

# Short Course Adjuvant Vaginal Cuff Brachytherapy (VCB) in Early Endometrial Cancer Compared to Standard of Care (SAVE)

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# Background

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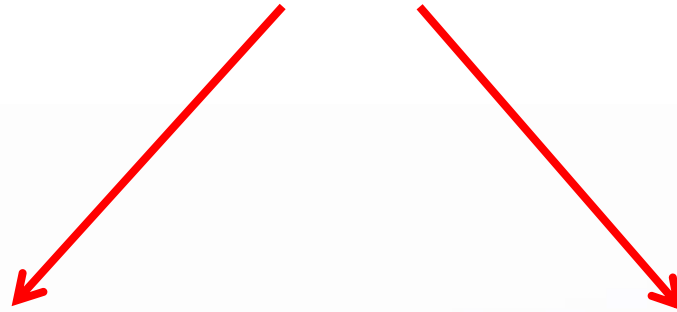
- Endometrial cancer is common
- Early stage cancers (stage I and II): >80%
- Adjuvant brachytherapy is commonly utilized
- Many women don't get treated (>2/3 of elderly women)
- Brachytherapy and pelvic exams are stressors
- Local control is high with vaginal brachytherapy (>98% in multiple trials)
- Lower dose regimens (lower BEDs) have local control >99%

# Hypothesis: a shorter treatment course

- will result in greater compliance
- permit more patients to receive adjuvant brachytherapy
- be less intensive on radiotherapy resources
- be more cost effective
- result in less morbid
- and have non-inferior patient satisfaction as measured by patient reported outcomes (PROs)

# Randomization

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2 Fractions  
11 Gy at the surface  
(7.3 Gy at  $\frac{1}{2}$  cm for a 3 cm cylinder)

- Standard of care brachytherapy
1. 7 Gy @  $\frac{1}{2}$  cm x 3
  2. 5-5.5 Gy @  $\frac{1}{2}$  cm x 4
  3. 6 Gy @ surface x 5

# Objectives

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- Primary Objective:
  - Evaluate patient reported outcomes (PROs) using the Global Health Score from the QLQ30
- Secondary Objectives:
  - Evaluate cost effectiveness
  - Evaluate CTCAE v4 toxicities
  - Document any pattern of recurrence
  - Evaluate PROs for vaginal, bladder and bowel symptoms using the EORTC EN24

16 of 108 accrued to date  
G-GOC, IHC, and Loyola joining soon

# Thank You!

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