

IMPACT OF ESOPHAGEAL SPARING IMRT ON PATIENT REPORTED DYSPHAGIA OUTCOMES IN PATIENTS OF NON SMALL CELL LUNG CANCER TREATED WITH RADICAL RADIOTHERAPY WITH OR WITHOUT CHEMOTHERAPY

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INTRODUCTION

Esophageal toxicity is an important dose-limiting adverse effect in patients with locally advanced Non-small cell lung cancer treated with radical radiotherapy with or without chemotherapy. Intensity Modulated IMRT helps in improving the dose conformity and sparing of organs at risk like esophagus. The use of Esophageal sparing IMRT has proven to reduce the severity of acute dysphagia in various studies, but the grading of this symptom has been reported by the physicians themselves. In this study , we aim to evaluate the impact of Esophageal sparing -IMRT on 'patient reported acute dysphagia' .

MATERIALS AND METHODS

SUBJECTS

Biopsy proven Non-Small Cell lung cancer patients planned for curative intent Radical radiotherapy with or without chemotherapy.

SAMPLE SIZE ESTIMATION

This is a prospective observational study and we are planning to recruit 40 patients who are expected to fulfil the eligibility criteria for radical radiotherapy according to our previous year database records.

RECRUITMENT METHODS

All the patients who meet the inclusion criteria and none of the exclusion criteria will be enrolled after informed consent. The consent will be taken

before starting the study and the data will be registered in the RedCap at TMC.

OUTCOMES

This study will determine the incidence of clinically significant esophageal toxicity reported by the patients , its concordance with physician reported dysphagia during RT, 6 weeks and 3 months interval. Also, its correlation with the dosimetric parameters which may help in defining the dose constraints to minimise the toxicity in NSCLC patients undergoing IMRT-based radiotherapy.

TIMELINE

Data will be collected during the course of 18 months.