Patients who have had oncoplasty are not eligible to participate in B-39/0413.

Patients with extracapsular extension are not eligible to participate in B-39/0413 because regional nodal irradiation is indicated for extracapsular extension and regional nodal irradiation is not allowed on B-39/0413.

To calculate the 42 days following surgery, the day of surgery is day 0 and the first day post-op is counted as day 1.

If the patient cannot receive the selected PBI technique and the plan is to administer WBI, the case should not be submitted for WBI review and the B-39/0413 Data Manager must be notified by calling the NSABP Biostatistical Center at (412) 624-2666 and ask for the B-39/0413 Data Manager.

The clinical assessment section of the follow-up form (F Form) should be completed if there was a clinical assessment of the participant's disease status. If the patient was examined or had some work-up (for example a mammogram for B-39/0413 patients) that enabled their health care provider to assess their disease status, then this section of the form should be completed. How disease status is assessed varies by site/provider; the site/provider determines if this assessment has been done. The source documents must support what is reported on the F form.

For those patients randomized to the PBI arm there should be at least 6 hours between the completion of the one treatment and the start of the next treatment. This allows for normal tissue recovery to occur.


Submit your cosmesis evaluations and digital photos as required in the protocol. One of the secondary aims of the trial is to determine whether PBI delivered on 5 treatment days over a period of 5 to 10 days can provide a comparable cosmetic result to WBI.

Remind the radiation oncologists and surgeons at your site that the NSABP B-39/RTOG 0413 trial is still accruing and with their help accrual to this trial can be completed.

NSABP B-39/RTOG 0413 Accrual
As of October 2, 2012 there were 4169 patients entered on the trial. Only 131 patients are needed to complete accrual.

Top 5 NSABP Accruing Centers
1. Virginia Commonwealth University
2. Tied for #2 are: William Beaumont Hospital
   CCOP and Center Hospitalier Affilie Universitaire de Quebec, Hôpital du Saint-Sacrement
3. Kalamazoo, Michigan CCOP
4. University of Miami

Top 5 RTOG Accruing Centers
1. Arizona Oncology Services Foundation
2. Huntsman Cancer Institute at University of Utah
3. London Regional Cancer Center, Ontario, Canada
4. University of Colorado
5. Cross Cancer Institute

Congratulations to all of the Top Accruing Centers – All of your hard work in accruing patients to this very important trial is appreciated by NSABP and RTOG! Keep screening potential patients.

Will your site be in the top 5 with the next B-39/0413 update??

NSABP B-39/RTOG 0413 Protocol Team
Frank Vicini, MD (NSABP) / Julia White, MD (RTOG) Protocol Chairs
Thomas Julian, MD (NSABP) / David Parda, MD (NSABP) Protocol Officers
Douglas Arthur, MD (NSABP) / Robert Kuske, MD (NSABP) Protocol Co-Chairs
Rachel Rabinovitch, MD (RTOG) Protocol Co-Chairs
Joseph Costantino, DrPH (NSABP) / Kathryn Winter, MS (RTOG) Protocol Statisticians

If you have any questions or topics to be addressed in future e-mail updates, please contact the Clinical Coordinating Division (CCD) at (800) 477-7227 or ccd@nsabp.org.

If you have any questions concerning eligibility and clinical aspects of the trial, contact the Clinical Coordinating Division at (800) 477-7227 or ccd@nsabp.org.