



# The First National Experience of TracelT™ Tissue Marker Placed Intravesically under Local Anesthesia for Imaging Visualization of Recurrent Muscle-invasive Transitional Cell Carcinoma for Targeted Radiotherapy

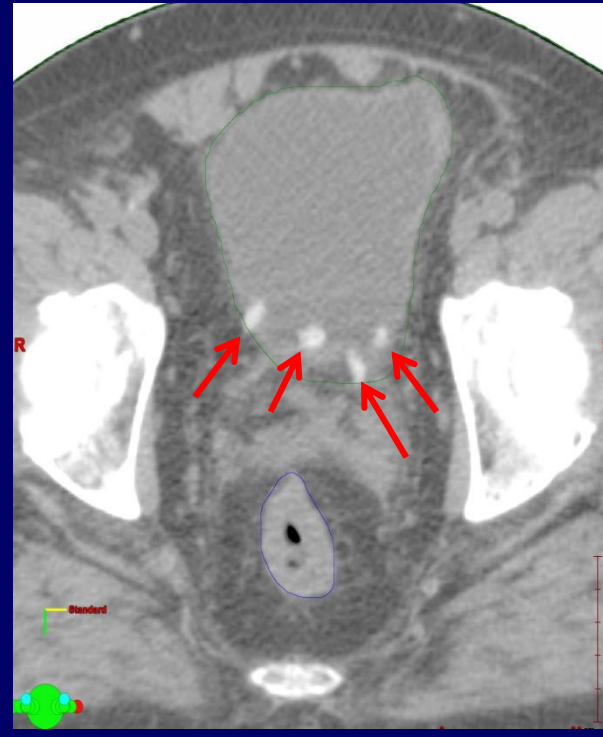
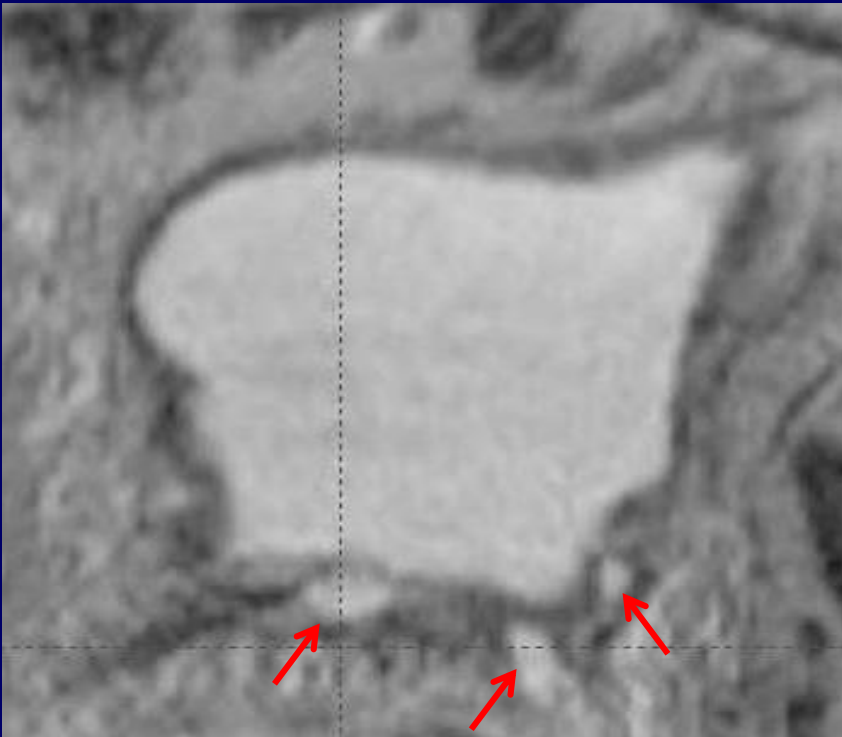
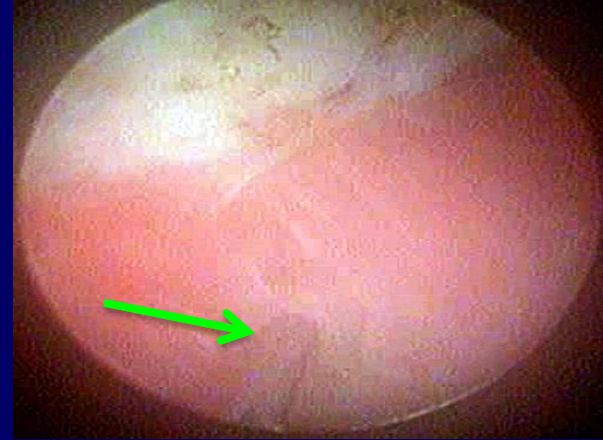
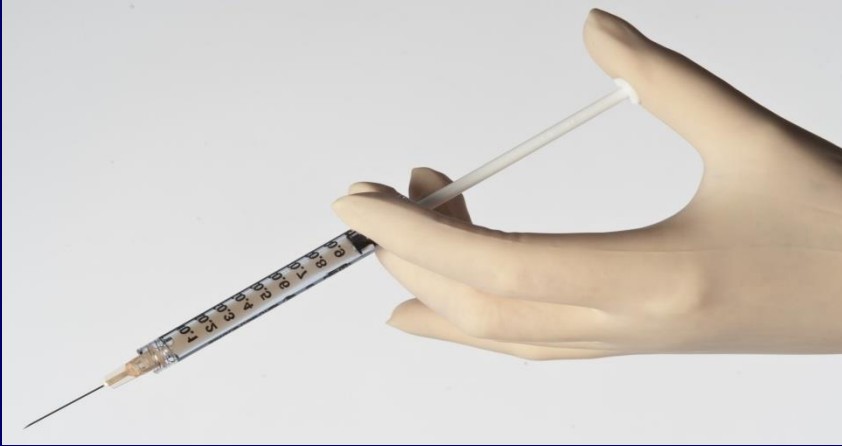
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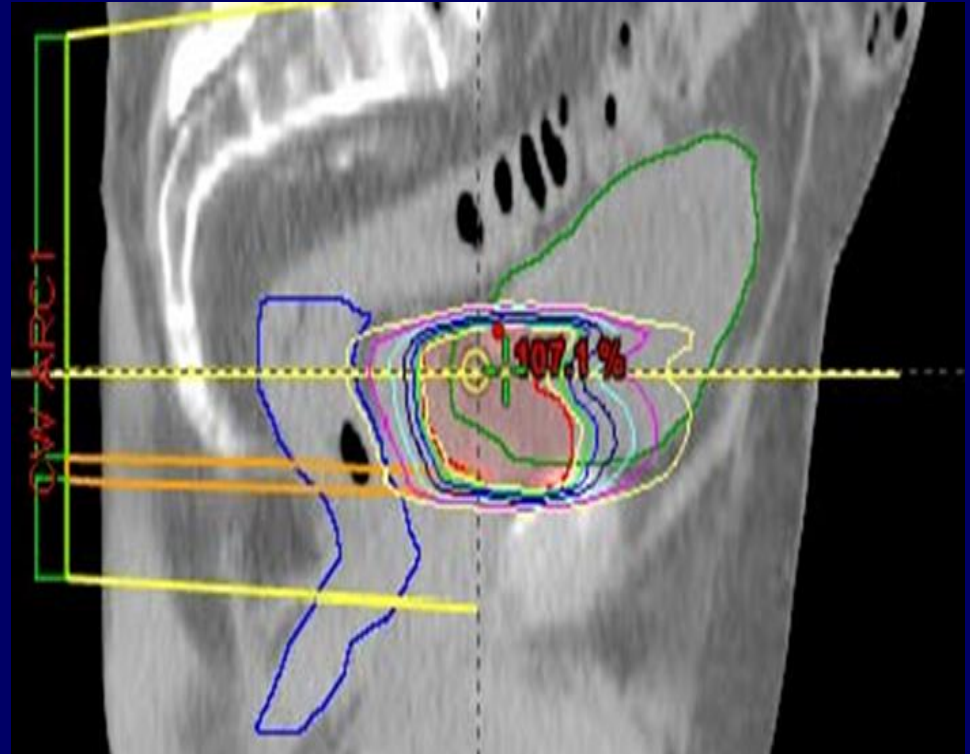
# Material and methods- Pat.#1

- 80 y.o male, prior TURBT resection of a large (>5 cm) posterior wall papillary bladder, declined cystectomy elected IMRT.
- TraceIT Tissue Marker was injected through a rigid 20 Fr. injection cystoscope with Williams Cystoscopic 23G needle (Cook Medical) under local anesthesia (intraurethral 2% lidocaine gel and intravesical 1%-lidocaine) .
- Using the catheter six hydrogel injections, 0.3ml each (1.8 ml total), were placed around the tumor periphery, within 1cm from the cancer border.
- Patient then underwent imaging and dose planning in preparation for IMRT bladder treatment.

# Case report #1



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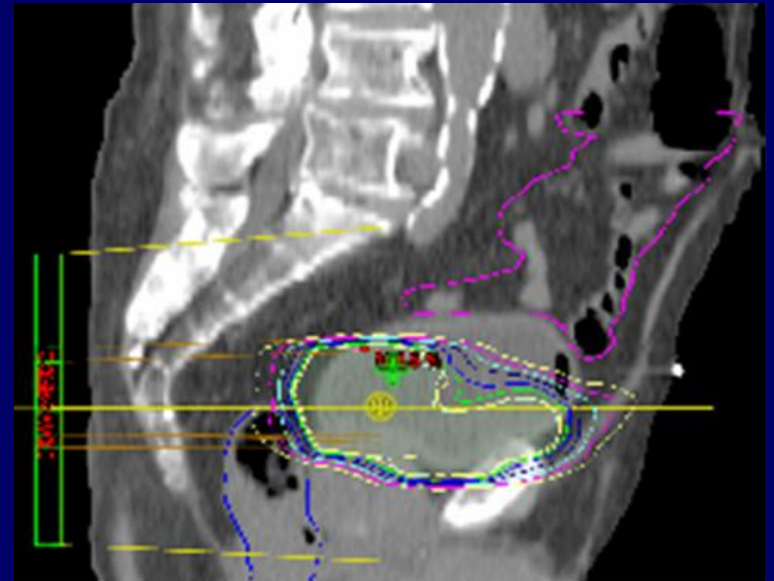
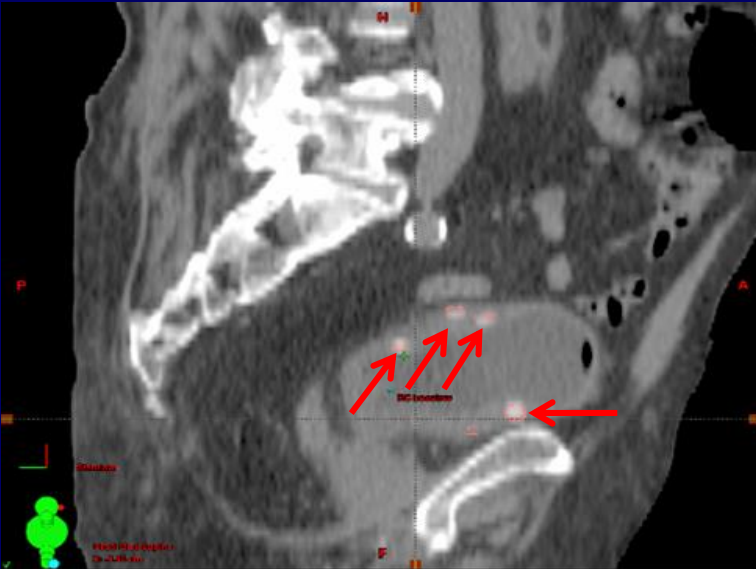
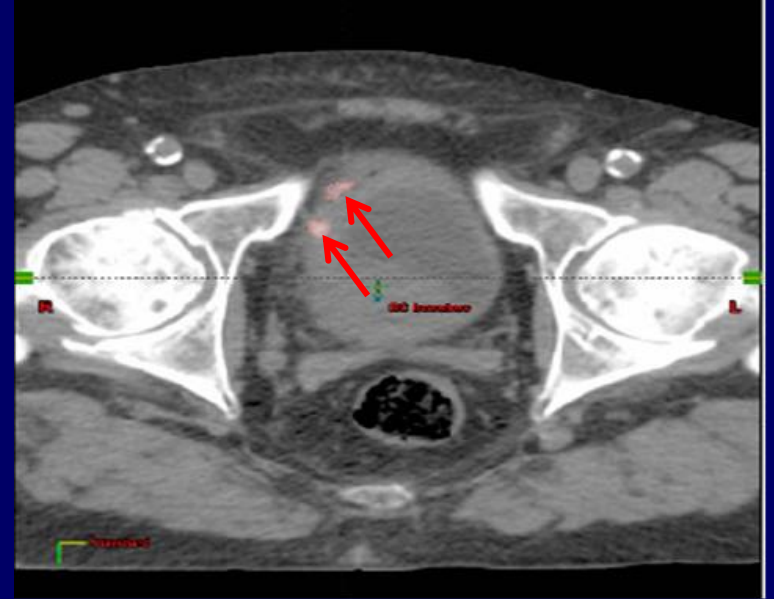
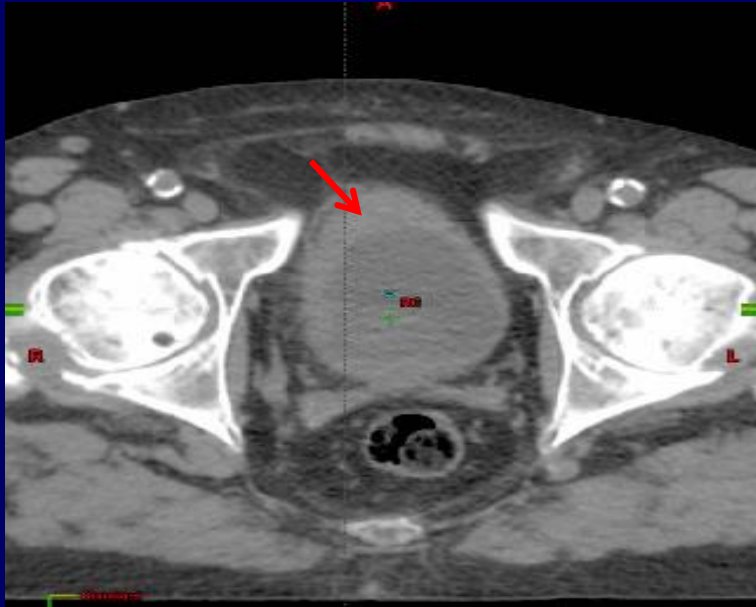


# Material and methods- Pat.#2

- 75 y.o. male, was diagnosed with a high grade muscle-invasive urothelial carcinoma of the bladder located at the right posterior bladder wall. He also elected for chemotherapy combined with radiation therapy.
- Under local anesthesia a rigid 20 Fr. Injection cystoscope was introduced into bladder and the tumor bed was localized.
- TracelT was injected using a 23G Cook needle and 0.3 ml into 8 locations around the tumor resection bed within 1 cm from the cancer border. A total of 2.4 ml TracelT was injected into the bladder wall .



# Case report #2



# Results and Conclusion

- 3 days after injection with TraceIT, IMRT was started for both patients with a planned dose of 45 Gy to the entire field and a 20 Gy boost to the outlined tumor bed defined by TraceIT markers.
- Patients tolerated the injection procedure and IMRT well. At 3- and 6-mos follow-up visit the patients did not have any urinary complaints and showed no progression of the tumor.
- TraceIT hydrogel injected endoscopically under local anesthesia in office setting can be considered a feasible option to precisely map the tumor location with margins to facilitate targeted radiation therapy that could significantly improve an oncological outcome.