


XXXII CONGRESSO NAZIONALE AIRO
XXXIII CONGRESSO NAZIONALE AIRB
XII CONGRESSO NAZIONALE AIRO GIOVANI

AIRO2022

Radioterapia di precisione per un'oncologia innovativa e sostenibile

BOLOGNA, 25-27 NOVEMBRE
PALAZZO DEI CONGRESSI

 Associazione Italiana
Radioterapia e Oncologia clinica

 Società Italiana di Radiobiologia

 Associazione
Italiana
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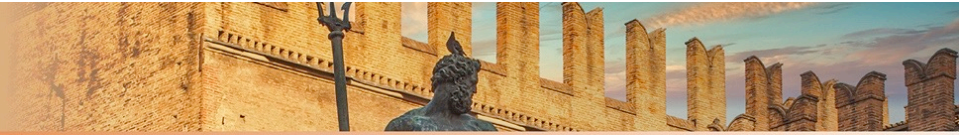
EFFICACY AND SAFETY OF STEREOTACTIC BODY RADIOTHERAPY (SBRT) IN OLIGOMETASTATIC UTERINE CANCER (MITO-RT2/RAD STUDY): A LARGE, MULTICENTER, RETROSPECTIVE STUDY IN COLLABORATION with MITO, AIRO GYN, and MaNGO GROUPS

Gabriella MACCHIA

on behalf of MITO, AIRO Gyn, and MANGO groups

UOS Radioterapia a Fasci Esterni Molise ART

Gemelli Molise - Campobasso

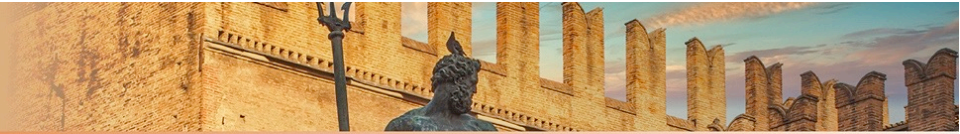


DICHIARAZIONE

Relatore: **GABRIELLA MACCHIA**

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.

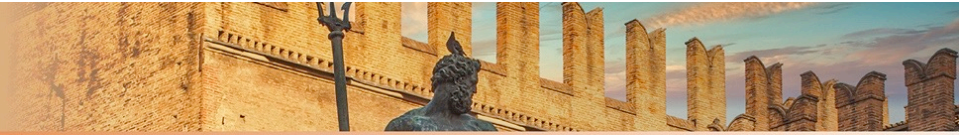
- Posizione di dipendente in aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Consulenza ad aziende con interessi commerciali in campo sanitario **(Consultant/MSD (Italia) s.r.l, a subsidiary of Merck & Co)**
- Fondi per la ricerca da aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Partecipazione ad Advisory Board **(Relatore/AstraZeneca S.p.A.)**
- 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



Recurrent/Metastatic Endometrial Cancer: Overview

- EC is the most common gynecologic malignancy in women in the developed world with 65, 950 new EC diagnoses per year as well 12,550 deaths in 2022
- The incidence of EC is increasing annually by an estimated 1% to 2%; it is predicted to double by 2030 in the US
- Prognosis: 5-yr survival rates
 - Stage I: 95%
 - Stage IV: metastatic: 17.3%
- Systemic approaches: Chemotherapy, IO, Target, Hormonal therapies
- Locoregional approaches: Radiotherapy, Interventional radiology, chemoembolization, etc.

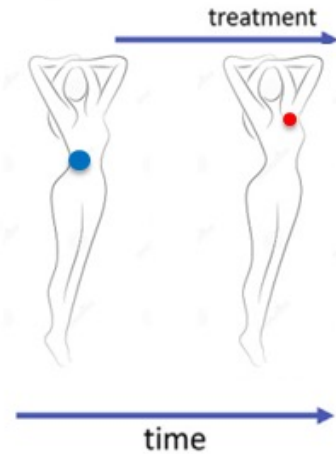
Zhang. Front Oncol. 2019;9:1440. Bray. CA Cancer J Clin. 2018;68:394. Siegel 2020. CA Cancer J Clin. 2020;70:7.



De novo synchronous oligometastatic disease

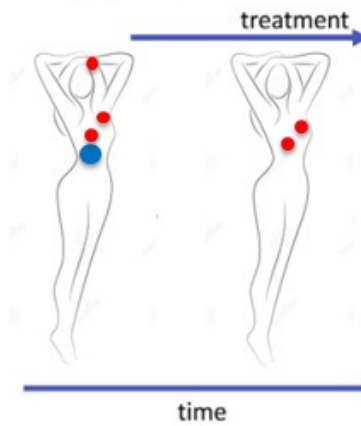


De novo metachronous oligometastatic disease

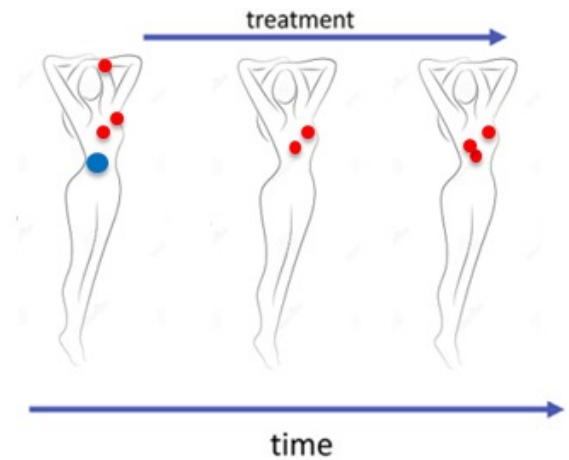


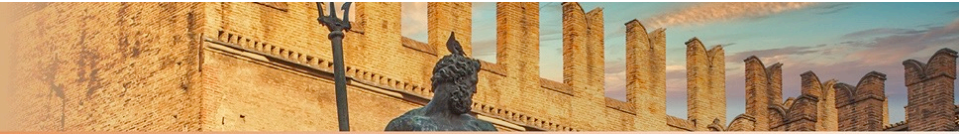
Oligometastatic scenario

Oligopersistent disease



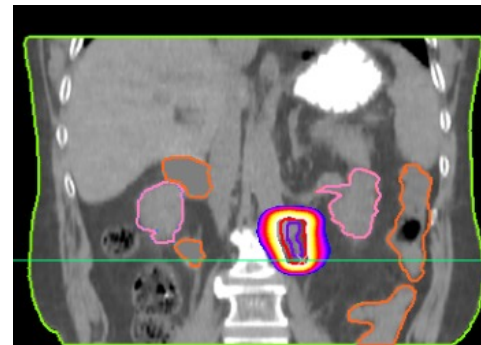
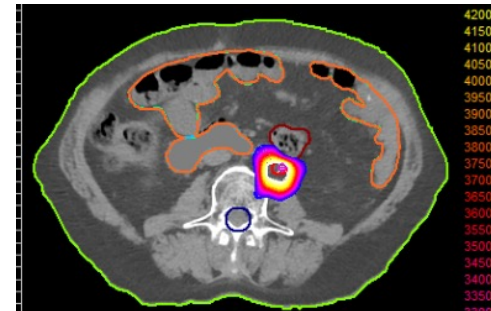
Oligoprogression





SBRT

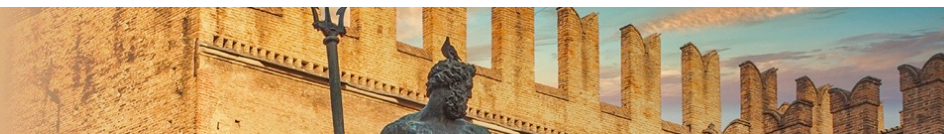
- High dose/short time
- Minimally invasive
- Highly precise image-guided radiation delivery.
- High local control
- Minimal toxicities
- Retreatment
- Safely administered during CT
- Active in chemoresistant disease
- Immune response activator
- Synergic with immunotherapy and PARPi



Editorial

Stereotactic ablative radiotherapy: what's in a name?

Billy W. Loo Jr MD, PhD^{a,*}, Joe Y. Chang MD, PhD^b, Laura A. Dawson MD, FRCPC^c,
 Brian D. Kavanagh MD, MPH^d, Albert C. Koong MD, PhD^e,
 Suresh Senan MRCP, FRCR, PhD^e, Robert D. Timmerman MD^f



Retrospective, multicenter study in a large, real-life dataset of MPR uterine patients

MITO RT-2

14 Centers, 157 patients, 272 lesions

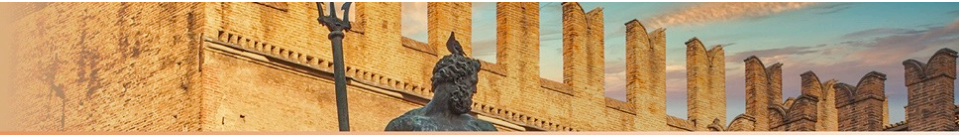
- ❖ Molise ART
- ❖ Gemelli ART Roma
- ❖ Pisa
- ❖ S. Raffaele-Milano
- ❖ Terni
- ❖ Campus Bio Medico-RM
- ❖ S. Andrea-RM
- ❖ Bologna
- ❖ Udine
- ❖ Biella
- ❖ Firenze
- ❖ Lecce
- ❖ Ancona
- ❖ S. Giovanni Rotondo

•Primary end-point:

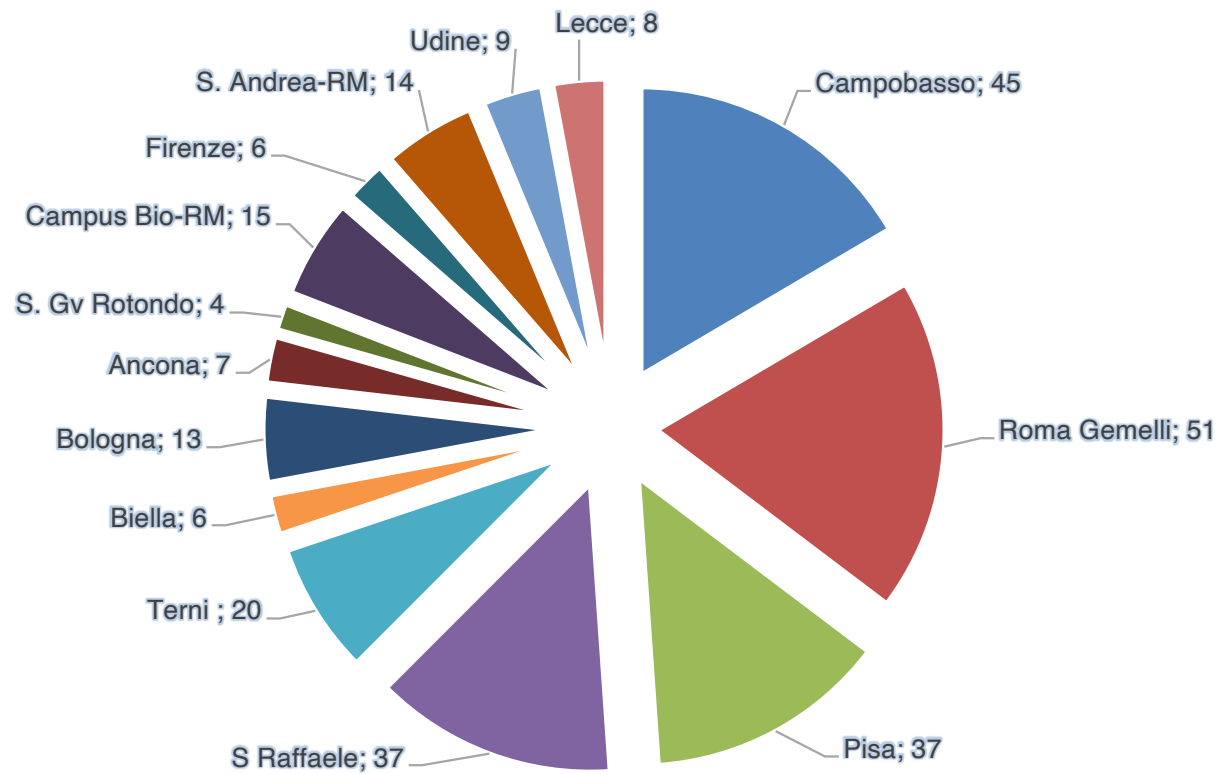
Clinical complete response per lesion

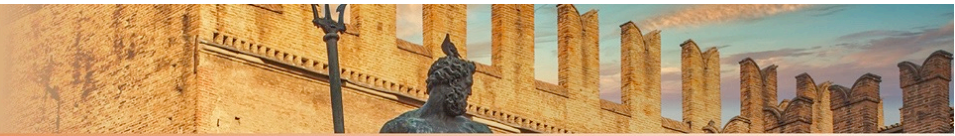
•Secondary end-points:

•**Acute and Late Toxicities**



Lesions per Center



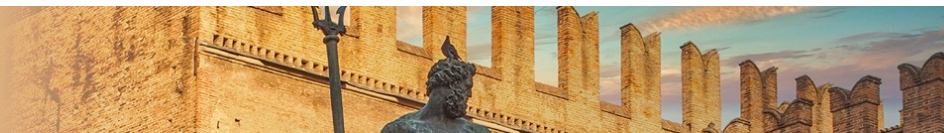


Patient characteristics

	N. (%)
All	157
Age, years	
Median (range)	69.7 (36.0-90.5)
Eastern Cooperative Oncology Group Performance Status	
0	111 (70.7)
1	40 (25.5)
2	6 (3.8)
Comorbidities per patient	
0	42 (26.9)
1	45 (28.8)
2	34 (21.8)
3	16 (10.3)
4	7 (4.6)
≥5	6 (3.8)
<i>n.a.</i>	6 (3.8)
Histotype	
Endometroid	116 (73.9)
Carcinosarcoma	14 (8.9)
Serous	13 (8.3)
Other	14 (8.9)

N. patients undergoing surgery before SBRT	
No	7 (4.5)
Yes	150 (95.5)
N. patients undergoing chemotherapy before SBRT	
No	42 (26.8)
Yes	110 (70.1)
<i>n.a.</i>	5 (3.1)
N. of lines of previous chemotherapies	
Median (range)	1 (1-6)
N. patients undergoing previous radiotherapy	
No	41 (26.1)
Yes	116 (73.9)
N. patients undergoing previous <i>in site</i>^a radiotherapy	
No	91 (78.4)
Yes	25 (21.6)
N. of patients bearing	
1 lesion	97 (61.8)
2 lesions	34 (21.7)
3 lesions	14 (8.9)
4 lesions	1 (0.6)
5 lesions	8 (5.1)
>5 lesions	3 (1.9)

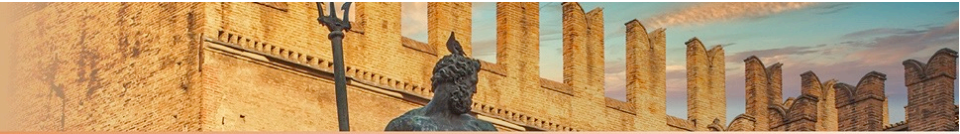
^a calculated on the number of patients undergoing previous radiotherapy (N=116)



Features of lesions

	N.(%)
	272
Type of lesion(s)	
Lymph node	137 (50.4)
Parenchyma	135 (49.6)
Anatomical district	
Brain	16 (5.9)
Neck	2 (0.8)
Thorax	104 (38.3)
Abdomen	76 (27.9)
Pelvis	66 (24.2)
Bone	8 (2.9)

GTV Median, range (cm ³)	4.0 (0.05-181.10)
PTV Median, range (cm ³)	13.7 (2.0-196.5)



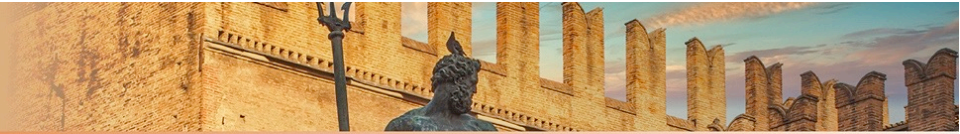
Details of treatment (272 lesions)

Total dose, Gy	
Median (range)	35 (10-75.2)
N. of fractions	
Median (range)	5 (1-10)
BED_{α/β10}	
Median (range)	59.5 (20.0-156.1)
Referral dose	
Specific isodose	120 (44.1)
Isocenter	88 (32.4)
Target mean	64 (23.5)

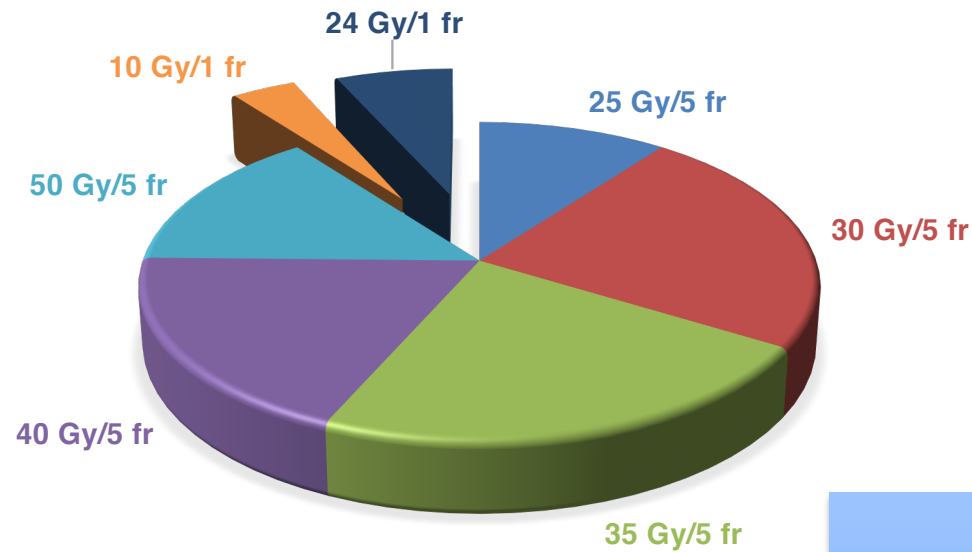
Type of treatment	N (%)
SBRT	242 (89.0)
SRS	30 (11.0)

Equipment	N (%)
Linear Accelerator (LINAC)	223 (82.0)
CyberKnife	44 (16.2)
Tomotherapy	5 (1.8)

Techniques	
VMAT	165 (60.7)
IMRT	93 (34.2)
3D-CRT	14 (5.1)



TOTAL DOSE/N° FRACTIONS

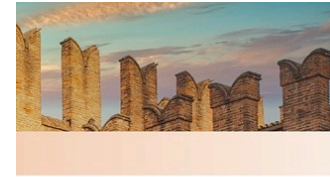


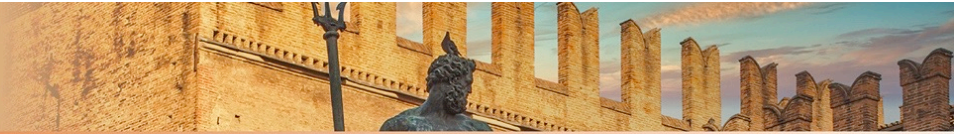
64% clinical CR
94.5% Clinical Benefit

Results

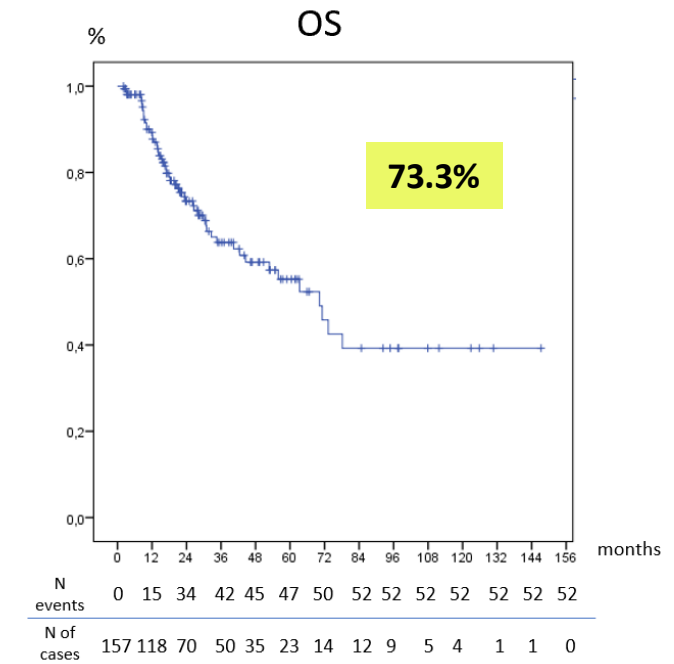
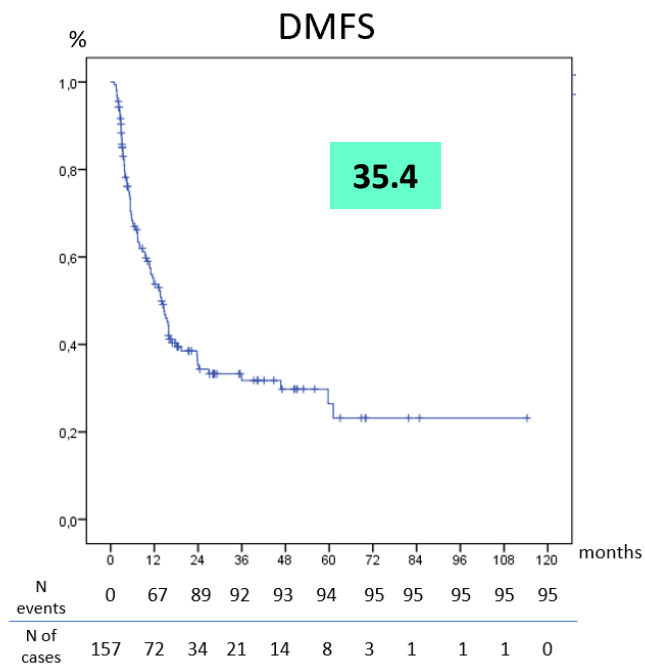
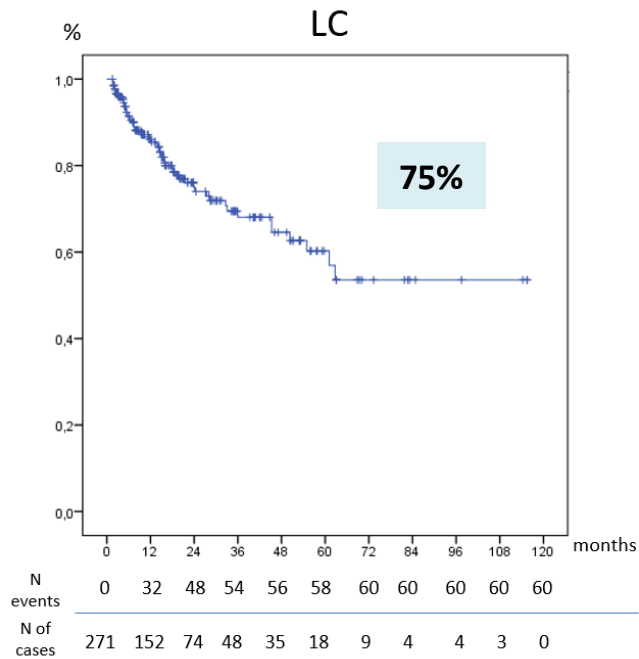
Univariate and multivariate Cox regression analysis of variables predicting LC on “lesion” basis

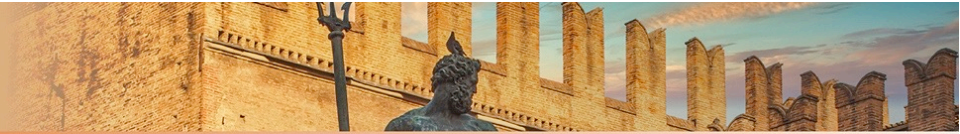
Variable	N.	Univariate			Multivariate		
		Hazard Ratio	95%CI	p-value	Hazard Ratio	95%CI	p-value
Age Years ≤69.9 >69.9*	148 124	1.065	0.637-1.783	0.809			
Previous RT No Yes*	70 201	0.425	0.209-0.867	0.019	0.570	0.268-1.215	0.145
Previous RT in field No Yes*	230 42	0.645	0.3485-1.194	0.162	0.463	0.225-0.955	0.037
Histology Endometrioid Other*	182 89	0.787	0.458-1.351	0.384			
Target Nodal Parenchimal*	137 135	1.092	0.655-1.819	0.736			
PTV ≤13.7cc >13.7cc*	134 134	0.248	0.132-0.469	<0.001	0.506	0.259-0.987	0.046
BED ≤59.5Gy >59.5Gy*	146 126	1.452	0.865-2.437	0.158	1.140	0.654-1.988	0.643
BED70 ≤70Gy >70Gy*	154 118	1.295	0.772-2.175	0.327			
Best Response CR Not CR*	173 99	0.064	0.033-0.123	<0.001	0.059	0.028-0.122	<0.001



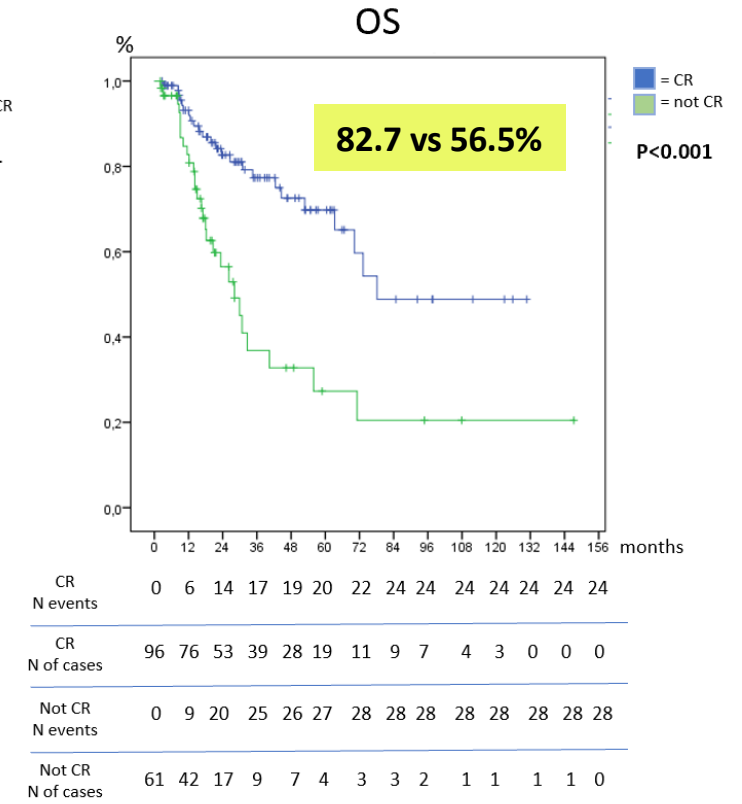
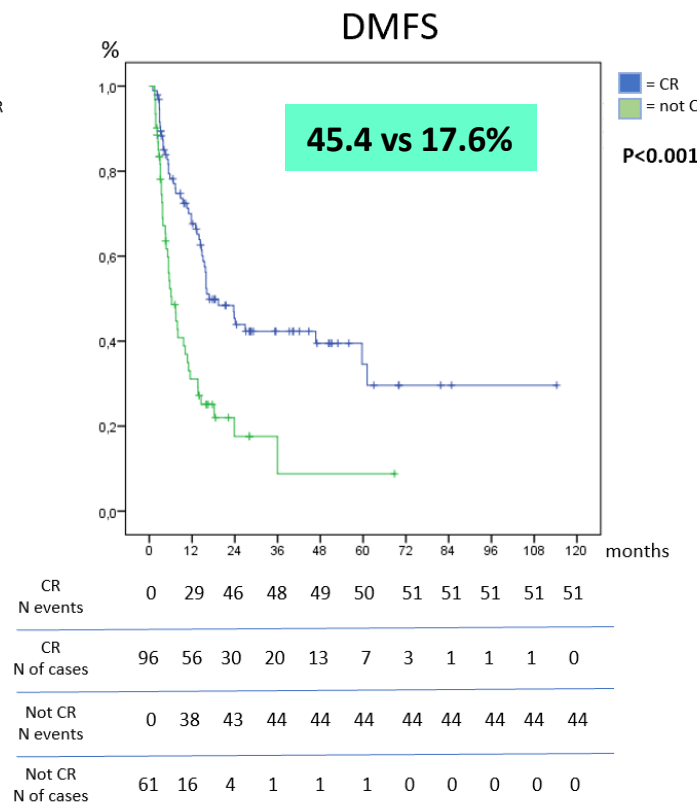
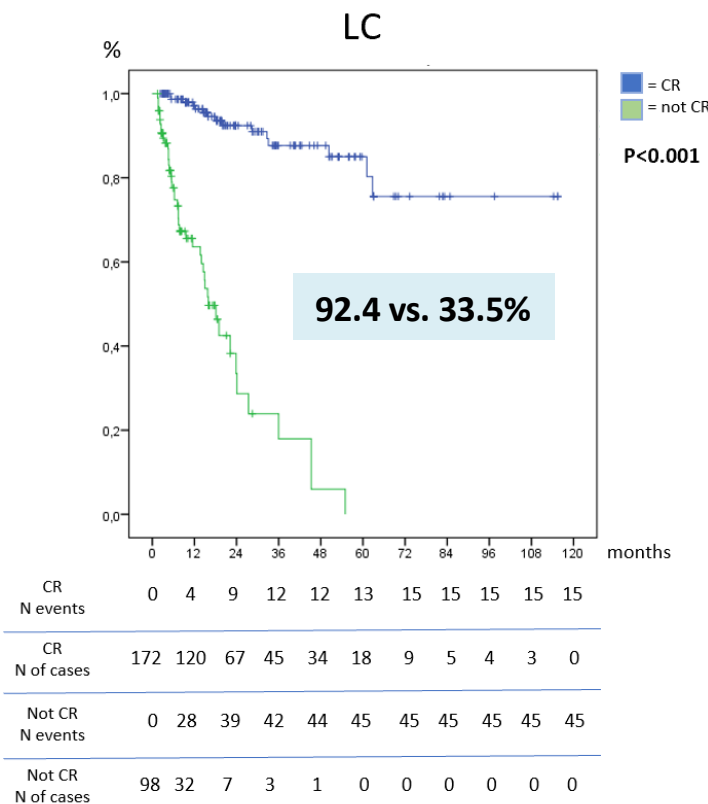


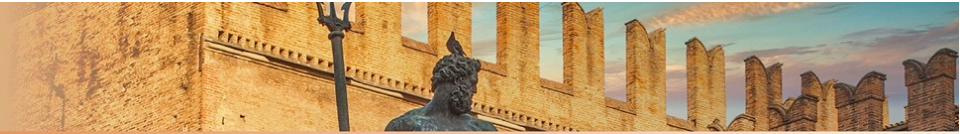
Results





2y-impact of Complete Response achievement on outcomes





Toxicities

Acute toxicity

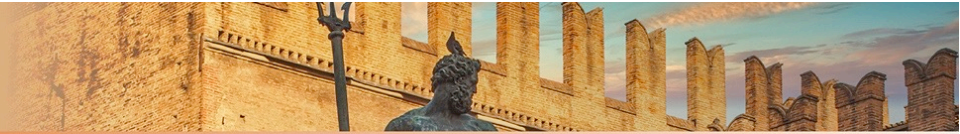
Patients	28 (17.8%)
Adverse Effects	58 (21 Grade 1; 7 Grade 2; 2 Grade 3, 1 Grade 4 & 1 grade 5 toxic death due to gastric perforation)

Most frequent toxicities  pain and lower gastrointestinal

Late toxicity

Patients 18 (11.4%)

Adverse event (N°)	N°/ Grade
Pulmonary toxicity (5)	4 G1
	1 G2
Lower gastro-intestinal (4)	1 G2
	3 G3
Upper gastro-intestinal (2)	2 G3
Skin (3)	3 G1
Neurotoxicity (2)	1 G1
	1 G3
Pain (1)	1 G1
Hematological toxicity	1 G4



Conclusions



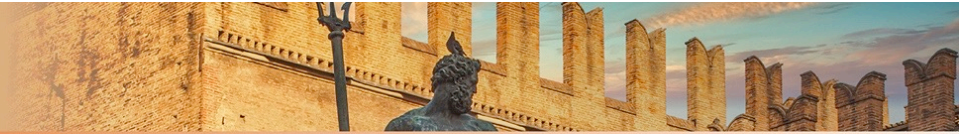
The efficacy of SBRT in MPR-EC patients



Low toxicity profile suggests a wider use of this treatment in this setting



Combinations with new drugs are needed to improve outcomes



Pezzulla D, Bonome P, Cilla S, Deodato F

*Campitelli M,
Laliscia C,
Fodor A, Zerbetto F,
Draghini L,
De Sanctis V,
Ippolito E,
Ferioli M,
Balcet V,
Vicenzi L,
Cossa S,
Di Cataldo V,
Titone F,
Russo D*



Gabriella Ferrandina