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BOLOGNA, 27-29 OTTOBRE 2023

PALAZZO DEI CONGRESSI

Radioterapia Oncologica: l'evoluzione al servizio dei pazienti



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XXXIII CONGRESSO NAZIONALE AIRO



Radioterapia Oncologica: l'evoluzione al servizio dei pazienti

BACKGROUND

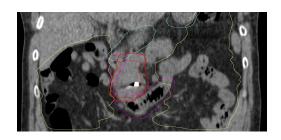
Risk Adapted Ablative Radiotherapy After Intensive Chemotherapy for Locally Advanced Pancreatic Cancer

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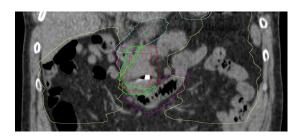




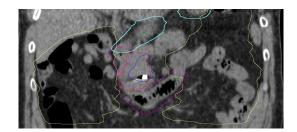
Local failures predominantly occurred within the RT field.







PTV 25



PTV 50 Mellon E.A., Acta Oncologica 2015

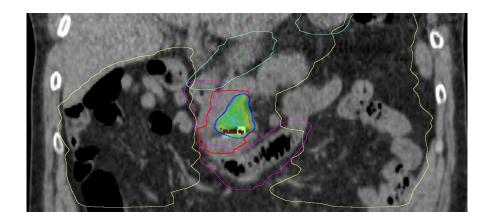
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AIM



This analysis aimed to quantitatively assess the role of GTV size and incomplete GTV covering with SIB in increasing the risk of local failure.

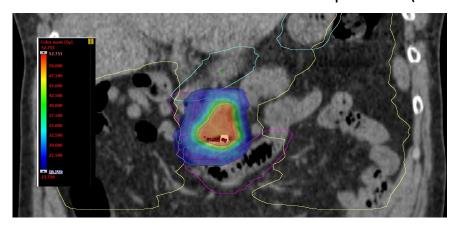




METHODS

Azienda Ospedaliera Universitaria Integrata Verona

51 consecutive LAPC patients (Nov 2016 - Nov 2019)→ SBRT



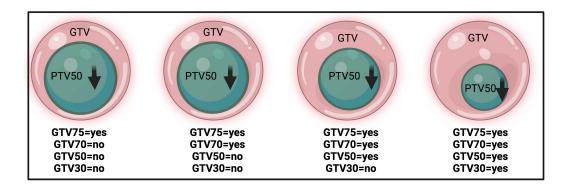
- -30 Gy in 5 fractions to the tumor PTV;
- -50 Gy SIB to the region of vessel abutment/encasement;
- -25 Gy SIP to the overlap between tumor PTV, and the Planning OAR volumes.
- -Cox regression, Kaplan-Meier Curves, Log-Rank test.
- -Variables with p≤0.2 at UVA were included for MVA assessment.



METHODS

Specifically, we defined a set of incomplete GTV-covering levels:

- GTV75=yes if less than 75% of the GTV was included in the 50 Gy SIB isodose
- GTV70 =yes if less than 70% of the GTV was included in the 50 Gy SIB isodose
- GTV50 =yes if less than 50% of the GTV was included in the 50 Gy SIB isodose
- GTV30 =yes if less than 30% of the GTV was included in the 50 Gy SIB isodose







RESULTS

- median follow-up 17 months (range 1.4-47)
- 12 local failure



Covariate	b	SE	Wald	Р	Exp(b)	95% CI of Exp(b)
cT2-3 vs cT4	-0,4182	0,6672	0,3929	0,5308	0,6582	0.1780 to 2.4339
cN0 vs cN+	-0,1456	0,5875	0,06143	0,8043	0,8645	0.2733 to 2.7342
T<40mm vs >40mm	-0,1828	0,6126	0,08907	0,7654	0,8329	0.2507 to 2.7672
TVI >=2 vs <2	0,1969	0,5785	0,1159	0,7335	1,2177	0.3918 to 3.7842
stent si vs stent no	-0,7572	0,7821	0,9374	0,3329	0,469	0.1013 to 2.1721
Folfiri vs Gem- abraxane	1,1412	0,7759	2,1635	0,1413	3,1306	0.6842 to 14.3241
Cicli ct completi vs cicli ct parziali	0,2733	1,0456	0,06834	0,7938	1,3143	0.1693 to 10.2024
chirurgia vs no chirurgia	-1,134	0,7767	2,132	0,1442	0,3217	0.0702 to 1.4743
R0 vs R1	0,9113	1,416	0,4142	0,5199	2,4875	0.1550 to 39.9094
ITV_cc_30%_GTVcc	-0,6304	1,0463	0,363	0,5468	0,5324	0.0685 to 4.1387
ITV_cc_50%_GTV_cc	-0,6764	0,6683	1,0245	0,3115	0,5084	0.1372 to 1.8840
ITV_cc_70%_GTV_cc	-1,15	1,0457	1,2095	0,2714	0,3166	0.0408 to 2.4583
Ptv_50_30%_GTV	1,3185	1,0456	1,59	0,2073	3,7377	0.4815 to 29.0163
PTV_50_50%_GTV	0,1928	0,5862	0,1082	0,7422	1,2126	0.3844 to 3.8259
GTV_cc	0,03681	0,01368	7,2442	0,0071	1,0375	1.0101 to 1.0657



RESULTS

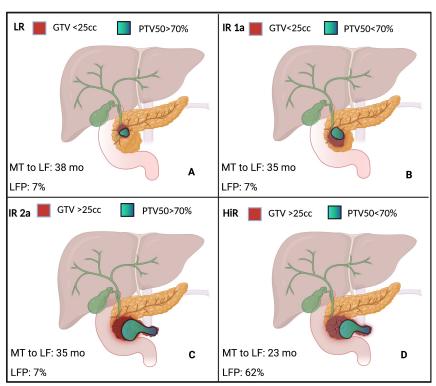
Geometric Score

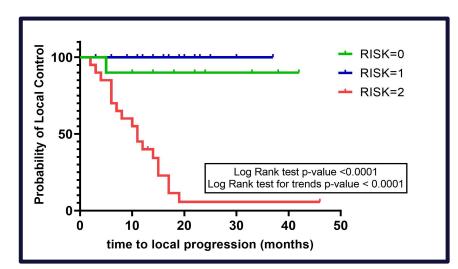


Risk class	GTV size		GTV70
Low risk	<25cc	AND	no
Intermediate Risk	>25 cc	OR	yes
High Risk	>25 cc	AND	yes

RESULTS







10/12 local failure

CONCLUSIONS



- A large GTV size coupled with an incomplete (<70%) covering of GTV from the SIB, highly increases the risk of local failure
 - 62% actuarial probability in the HiR group vs 7% in the LR/IR groups.
- Full coverage of the GTV with SIB would be of clinical relevance for pts with large macroscopic tumors.
- The Geometric Score could be used to select pts that would effectively benefit from online tumor tracking (e.g. with an MRI-Linac), allowing a reduction of the SIP volume and a consequent decrease in the amount of GTV left uncovered by the SIB.

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Predizione o magia?



