

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

## **ADJUVANT HYPOFRACTIONATED RADIOTHERAPY (HYPO-RT) IN 10 FRACTIONS IN NODE POSITIVE LOCALLY ADVANCED BREAST CANCER: 5 YEAR-RESULTS OF A PHASE II STUDY**

Dr. Lucia Goanta, Radiation Oncology  
IRCSS Regina Elena National Cancer Institute, Rome

## Disclosure

I have no conflicts of interest to disclose

## Aims

To evaluate both the feasibility and the efficacy of a 10-fraction hypofractionated radiotherapy schedule in patients with locally advanced breast cancer

Endpoints:  $\geq$  G2 acute and late toxicity; loco-regional control and survival rates

## Methods

34 Gy in 10 fxs (1 fx daily) to the whole breast/chest wall + the draining lymph nodes  
+ single fraction 8 Gy boost to the tumor bed if conservative surgery

Toxicity Endpoints: CTCAE 4.0 during RT and 1 month after the end of RT;  
LENT/SOMA at 3 and 6 months then yearly; Harvard scale cosmetic outcome

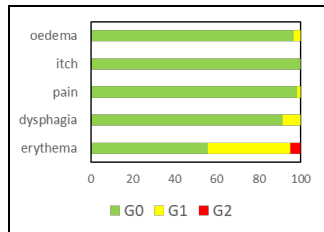
Cancer related endpoints: locoregional control (LRC), distant metastasis free survival (DMFS) and overall survival (OS)

# Results

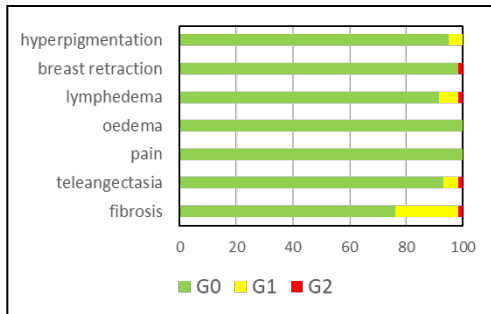
Median follow up  
63 months (25-92)

All patients	58
Median age (year)	60 (31-84)
T1	30 (51.7%)
T2	28 (48.3%)
N1	42 (72.4%)
N2	11 (19%)
N3	5 (8.6%)
Breast conservative surgery	48 (81.8%)
Mastectomy	10 (17.2%)
Axillary dissection	58 (100%)
Luminal A	28 (48.3%)
Luminal B	13 (22.4%)
Her2 +	15 (25.9%)
Triple negative	3 (5.2%)
Neoadjuvant chemotherapy	16 (28%)
Adjuvant chemotherapy	34 (58%)
Exclusive hormonal therapy	8 (14%)

## Results



3 G2 acute erythema

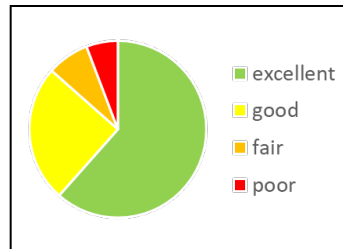
No grade > 2 acute  
toxicity

4 G2 events at last FUP

No grade &gt; 2 late toxicity

Cumulative any late tox 43.4%

(mastectomy 30%, lumpectomy 46.1%)



Cosmetic outcome:

32 excellent, 12 good,  
4 fair, 3 poor

LCR 98.3%

DMFS 86.2%

OS 94.7%

## Conclusion

A 10-fraction schedule targeting the primary site as well as the draining lymph node stations after surgery for LABC is both feasible and effective

Better logistics for patients and lower costs for the health care system

Limited sample size and single-Institution study: a larger study is warranted