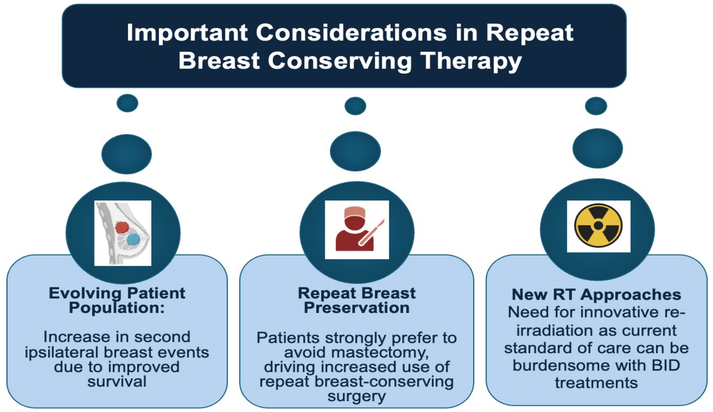
Preliminary Findings of Repeat Breast Conserving Surgery Followed by Daily Partial Irradiation for Participants with Ipsilateral Breast Tumor Recurrences or new Ipsilateral Primary Breast Cancer, Treated Previously with Breast Conserving Surgery and with Whole Breast Radiation Therapy

Courtney Pisano, DO, MS, MPH[1]; Yulin Sun, PhD[1]; Corey Speers, MD, PhD[2]; Amanda Amin, MD,MS[1]; Chirag Shah[3], MD; Alberto Montero, MD[1]; Qing Li[1]; Pamela Li, MD[1]; Ashley Simpson, DO[1]; Lisa Rock, MD[1], Megan Miller, MD[1]; Rahul Tendulkar, MD[4]; Janice A. Lyons, MD[1]
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San Antonio Breast Cancer Symposium
December 9-12, 2025

Clinical Context and Rational

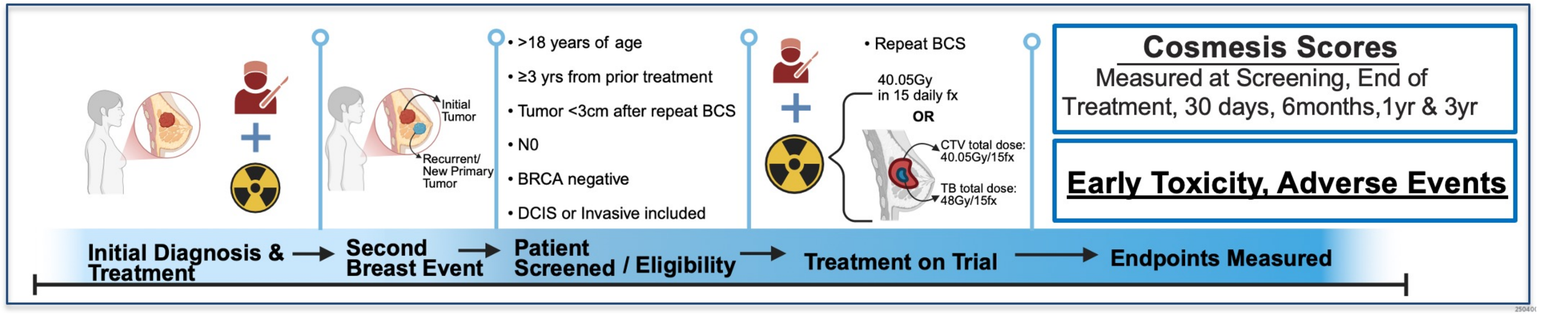
- Improved breast cancer survival rates lead to a growing number of patients with second ipsilateral breast events.
- Patients strongly prefer breast preservation, driving increased use of repeat breast-conserving surgery (BCS). This necessitates innovative adjuvant radiation therapy approaches for previously irradiated tissue.
- Current standard re-irradiation protocols (RTOG 1014) mandate twice-daily treatment, posing significant burdens: Multiple daily facility visits. Impacts quality of life, employment, and compliance, Challenges for patients with transportation or caregiving responsibilities.



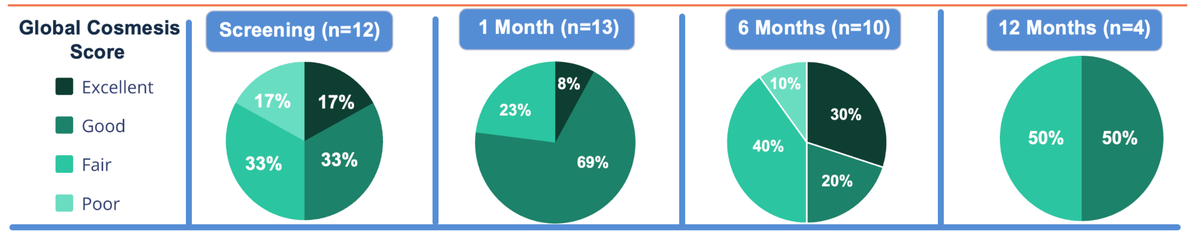
Study Framework

Multicenter, single-arm, prospective Phase II trial
Accrual Goal: 55 patients over 6 years
Current Enrollment: 14 patients

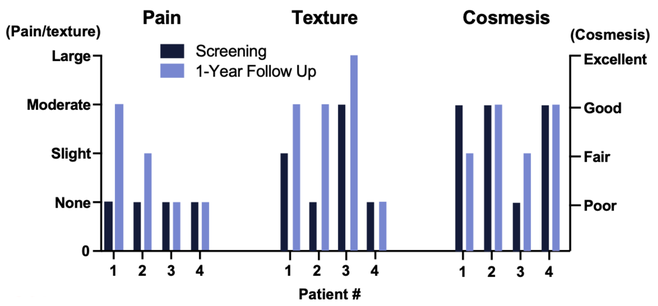
Detailed Trial Design



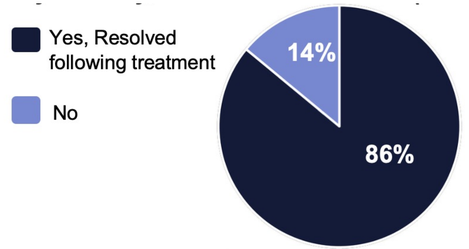
Results



Changes in Breast Condition (n=4): Screening vs 1-yr



Early Toxicity, Radiation Dermatitis (n=14)



No cases of desquamation

Conclusion

- The trial has demonstrated strong patient interest and acceptable.
- Treatment has been well tolerated with no acute Grade 3 adverse events observed
- Longer-term follow-up will be necessary to evaluate late cosmetic outcomes, chronic adverse events and efficacy.
- Once accrual is complete, correlation dosimetric parameters with PROs may help inform future patients on likelihood of adverse events.

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