

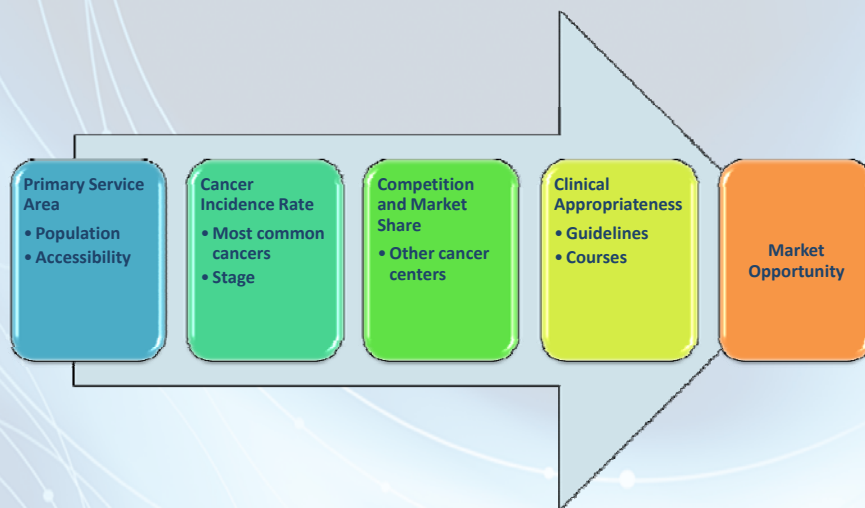
- NUH, Singapore case study
 - Prior to 2008 only 2D HDR for cervical cancer
 - 2008 – decision to set up image-guided HDR
 - Sites treated
 - GYN – CT/MRI guided cervix/ endometrial
 - Prostate – HDR boost and monotherapy
 - Breast – APBI
 - Rectum
 - Bladder (soon)
 - Over 100 patients per year
 - Close partnerships with surgeons – MDT, training courses
 - Worked with government on new billing codes
 - Marketing via TV/newspapers
 - Trained regional partners – Vietnam, Thailand, India, Malaysia



Why Brachytherapy?

- Brachytherapy is the most cost-effective and targeted form of radiotherapy available
 - Effective tumor dose with sparing of surrounding tissue
 - Can effectively treat a wide range of cancers
 - Cervical, prostate, head and neck, breast, and lung
 - Treatment completed in days rather than weeks
 - Well tolerated with good toxicity profile
 - Lower overall infrastructure cost compared to newer forms of EBRT, e.g., CyberKnife and protons

Is There a Market for Brachytherapy?





How Do I Market My Service?

Physicians

- Partnerships
- Courses
- Results

Payers

- Hospital
 - ROI
 - Spill over revenues
- Insurance
 - Cost effectiveness

Patients

- Hospital marketing staff
- Media

What Do I Need to Start a Service? Personnel

- Patients (RCR UK guidelines)
 - Should have potential for at least 50 patients a year
 - Low throughput services at least 10 a year
 - All RO attend at least 5 insertions a year
- Staffing
 - 2 RO, 2 physicists, 3 RT, 2 nurses
 - Surgeons and anesthesiologists
 - MDT



What Do I Need to Start a Service? Infrastructure

- OT for implants
 - Shielded OT for ultrasound HDR prostate
 - Treatment couch with facilities for imaging and applicator clamp
 - In OT imaging tools – C arm, US machine, stepper
 - Anesthesia facilities – recovery, emergency
 - Inpatient ward – no radiation protection if HDR
- Imaging/Planning
 - Access to CT/MRI with flat top couch
 - TPS – fusion
 - QA tools
- Treatment room
 - Separate from linear accelerator
 - Image viewing facilities
- Applicators
 - CT/MRI compatible, 2 full sets

What Do I Need to Start a Service? Training

- www.aboutbrachytherapy.com
- Professional meeting
 - ABS, ASTRO, GEC-ESTRO
- Speak to a vendor
 - Arrange for at least a week attachment in high-volume centers



Thank You

