



I TRATTAMENTI MULTIMODALI IN ONCOLOGIA

VIII CONGRESSO
AIRO GIOVANI

IMPLICAZIONI CLINICHE
PER IL RADIO-ONCOLOGO



MONTECATINI TERME

13 GIUGNO

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HOTEL BELVEDERE

Stereotactic body radiation therapy for metastatic non small cell lung cancer

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Materials and Methods

Dose escalation trial in Extracranial STereotactic RadiOtherapY (DESTROY)

DESTROY-1 (SBRT IN 5 FRACTIONS)

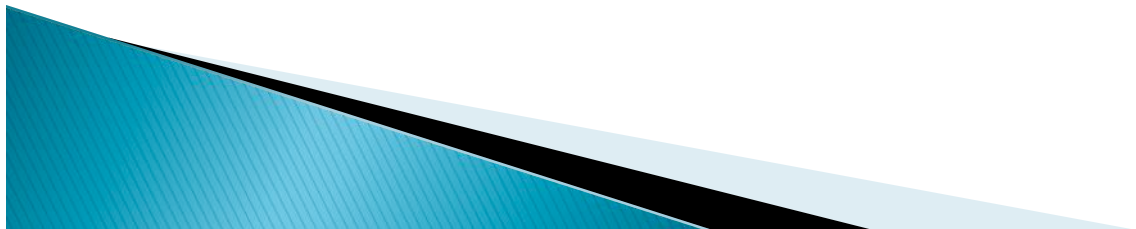
Dose level	Central lung targets (Gy)	Lung targets with mediastinal or chest wall involvement (Gy)	Targets outside thorax (neck, abdomen, pelvis) (Gy)	Retreatment: ≥ 60 Gy (or previous small bowel radiation) (Gy)	Boost: after 3D-CRT < 50 Gy	Boost: after 3D-CRT ≥ 50 Gy
1	25	25	25	20	25	20
2	37.5	30	30	25	30	25
3	45	35	35	30	35	30
4	50	40	40	35		35
5		45	45	40		
6		50	50	45		

DESTROY-2 (SRS)

Dose level	Lung (Gy)	Liver (Gy)	Bone (Gy)	Advanced (Gy)
1	26	26	12	16
2	28	28	14	18
3	30	30	16	20
4	32	32	18	22
5	34		20	24
6			22	
7			24	

Materials and Methods

- **Dose escalation trial in Extracranial STereotactic RadiOtherapY (DESTROY)**
- Inclusion Criteria:
- Age > 18 years
- (ECOG) performance status of 0–3
- Oligometastatic (one to five lesions) cancer
- Larger diameter < 5 cm
- No previous SRS–VMAT at the SRS site
- Unfit for surgery
- No active bronchopulmonary or liver infections
- Distance > 6 mm from the gastrointestinal tract
- No chemotherapy administration 2 weeks before and after SRS

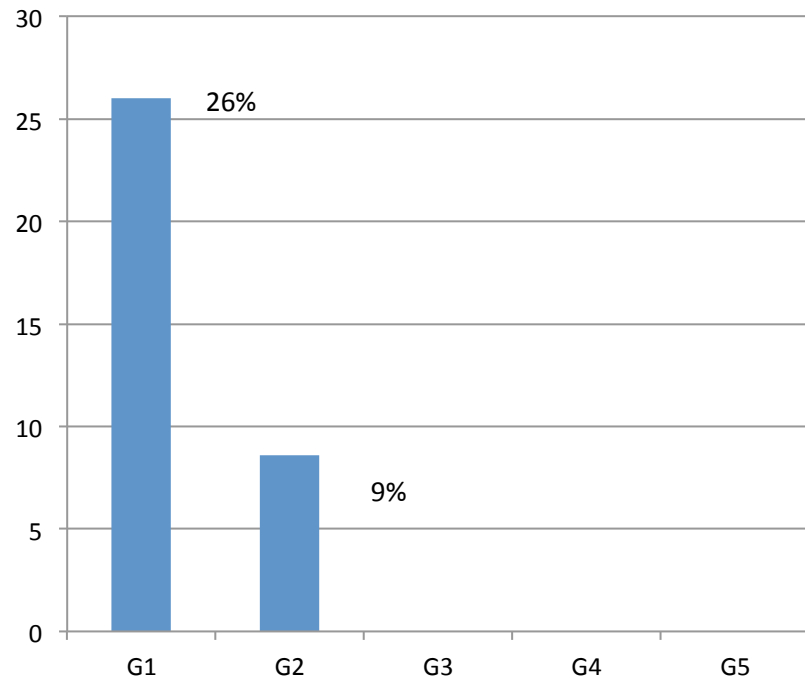


Results

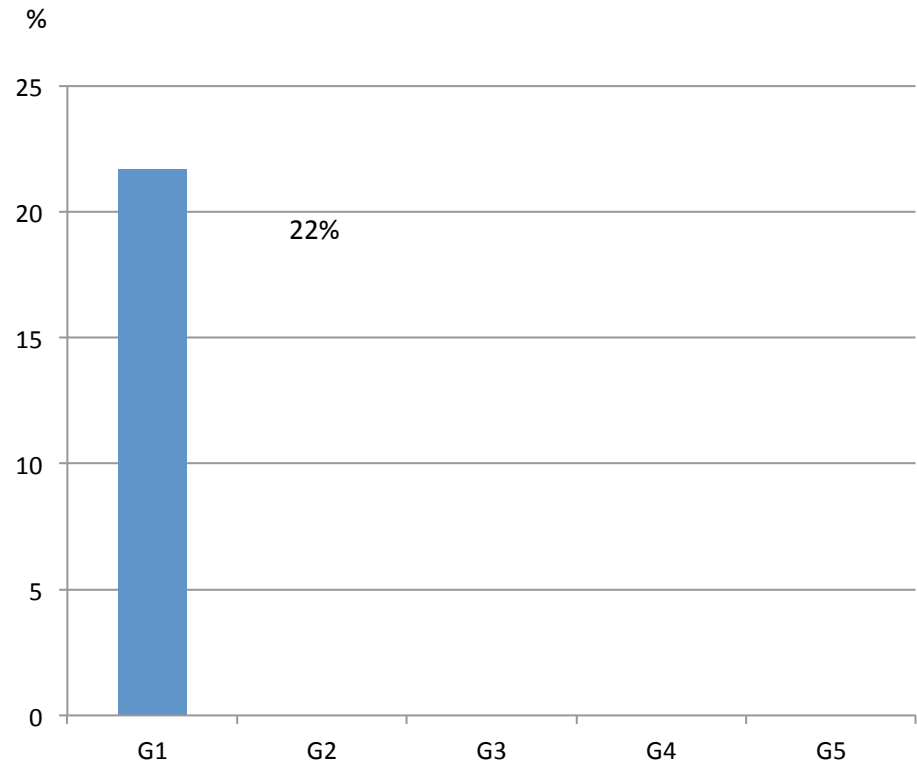
	No.	
Patients	23	
Male/female	20/3	
Age, years Median (range)	73 (47-86)	
Tumors		Median follow-up: 13 months
Primary or metastatic lung lesions	20	
Nodal metastases	6	
Bone metastases	2	
Liver metastases	1	
Adrenal metastases	1	
Lesion treated by		
SRS	3 (16-28Gy)	
SBRT	27 (25-50 Gy)	

Results

Acute toxicity

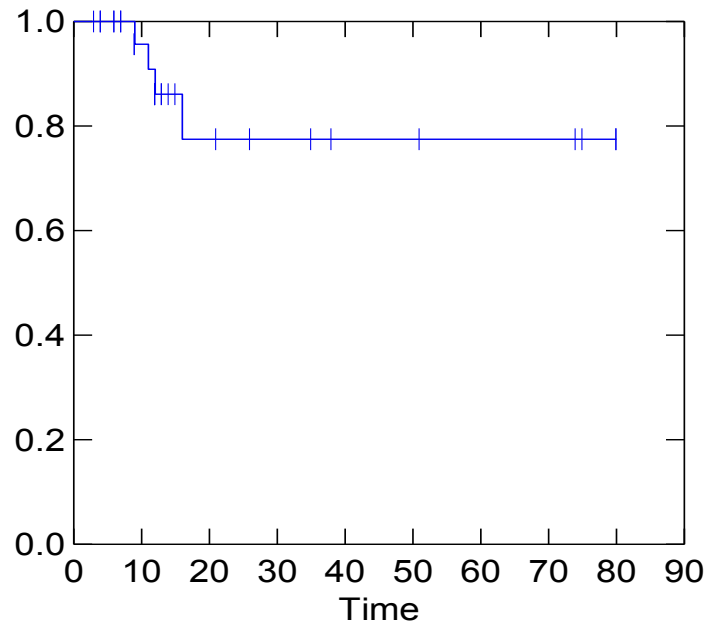


Late toxicity

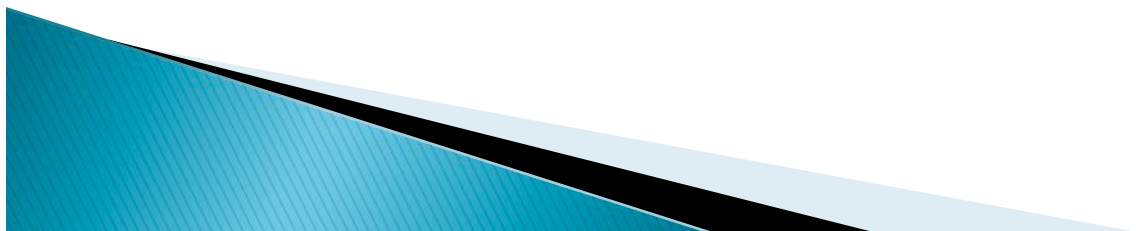
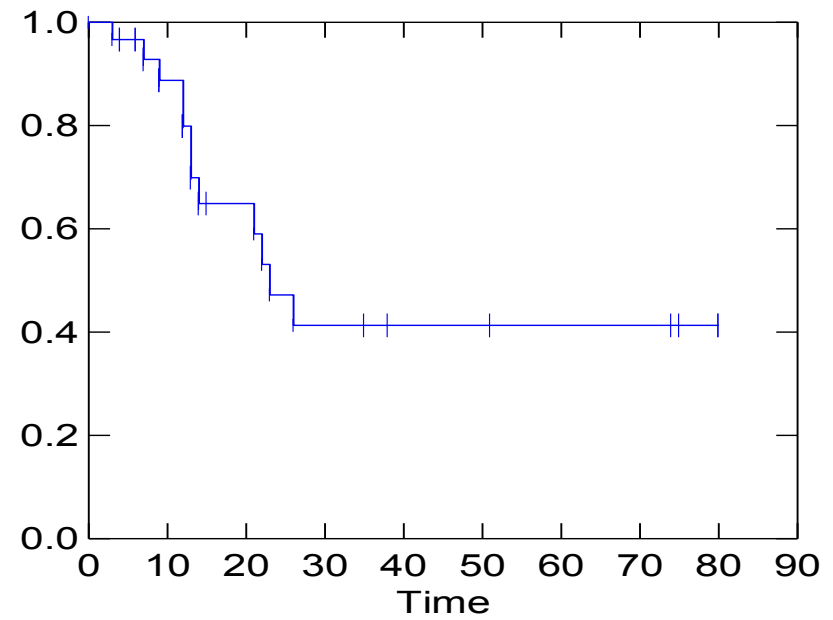


Results

2 y LC:78%

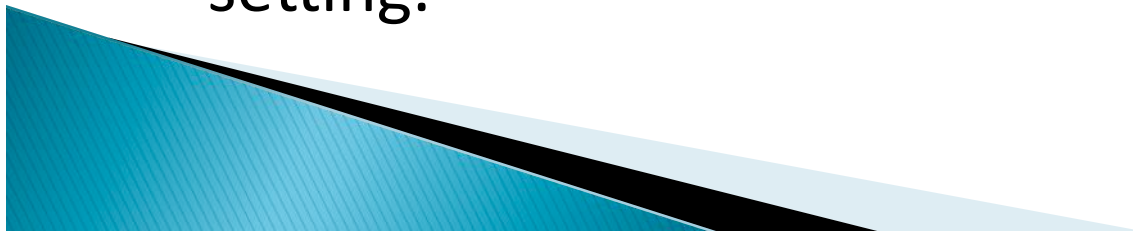


2 y OS:47%



Conclusions

1. Stereotactic radiotherapy allows a good LC of disease with limited toxicity in patients with metastatic NSCLC.
2. The short course didn't affect on the scheduled systematic therapies.
3. The low toxicity profile and its fast administration makes this approach particularly suitable to be administered between one chemotherapy cycle and other, probably resulting in a more effective, comprehensive approach to the oligometastatic setting.





Gràcies

FALEMINDERIT

Thanks

Merci

GRAZIE

cnacNòo

Obrigad
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Terima kasih

Dank