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Acute Rectal Toxicity Dosimetric variables

Clinical variables

- Age
- Medication
- · AD

histologically proven prostate adk

negative lymph nodes 195 patients

Stage cT1-3

- history;
- medications for cardiovascular comorbidities;
- clinical examination;
- PSA:
- TR-US:
- pelvic MRI;
- ± abdominal TC / bone scintigraphy

On the basis of adverse prognostic factors



Short/long course HT

CTV1: prostate

sd 2.25 Gy TD 74.25 Gy /33 fr (EQD2: 79.55 Gy for α/β 1.5 Gy)

CTV2: seminal vescicles(SV)

cT3b stage

sd:2.25 Gy TD:74.25 Gy /33 fr

(EQD2: $79.55 \text{ Gy for } \alpha/\beta \ 1.5 \text{ Gy}$)

risk SV involvement >15%

sd:1.88 Gy TD:62 Gy /33 fr

(EQD2: 59.91 Gy for α/β 1.5 Gy)

•Rectum: V38<60%, V57<40%, V66.5<25%;

•Bladder: V62<50%;

•Femoral Heads: V47.5<10%.

	Median	Range
Age (years)	74	57 - 85
T stage, <i>n (%)</i>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Tla	3 (1.54)	
T1b	2 (1.03)	
TIC	28 (14.36)	
T2a	21 (10.77)	
T2b	36 (18.46)	
T2c	83 (42.56)	
T3a	9(4.62)	
T3b	13 (6.67)	
Gleason score, n (%)		
2-6	114 (58.47)	
7	55 (28.21)	
8-10	26 (13.34)	
Basal PSA, <i>ng/ml</i>	8.1	1.6 - 42.59
Hormonal therapy, n (%)	107 (54.87)	

	Median	Range
Irradiation volumes, n (%)		
Prostate	111 (56.9)	
Prostate + SV at risk	71 (36.4)	
Prostate + SV involved	13 (6.7)	
Prostatic volume, cm3	43.93	16.72 - 161.60
Mean rectal dose, Gy	34.39	10.74 - 48.05
Rectal V25, %	69	25 - 99
Rectal V38, %	42	10 - 65
Rectal V57, %	13	3 - 38
Rectal V66.5, %	3	1 - 10

	Yes	No	
Medication, n (%)			
Anticoagulants drugs	11 (5.65)	184 (94.35)	
Angiotensin-converting	73 (37.44)	122 (62.56)	
enzyme inhibitors			
Angiotensin II receptor	37 (18.98)	158 (81.02)	
antagonists			
Beta blockers	35 (17.95)	160 (82.05)	
Calcium channel blockers	42 (21.54)	153 (78.46)	
Diuretics	54 (27.69)	141 (72.31)	
Statins	55 (28.21)	140 (71.79)	

CTCAE 3.0 toxicity grade	Number of patients	% of total
0	116	59.49
1	44	22.56
2	33	16.92
3	2	1.03
4	0	_

	Acute Rectal <u>Tox</u> : Yes	Acute Rectal Tox:	р
Patients, <i>n</i>	79	116	-
Age*, years	74 (57–85)	74 (58-83)	0.094
Prostatic volume*, cm3	43.93 (22.57-146.51)	43.88 (16.72-161.14)	0.965
Mean rectal dose*, Gy	33.52 (11.83- 48.05)	34.77 (10.73- 46.77)	0.523
Rectal V25*, %	67 (25–97)	70 (35–99)	0.433
Rectal V38*, %	42 (10-65)	43 (18–65)	0.536
Rectal V57*, %	14 (4-38)	13 (3-28)	0.400
Rectal V66.5*, %	3 (1-10)	3 (1-10)	0.123
Irradiation volumes,	50/23/6	61/48/7	0.217
(prostate/prostate+VS at risk/prostate+VS inv)			
Hormonal therapy, (yes/no)	44/35	63/53	0.964
Anticoagulants (yes/no)	3/76	8/108	0.545
Angiotensin-converting enzyme inhibitors, (yes/no)	26/53	47/69	0.354
Angiotensin II receptor antagonists, (yes/no)	19/60	18/98	0.192
Beta blockers, (yes/no)	13/66	22/94	0.796
Calcium channel blockers, (yes/no)	11/68	31/85	0.050
Diuretics, (yes/no)	20/59	34/82	0.654
Statins, (yes/no)	15/64	40/76	0.028

^{*}Data are reported as median and min/max

Variables for GI toxicity	Odds ratio	95% CI	p value
Age	1.075	1.000- 1.155	0.049
Rectal V66.5	1.109	0.972- 1.266	0.123
Irradiation volumes	0.989	0.581-1.680	0.967
Calcium channel blockers	0.430	0.178- 1.035	0.060
Statins	0.456	0.211-0.982	0.045
Angiotensin II receptor antagonists	1.489	0.627- 3.532	0.367

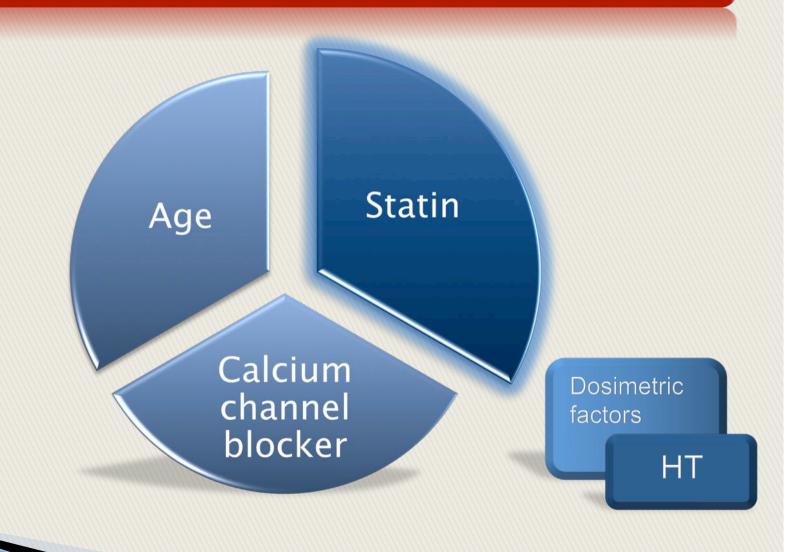
Statin administration significantly (p=0.029) reduced the acute rectal toxicity grade:

•G0: 40/116 (34.48%);

•G1: 12/44 (27.27%);

•G2: 3/33 (9.09%);

•G3: 0/2.



- •A moderate hypofr IMRT
- •Close adherence to dose constraints +
- •Statin

Low incidence of acute rectal toxicity.

Less acute toxicity is closely linked to less late toxicity

Future prospective studies on a larger cohort of patients

GRAZIE DELL'ATTENZIONE