


XXXII CONGRESSO NAZIONALE AIRO
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AIRO2022

Radioterapia di precisione per un'oncologia innovativa e sostenibile

BOLOGNA, 25-27 NOVEMBRE
PALAZZO DEI CONGRESSI

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Efficacy of residual site radiation therapy in patients with primary
mediastinal lymphoma with Deauville score 4 following R-CHT

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DICHIARAZIONE

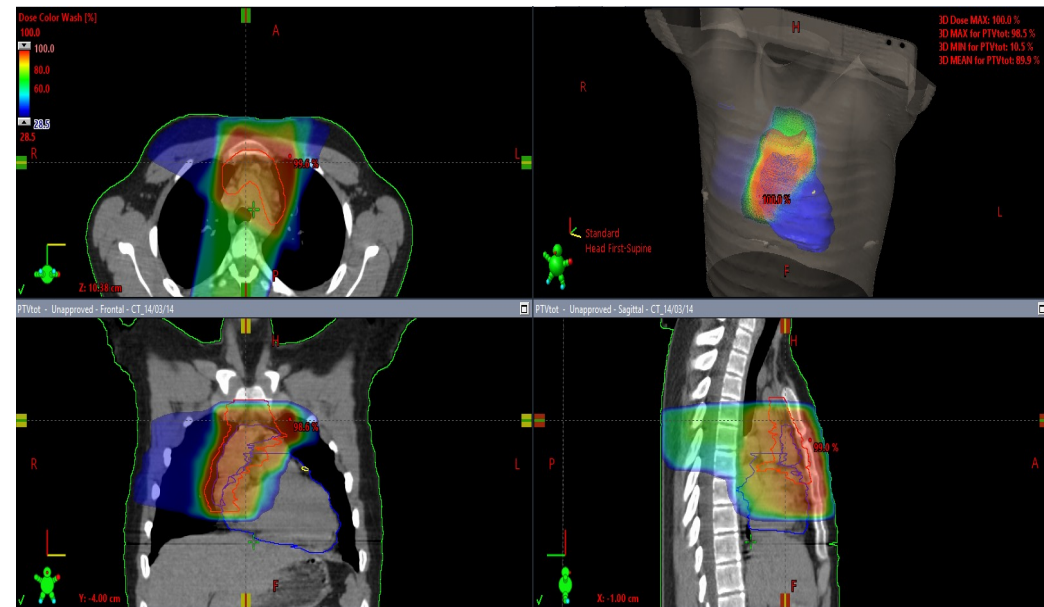
Relatore: Giuseppe Facondo

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)**
- Altro

Aims: To evaluate the efficacy of residual site radiation therapy (RSRT) in term of progression free (PFS) and overall survival (OS) in patients with primary mediastinal lymphoma (PMBCL) with Deauville Score 4 (DS 4) following rituximab and chemotherapy treatment (R-CHT) in a monoinstitutional retrospective study.

Methods: between 2010 and 2022 we analysed 31 patients with PMBCL. At the end of R-CHT, patients were evaluated by 18F-fluorodeoxyglucose positron-emission tomography, showing DS4, and were treated with adjuvant RSRT. RT was delivered by Intensity-modulated radiation therapy (IMRT) and three-dimensional conformal RT (3D-CRT). The gross tumor volume (GTV) included morphological mediastinal residual disease after R-CHT. Most patients underwent image-guided radiotherapy (IGRT) using cone-beam computed tomography (CBCT) system as daily pre-treatment imaging. All patients were evaluated every 3 months for the first 2 years and every 6 months afterwards for a period of at least 5 years with clinical and radiological procedures as required.





Results: All patients received RSRT with a dose of 30 Gy in 15 fractions. Median follow-up was 43 months (range 1-148 months). The median survival was 49 months (range 8-155 months) and 10-years OS was 100%. 1 year and 5 years PFS was 96.6% and 91.5% respectively. Patients with progressive disease have been treated with high-dose chemotherapy (HDC) and/or autologous stem cell transplant (auto-SCT.)

Conclusion: RSRT in patients with PMBCL treated with ICHT and DS 4 did not impact unfavourably on patient survival.

