

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

## IMAGE-GUIDED STEREOTACTIC BODY RE-IRRADIATION OF PROSTATE CANCER RECURRENCE: PRELIMINARY REPORT OF A MONOINSTITUTIONAL SERIES

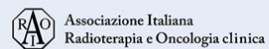
Regione Umbria

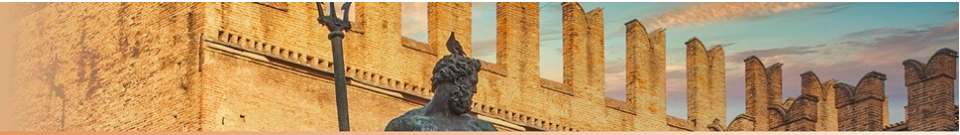


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## DICHIARAZIONE

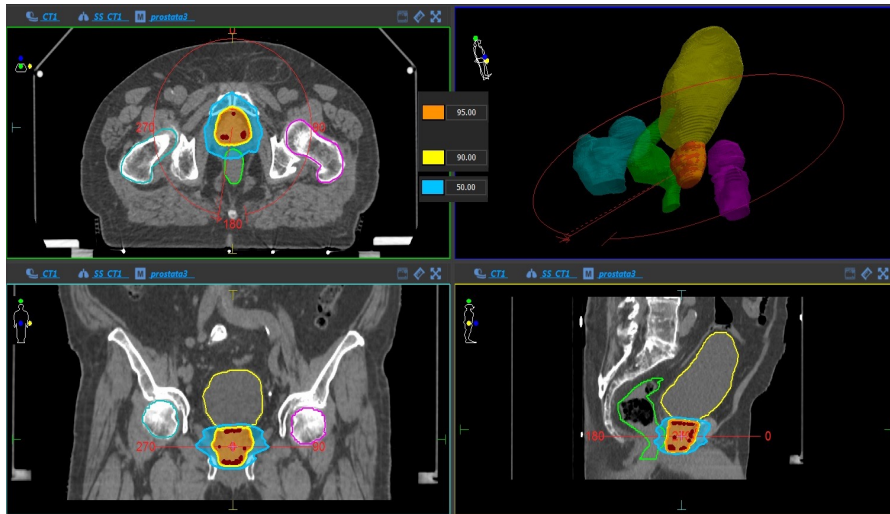
Relatore: **Fabio Trippa**

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 (**Takeda Srl, Janssen Srl**)
- 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



Between may 2018 and June 2022 19 pts were re-irradiated to the prostate with stereotactic VMAT-IGRT, the total dose was **30 Gy in 5 daily fractions**



Considering an estimates alfa/beta ratio range from 1,5 to 3 the total dose of 30 Gy in 5 daily fraction corresponds to a 2 Gy equivalent dose (EQD2) of 54 to 64 Gy and to a biologically equivalent dose (BED) of 90 to 150 Gy.

OARs	Jereczek-Fossa et al.	G.Janoray et al.	Alongi et al.	Scorsetti et al.
Rectum	V13,5Gy<30% V6,7 Gy <60%	V18,1 Gy < 50% V29 Gy <20% V36 Gy <1cc	V18Gy < 35% V28Gy < 10% Dmax < 35%	V10Gy<40% V18Gy<20%
Bladder	V10,6Gy<30%	V18,1Gy <40% V37 Gy < 10 cc	Dmax < 35Gy	V10Gy<25% V18Gy<15%
Femoral Head		V14,5 Gy < 5%		V24Gy<10%
Urethra			Dmax < 35Gy	
Penien bulb				V24Gy<50%
Small bowel				V18Gy<5cm3



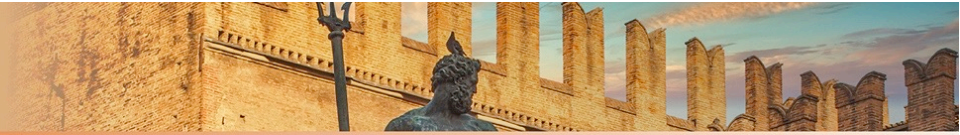
Pts were followed by clinical examination and PSA value 1 month after treatment and every 3 months thereafter.

**Primary outcome:**

- Biochemical relapse-free survival rate
- Local control
- ADT free interval (time to delay the beginning of ADT).

**Secondary outcomes:**

- Acute and late genitourinary and gastrointestinal toxicities (CTCA E version 4.03)



**Median follow-up of 23 months (range 15-48)**

**18** of 19 pts accrued were evaluable

### Preliminary considerations:

- No > G2 acute urinary toxicity was registered
- Gastrointestinal acute toxicity absent
- In the first six months all but two pts had a decrease in serum level PSA
- Five pts with biochemical failure (bone or nodal progression without evidence of local recurrence at Choline or PSMA PET)



## Conclusions

Our **preliminary report** showed that stereotactic V-MAT-IGRT re-irradiation could be a **safe and effective** treatment in *selected pts* with local recurrence prostate cancer, with an excellent acute toxicity profile.

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Cancer Treatment Reviews 98 (2021) 102206



Contents lists available at [ScienceDirect](#)

## Cancer Treatment Reviews

journal homepage: [www.elsevier.com/locate/ctrv](http://www.elsevier.com/locate/ctrv)



*“Specifically, the consensus was reached regarding some selection criteria (no age limit, ECOG 0–1, satisfactory urinary flow), diagnostic procedures (exclusion of metastatic disease, SBRT target defined on the MRI) and therapeutic approach (no need for concomitant ADT, consideration of the first RT dose, validity of Phoenix criteria for salvage SBRT failure).”*

Hot Topic

### Salvage stereotactic body radiotherapy (SBRT) for intraprostatic relapse after prostate cancer radiotherapy: An ESTRO ACROP Delphi consensus



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