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**UPDATE “Give me five”:
report preliminare di uno schema marcatamente ipofrazionato
di radioterapia per la cura del carcinoma prostatico mediante
IG-IMRT (BrainLab-VERO e RapidArc-Varian)
Esperienza dell’Istituto Europeo di Oncologia su 166 pazienti**

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Presenting: G. Timon¹

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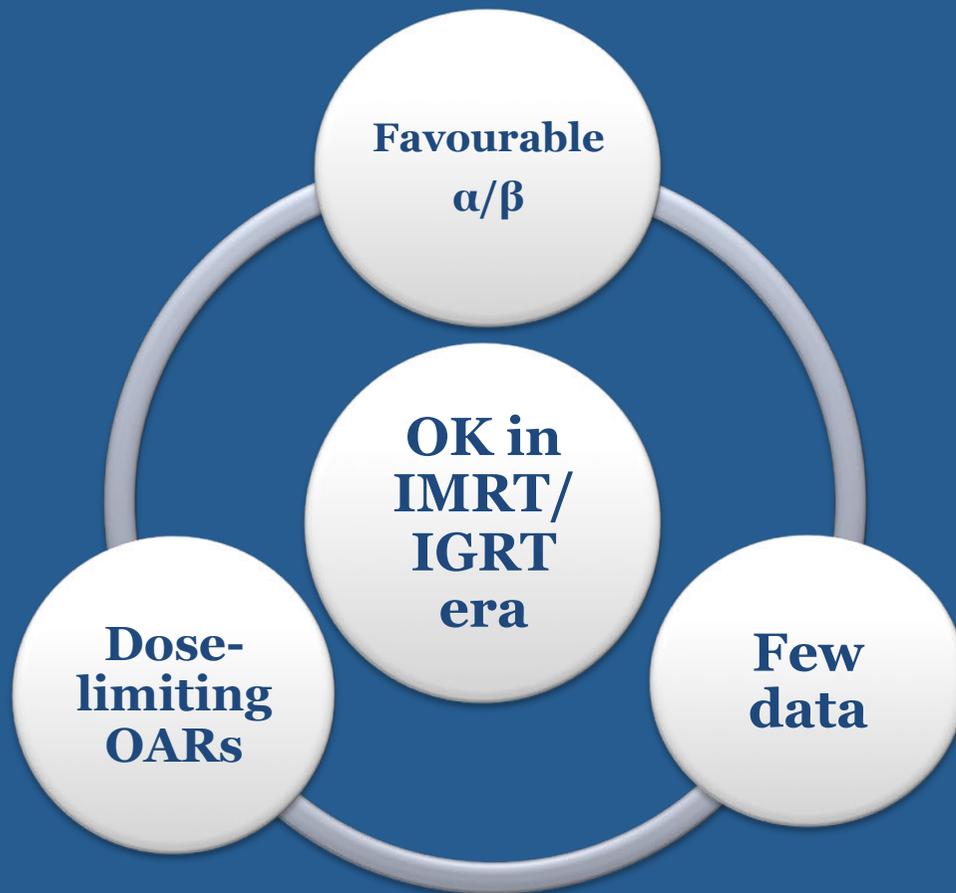
Prostate hypofractionation



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PRO	CONS
Biologically effective	Requires IGRT+IMRT
Centre-friendly	Short follow-up
Patient-friendly	

Previous experiences



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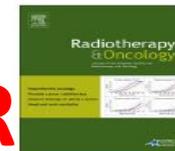


ELSEVIER

Radiotherapy and Oncology

journal homepage: www.thegreenjournal.com

11% HR



Phase II trial

Stereotactic body radiotherapy for localized prostate cancer: Pooled analysis from a multi-institutional consortium of prospective phase II trials☆☆



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King 2013	1100	35-40/4-5	36 mo	bRFS 93% (78-95)	NR
Chen 2013	100	35-36,25/5	2 ys	bRFS 99%	NO G3+
Katz 2013	304	35-36,25/5	6 ys	bRFS 74-97%	2% late G3 GU
Timmerman 2014	91	45-47,5-50/5	42 mo	PSA CR 99%	6,6% G3+ rect
Detti 2015	32	35-36,25/5	2 ys	PSA CR 91%	2 acute G3 GU
D'Agostino 2015	73	35/5	18 mo	PSA CR 100%	NO G3+

Waiting for...
PACE trial

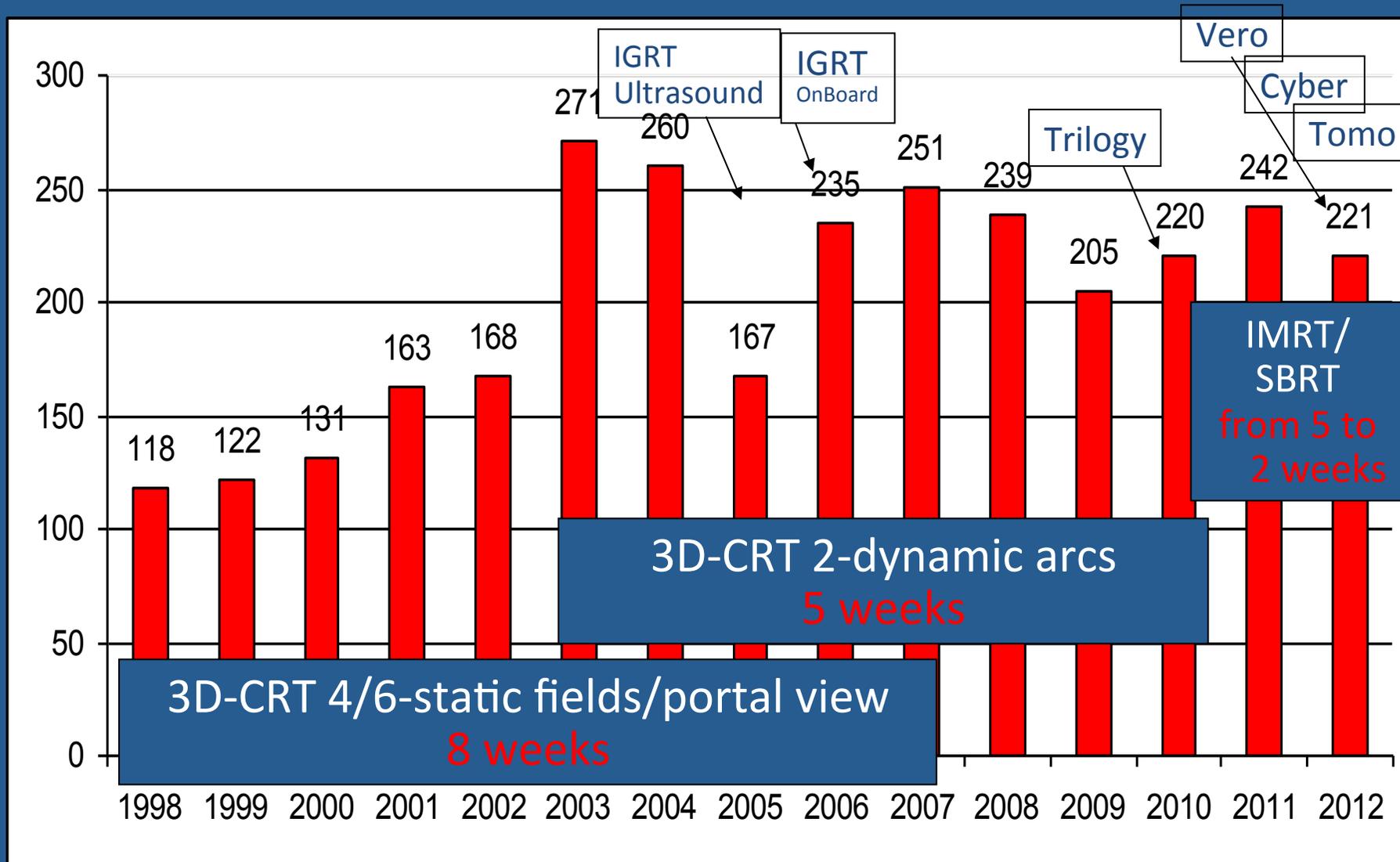
Prostate RT at IEO



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“GIVE ME FIVE”

To assess feasibility and safety, in terms of early and late toxicity, of a short course radiotherapy for prostate-confined tumor through IG-IMRT with non robotic linear accelerators.
Secondary endpoint: biochemical control.

[April 2012 – May 2015]

Volume	Dose/fr	N fr	Dtot	NTD ($\alpha/\beta=1,5\text{Gy}$) d/fr 2Gy	B E D ($\alpha / \beta=1,5\text{Gy}$)
PTVprostate	6,5	5	32,5	74,3	173
	7	5	35	85	198



Patients' selection

INCLUSION CRITERIA:

- 18-90 y.o.
- Histologically proven Adenocarcinoma
- No previous pelvic surgery (except TURP) or radiotherapy
- Eventually neoadjuvant/concomitant ADT
- Specific written consent signed

EXCLUSION CRITERIA:

- cT3/T4 or cN1 or cM1
- Prostate volume >100 cc
- Severe urinary obstructive symptoms
- Severe systemic disorders, including chronic urinary or intestinal inflammatory
- Psychiatric disorders or other condition
- Non conformity to the dose constraints



Supportive measures

- **PREMEDICATION** with low dose steroids + IPP before each treatment
- **URINARY:** symptomatic urinary are allowed (e.g. alpha-blockers like tamsulosin, silodosin)
- **BLADDER:** urinary bladder both during simulation and treatment
- **BOWEL:** low gas and low motility diet. One enema will be administered 2-3 hours before CT simulation and each treatment



Patients' characteristics

166 patients

NCCN risk category	Low	58 (35%)
	Intermediate	83 (50%)
	High	24 (14,5%)
	Unknown	1 (0,5%)
Age (years)	Median	74,3
	Range	51.4 – 89
iPSA (ng/ml)	Median	7,1
	Range	1.2 - 55.7
Gleason Score	Median	6
	Range	4 - 9
ADT	N pts	54 (32,5%)



Treatment delivery

Volume	Dose/fr	N fr	Dtot	NTD ($\alpha/\beta=1,5\text{Gy}$ d/fr 2Gy)	B E D ($\alpha / \beta=1,5\text{Gy}$)
PTVprostate	6,5	5	32,5	74,3	173
	7	5	35	85	198



BrainLab System VERO



RapidArc Varian

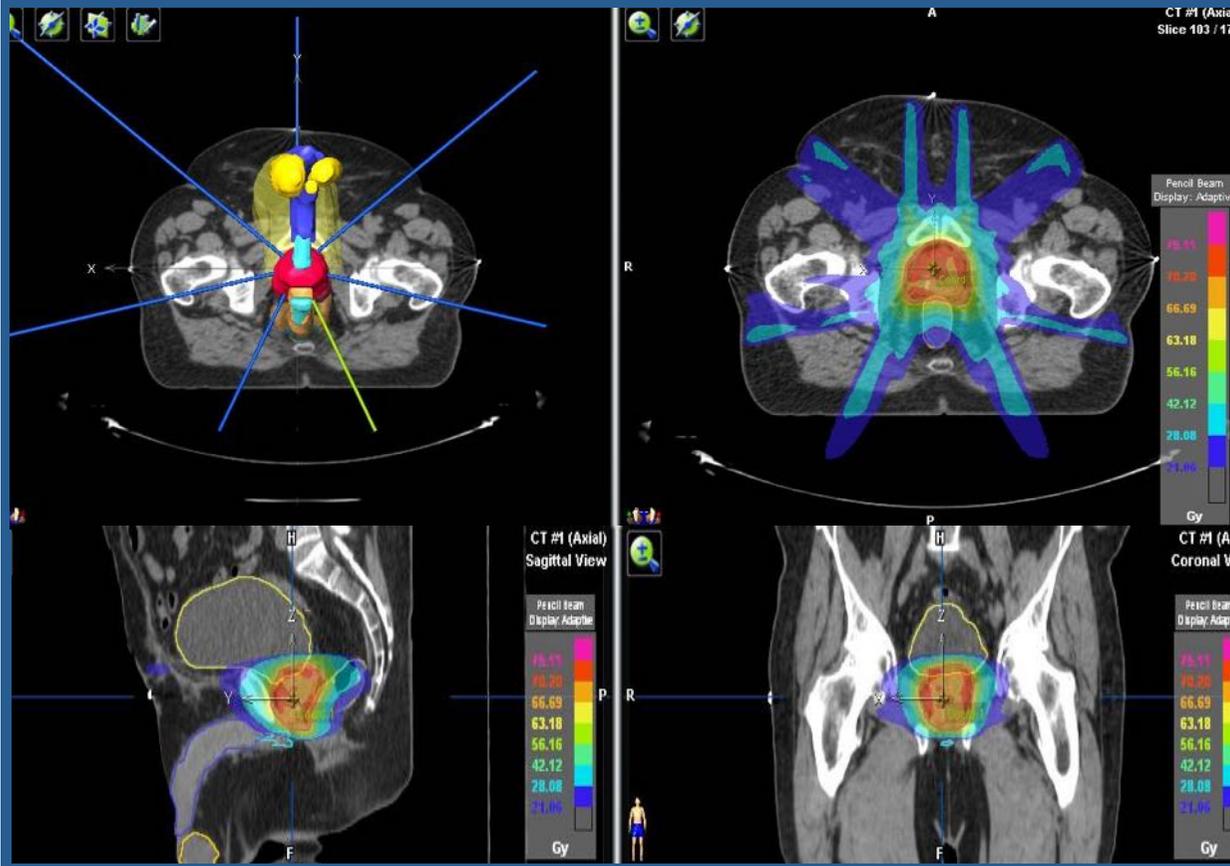
Daily CBCT imaging

Planning

$$PTV_p = CTV_p + 5/3 \text{ mm (post)}$$

$$PTV_{sv} = CTV_{sv} + 5/3 \text{ mm (post)}$$

	Valori raccomandati per dose/frazione
Retto* V= _____ cm ³	V _{50%} < 50%
	V _{80%} < 20%
	V _{90%} < 10%
	V _{100%} < 5%
Volume di sovrapposizione PTV – retto	D _{max} < 85%
Parete post. retto/canale anale ⁵⁵	D _{max} < 45%
Canale anale ⁵	D _{mean} < 15Gy
Vescica urinaria* V= _____ cm ³	V _{100%} < 10%
	V _{50%} < 40%
	V _{100%} < 5cm ³



VERO: 7 beams,
X-6MV, IMRT

TRILOGY: 2
modulated arcs



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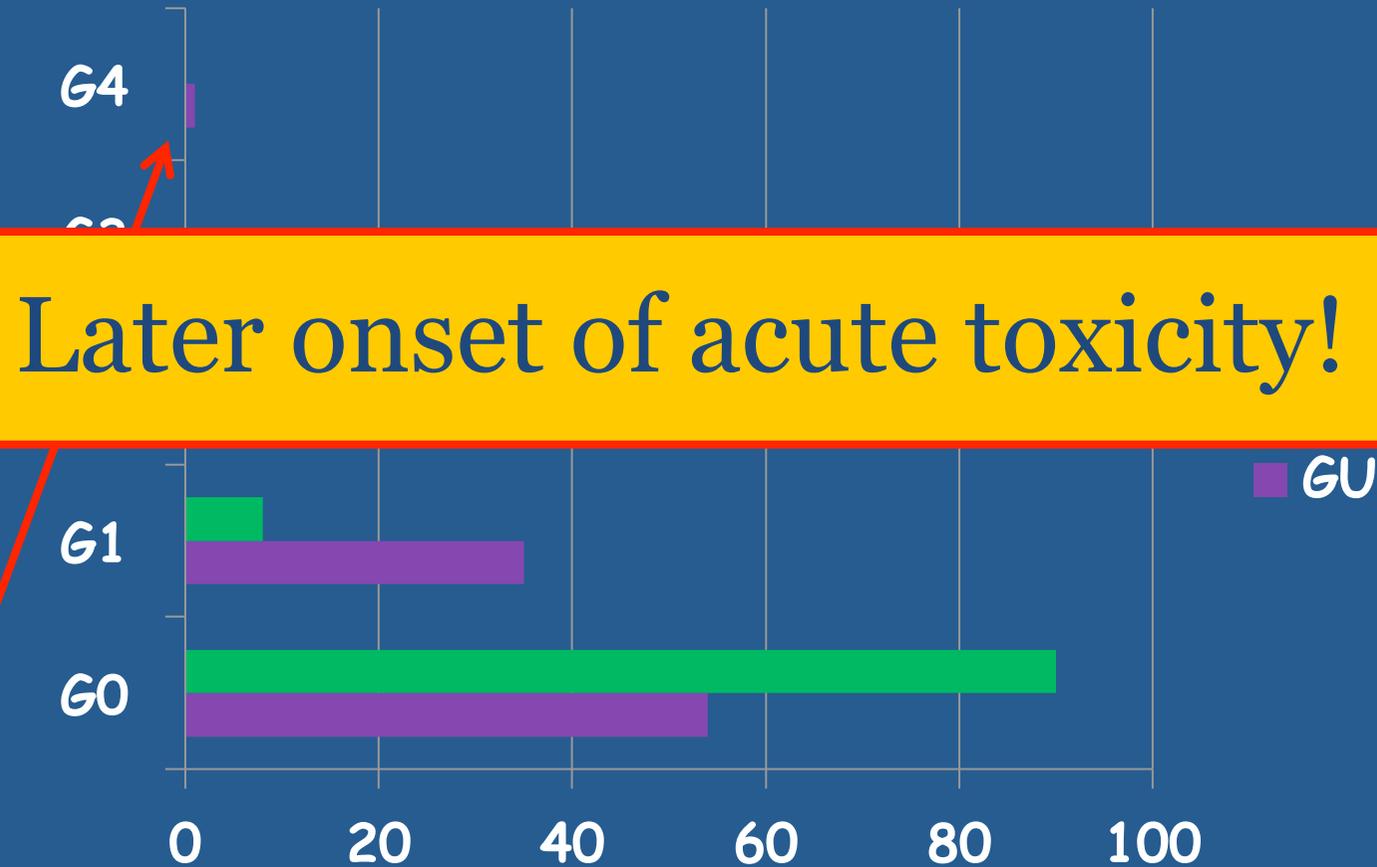
Acute toxicity (according to RTOG scale)



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1 Acute urinary retention

Late toxicity

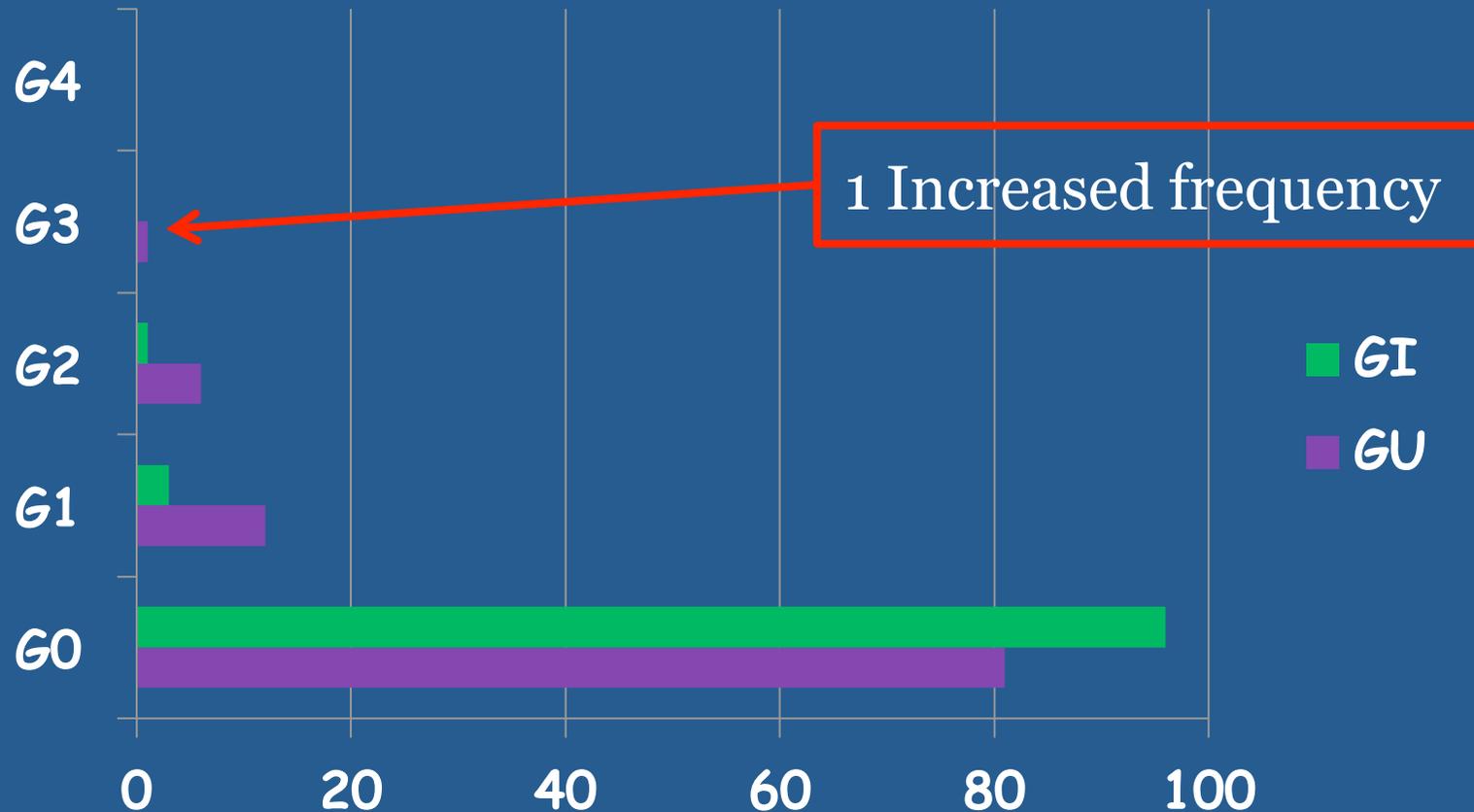
(according to RTOG/EORTC scale)



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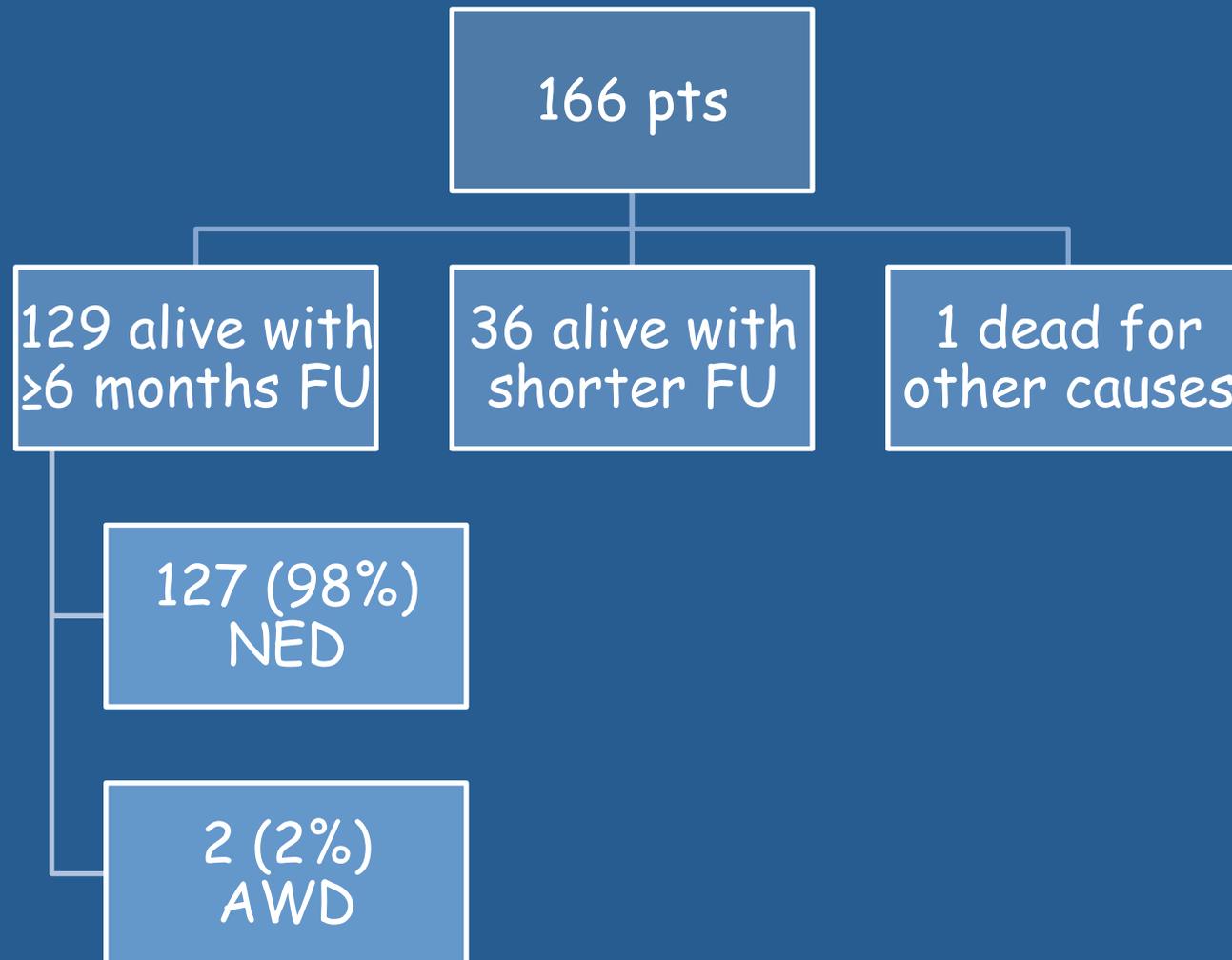
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129/166 considered with
median follow-up 12.5 months (6 - 32.7)



Efficacy - Biochemical response





Conclusions

- Good patients' compliance and satisfaction
- Reasonable planning time
- Shortening of waiting list
- Good toxicity profile
- Encouraging efficacy results

BUT

Longer follow-up is mandatory!

Ongoing...



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AIRC-1 (NCT01913717)

Phase II prospective, single-arm, monocentric clinical trial (65 pts)

IMRT+IGRT (RapidArc – 2 modulated arcs)

Prostate: 36,25 Gy/5 fr

DIL: 37,5 Gy/5 fr

(multiparametric MR-guided)

- AIRC -

Associazione Italiana per la Ricerca sul Cancro

Investigator Grant - IG 2012

Thank you for your attention!

THINK LIKE
A PROTON.

ALWAYS
POSITIVE.

