

XXXIII CONGRESSO NAZIONALE AIRO

AIRO2023

BOLOGNA,
27-29 OTTOBRE 2023

PALAZZO DEI CONGRESSI

Radioterapia Oncologica: l'evoluzione al servizio dei pazienti



Associazione Italiana
Radioterapia e Oncologia clinica

XXXIII CONGRESSO NAZIONALE AIRO

AIRO2023

**BOLOGNA,
27-29 OTTOBRE 2023**

PALAZZO DEI CONGRESSI

Radioterapia Oncologica: l'evoluzione al servizio dei pazienti

IMPATTO CLINICO-ORGANIZZATIVO DEL COUNSELLING NUTRIZIONALE NEI PAZIENTI AFFETTI DA NEOPLASIA PROSTATICA O URO-GINECOLOGICA CANDIDATI A RADIOTERAPIA ESCLUSIVA SULLA REGIONE PELVICA: UNO STUDIO PILOTA

Francesca Di Pressa, A. Bruni, M. Vernaleone, R. Sabbatini, S. Gabriele, S. Scicolone, C. Baldessari, M.P. Vitale, E. Mazzeo, G. Miranda, F. Valoriani, C. Bussei, R. Menozzi, M. Dominici, F. Lohr, G. De Marco

DISCLOSURE:

- Travel grant from Recordati

Monocentric observational pilot study

Inclusion criteria:

- age > 18 years
- signed informed consent
- gynecological adjuvant radiotherapy/prostate cancer (radical, adjuvant, salvage)
- PS ECOG 0-1
- no contraindication to pelvic RT

Aim: 50 patients (25 females and 25 males).

Primary endpoint:

Effect of tailored nutritional counselling on intestinal preparation and the impact on patient management during RT (compliance, number of Treatment Planning CTs, set up evaluations with MVCT/CBCT).

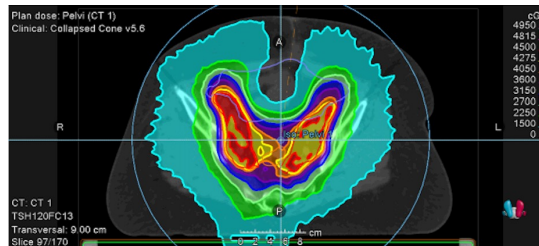
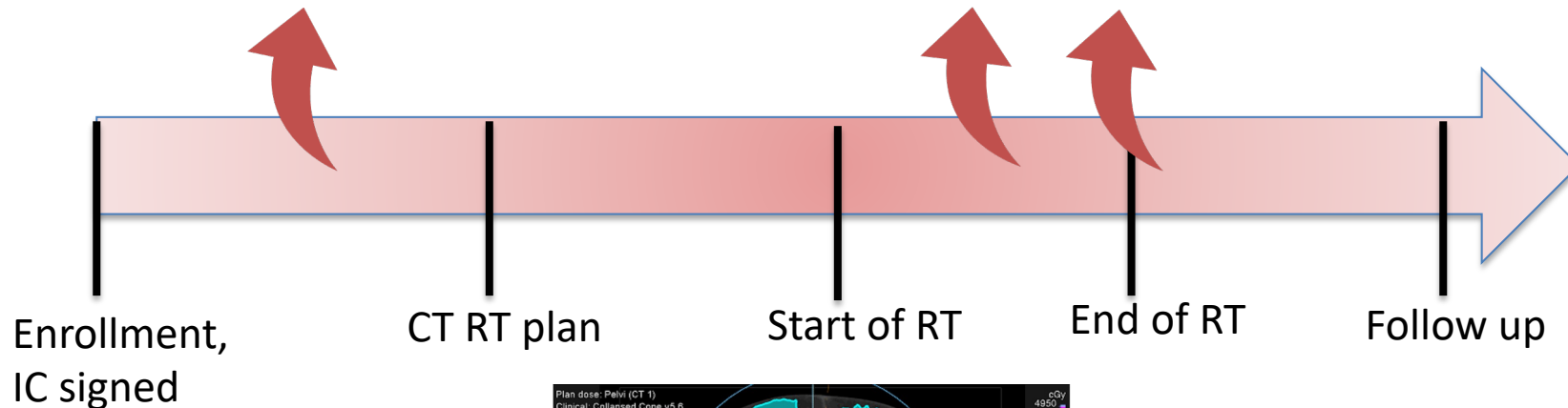
Secondary endpoint:

Acute toxicity (6 months after RT)

WORKFLOW

Preliminary nutritional counselling

Nutritional counselling



RESULTS (update to 6/10):

30 patients signed informed consent, 28 have been enrolled (one patient excluded for detection of metastatic disease, one patient refused RT). 11 were females and 17 males. 18 patients completed RT, 10 were under treatment at time of analysis

- 88% of patients did not require TC RT replanning.
- Average number of CBCTs/MVCTs above total fraction number: 2 (range 0-9).

No acute toxicity \geq G3 recorded

RESULTS (update)

30 patients significantly
metastatic disease
18 patients completed

Acute Toxicity	Grade G2
Diarrhoea (5 patients)	20%
Bloating and abdominal distension (1 patient)	None
Abdominal pain (2 patients)	None
Rectal anus haemorrhage (2 patients)	None

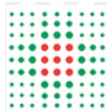
excluded for detection of
males.

).

CONCLUSIONS

- Personalized nutritional counselling may improve patient compliance to RT and intestinal preparation and thus reduce the number of IGRT-procedures during RT, as observed procedural efficiency in this single-arm cohort was excellent.
- Consequently, it might also reduce acute and late toxicities
- Definitive results will be available after full enrollment that will permit comparison with uncontrolled cohorts

Grazie per l'attenzione



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Ospedaliero - Universitaria di Modena



UNIMORE
UNIVERSITÀ DEGLI STUDI DI
MODENA E REGGIO EMILIA