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# AIRO2022

Radioterapia di precisione per un'oncologia innovativa e sostenibile

BOLOGNA, 25-27 NOVEMBRE  
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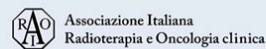
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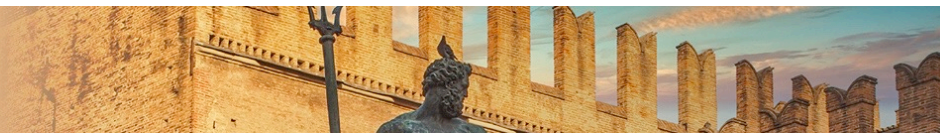
## PRELIMINARY REPORT OF TOXICITY AND QUALITY OF LIFE OF THE FIRST 100 PATIENTS TREATED WITH 1.5T MR-GUIDED STEREOTACTIC BODY RADIOTHERAPY FOR PROSTATE CANCER

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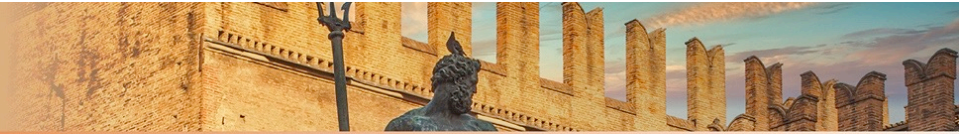


## DICHIARAZIONE

Relatore: MICHELE RIGO

Come da nuova regolamentazione della Commissione Nazionale per la Formazione Continua del Ministero della Salute, è richiesta la trasparenza delle fonti di finanziamento e dei rapporti con soggetti portatori di interessi commerciali in campo sanitario.

- Posizione di dipendente in aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Consulenza ad aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Fondi per la ricerca da aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Partecipazione ad Advisory Board **(NIENTE DA DICHIARARE)**
- Titolarità di brevetti in compartecipazione ad aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Partecipazioni azionarie in aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**

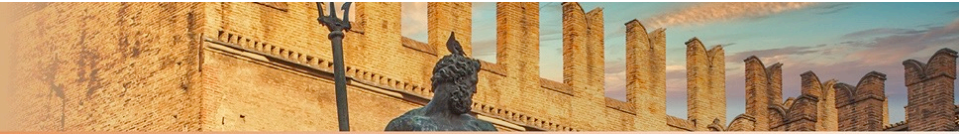


In the present series we report preliminary acute and late toxicity of the first 100 patients who received 1.5T MR-guided daily-adaptive stereotactic body radiotherapy for prostate cancer.

We report the outcomes of the first 100 patients treated from October 2019 to December 2020. All the patients were enrolled in a prospective study. Before the treatment, the insertion of the rectal spacer was proposed as optional and applied in 37 patients.

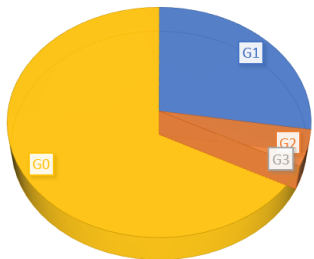
Characteristic	Value
Age	71 years (range, 52-84)
Risk Group	
<i>Low Risk</i>	34
<i>Intermediate Risk (Favourable/Unfavourable)</i>	60 (29/31)
<i>High Risk</i>	2
<i>M1 low-volume</i>	4
RT Schedule	35 Gy/5 fx (n=55); 36,25 Gy/5 fx (n=45)
Daily vs Alternate Days	75/25
Hydrogel Spacer (y/n)	37/63
Androgen Deprivation Therapy (y/n)	32/68
ATP vs ATS	20/480
Treatment Time	40 minutes (33-83)

**Table 1:** Patients' characteristics

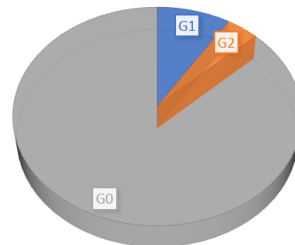


Toxicity was prospectively collected and assessed using Common Terminology Criteria for Adverse Events (CTCAE v5.0).

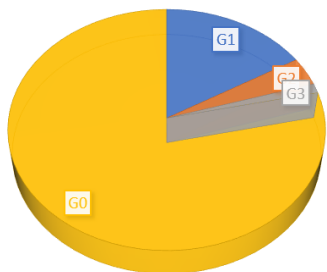
ACUTE GU TOXICITY



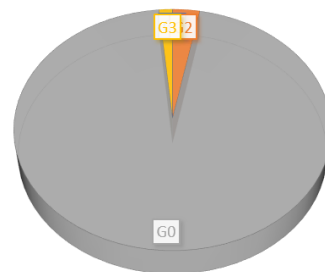
ACUTE GI TOXICITY



LATE GU TOXICITY

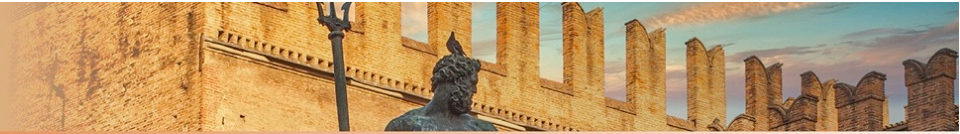


LATE GI TOXICITY

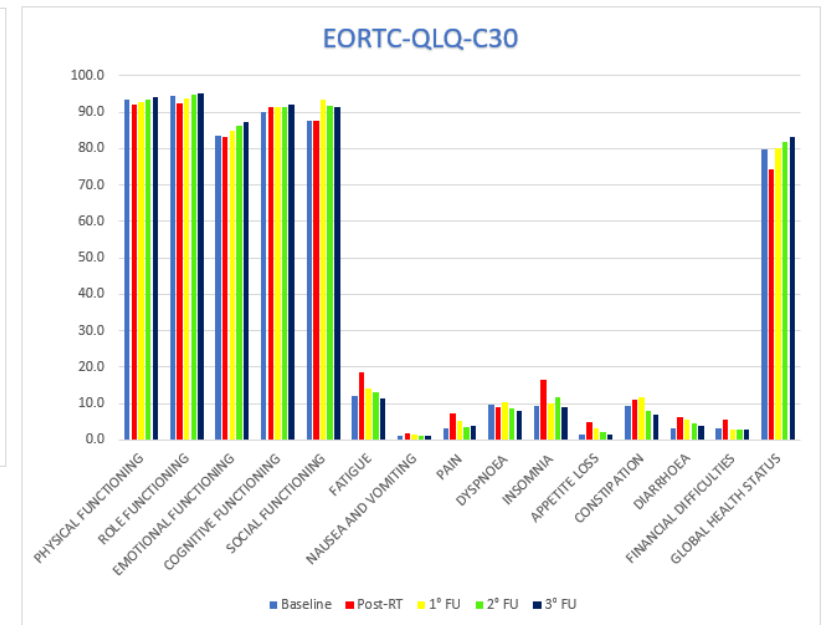
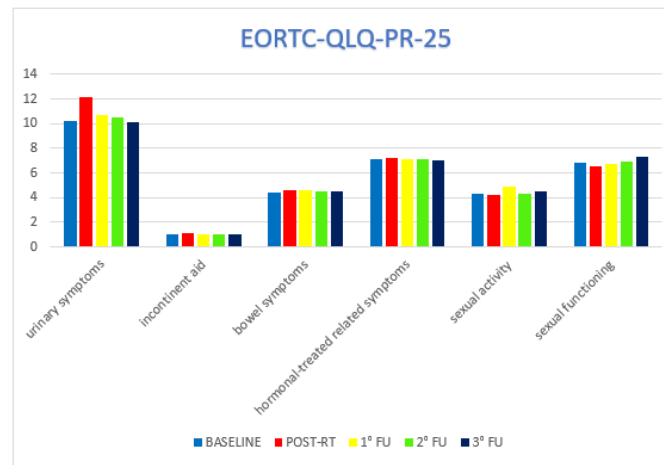
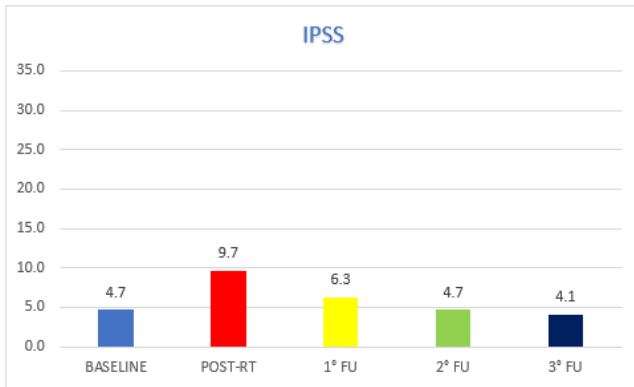


Acute toxicity rates were as follows: 5 acute G2 genitourinary tract pain events, and two cases of urethral stenosis requiring catheterization fully resolved within the first follow-up. For gastrointestinal toxicity, only 4 cases of G2 events (rectal tenesmus or proctitis) were observed.

With a median follow-up of 12 months (range, 3-20 months), for late events, we have recorded 3 late G2 GU events (urinary tract pain) and one G3 GU event for a patient who received a TURP 8 months after radiotherapy. For late GI events, we have recorded 3 G $\geq$ 2 GI proctitis.



Quality of life was assessed using IPSS, ICIQ-SF, IIEF-5, EORTC QLQ-C30, QLQ-PR25 and EPIC-26 questionnaires.



Our preliminary report on the first 100 patients of patients who received 1.5T MR-guided daily-adaptive SBRT for prostate cancer reports excellent results in terms of acute toxicity, and minimal impact on QoL.