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ME!
R.T.s WORK
WONDERS**

**IS CT
TAKING
OVER?**

**R.T. Goes to
PRISON!**
Every Day to Work

A, B, C & DDs of
Mammography

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Kim Beauvais, R.T.(R)(T),
is a real-life hero to her
patients.

Hang LOOSE

WHEN A WOMAN PREPARES for the idea of radiation therapy to treat breast cancer, how she lies on the table is far from her first concern. But that can change once simulation and planning begin.

Lead radiation therapist Brad Betz, R.T.(T), of Samaritan Regional Cancer Center in Corvallis, Ore., said a woman recently was patient with his staff, allowing them to try several approaches in the supine and prone positions because she wanted them to do what was best. "Give me the best treatment possible, what's going to have the best outcome for me." That's what they're interested in," Brad said.

For the past year, Samaritan has used a prone breast board from Bionix to keep options open and improve comfort. Traditional supine position kept patients on their backs for breast radiation treatments. But some breast cancer patients are best served by lying in a prone position so that the breast projects downward, isolating the targeted treatment area. I asked Brad to talk about his experience with prone positioning.

You said you looked at a number of vendors' boards. Why did you choose this one -- because it was pink?

"That actually was part of it, to be quite honest with you. Part of the decision came down to bulk; I looked at how easy it would be for our therapists to set it up every day, to pull the cushions out of the cupboard, put them onto the table

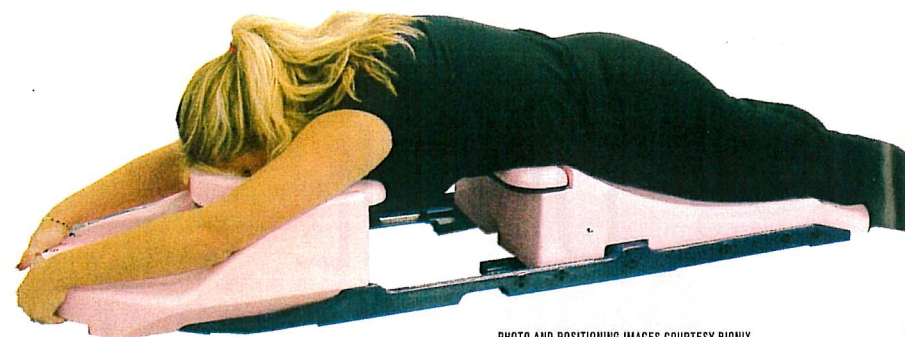


PHOTO AND POSITIONING IMAGES COURTESY BIONIX



These images show conventional positioning (top) and the advantages of prone positioning (bottom).

and set them up. And part of it was aesthetics. When the patient goes to get onto the table for treatment, what are they looking at—a big gray bulky piece of foam or a pink, aesthetically pleasing and professional looking setup?"

What about comfort?

"As far as I can tell, the comfort is definitely there. The head position is good and the arm position is better in this setup. I've always liked the way Bionix tapers the legs down; it puts a little more pressure on the knees and hips and less on the sternal area, which usually is the biggest complaint with breast prone setups. They've also increased the amount of padding in the bridge area, but balanced it nicely to avoid increasing the scatter dose to the medical field too much."

Is prone positioning best for every breast cancer patient?

"No, there's definitely a selection process. We're looking for large-breasted women who also are physically able to tolerate the prone position."

Then are there clinical reasons to use prone positioning too?

"Absolutely, we had a patient recently who was young, physically fit and had large breasts. We performed supine and prone simulation. The prone simulation was the best way to go by far and that's the option we chose. Her breast was so large that it was falling laterally

and there was just no way to treat it with her in the supine position. We would have ended up with a terrible plan and she would have ended up with a skin reaction."

Is the board easy for therapists to handle and store?

"Yes, it's easy to clean and store. I built some carts for storing them. We've made some of our own adjustments to the board after evaluating setups and dosimetry. We've actually taken the boards to a milling shop to have them milled a little differently to fit our needs. Then we've given that feedback to Bionix, so we've been in constant contact with the company's engineers; it's an evolutionary process."