

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

 Associazione Italiana
Radioterapia e Oncologia clinica

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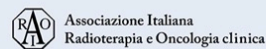
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SAFETY AND CLINICAL OUTCOME OF 1.5T MR-GUIDED STEREOTACTIC BODY RADIOTHERAPY (MRGSBRT) TO LYMPHNODE OLIGOMETASTASES FROM PROSTATE ADENOCARCINOMA

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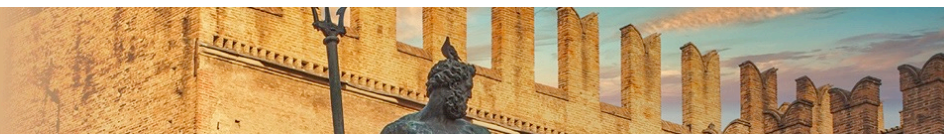


DICHIARAZIONE

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.

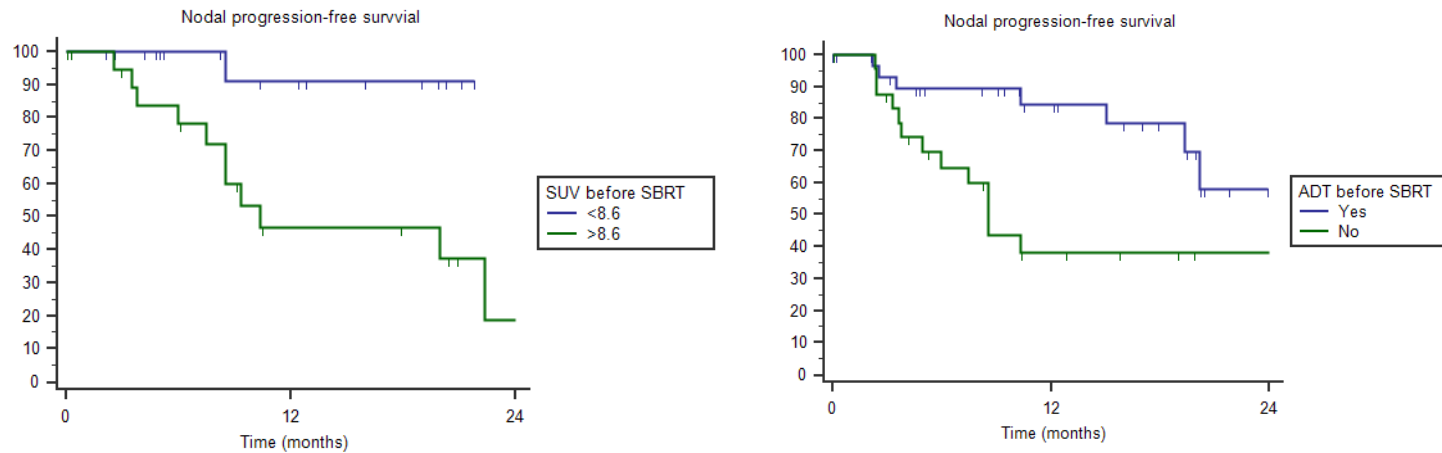
- Posizione di dipendente in aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Consulenza ad aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- Fondi per la ricerca da aziende con interessi commerciali in campo sanitario **(NIENTE DA DICHIARARE)**
- 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)**



CHARACTERISTICS	VALUE
Number of patients	62
Median age	71 (range 54 – 87)
Number of lymph-node oligometastases	117
Oligometastatic site	Pelvic n=90 Lombo-aortic n=27
Pre-treatment PET-CT	PSMA 82% Choline 18%
Median PSA value pre-RT	0.82 ng/ml
Median RT dose	35 Gy in 5 fractions (range 35-40 Gy)
Adaptive workflow	ATS 87% ATP 13%
Median treatment duration	24 minutes (range 21-30)



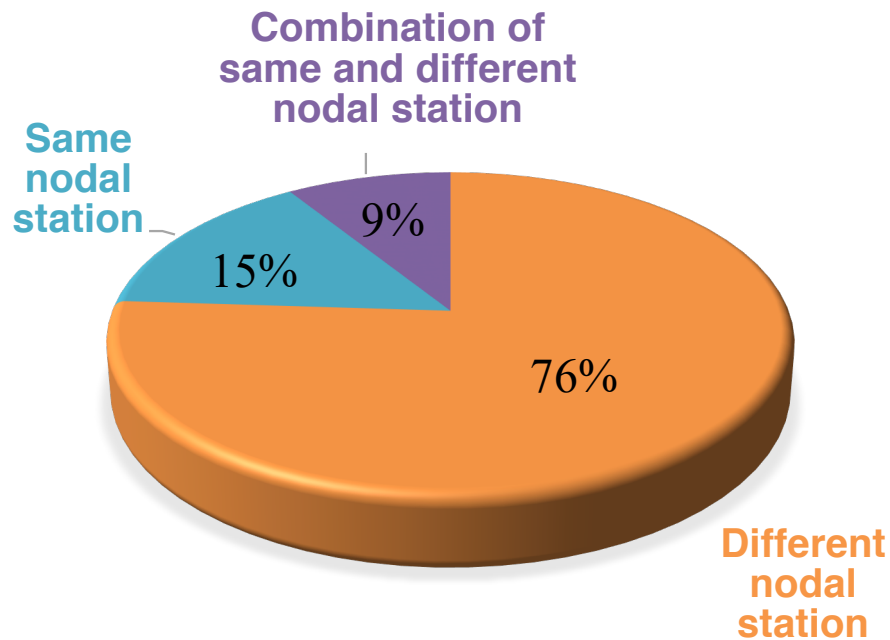
The median follow-up was 12 months (range 3-24 months). The 12-months local control (LC) was 93.3%, the median progression-free survival (PFS) was 10.3 months (range 8.5-19.9), whereas the median nodal progression-free survival (NPFS) was 19.9 months (range 10.3-22.3).



At multivariate analysis, a statistically significant correlation both between median PET SUV >8.6 and NPFS, and between hormone therapy administration pre-SBRT and NPFS was found (p= 0.0).



Globally 46 patients nodally progressed as follows: 35 (76%) in a different nodal station, 7 (15%) in the same nodal station, and 4 (9%) in a combination of same and different nodal station. Toxicity was assessed by means CTCAE v.5 and was characterized by 4 (6%) cases of grade 1 fatigue and 2 (3%) grade 1 diarrhea.



SBRT on 1.5T MR-Linac guarantee high local control levels on PCa lymphnode metastases.

Toxicity is minimal.

Future studies will explore the role of dose escalation to further increase local control and the reduction of treatment margins.