Material and Methods: A phase II clinical trial was planned based on optimal two-stage Simon’s design. Eligibility criteria included patients with an Eastern Cooperative Oncology Group (ECOG) performance status ≤2. The primary endpoint was to evaluate the symptomatic response rate produced by a radiotherapy regimen based on the delivery of 4 radiotherapy fractions (5 Gy per fraction) with a twice daily fractionation in two consecutive days.

Results: Twenty-nine patients were enrolled in this trial. Characteristics of the patients were: male/female: 16/13; median age: 66 years (range: 46-87). ECOG performance status was <3 in 25 patients (86.2%). With a median follow-up time of 5.0 months (range, 1 to 36 months), G1-2 gastrointestinal (31%), G1 haematological (6.8%) and G1 skin (20.7%) toxicities were recorded. Only 1 patient (3.4%) experienced G3 acute gastrointestinal toxicity. Of 29 symptomatic patients, 27 showed an improvement or resolution of baseline symptoms (overall palliative response rate: 92.6%). Three-month overall survival was 92.2% (median survival time: not reached). In 25 patients with pain, a significant reduction of this symptom was recorded in terms of Drug Score (mean baseline Drug Score vs mean Drug Score at follow-up: 5.3 vs 4.0; p=0.04).

Conclusion: Short-course accelerated radiotherapy on complicated bone metastases (20 Gy in twice daily fractions for 2 consecutive days) is tolerated and effective in terms of symptom relief. A phase III comparison against a standard palliative regimen (30 Gy in 10 fractions) has been planned in this patient population.

Purpose or Objective: To determine the results of 55 patients with Superior Vena Cava Syndrome (SVCS) treated with radiotherapy.

Material and Methods: Between September 2009 and September 2014, 55 patients with SVCS were treated at Operative Unity of Radiotherapy and Radiobiology, “Hospital Pugliese-Ciaccio”, Catanzaro. Of these 21 were women and 34 men, with a median age at diagnosis of 61 years (range 33-77 years). The most predominant symptoms were face or neck swelling (85%), upper swallowing extremity (73%), dysphonia (70%), cough (62%). Radiotherapy (RT) has been the only treatment in 6 of 11 patients in which the rapidly progressive symptoms has not allowed to submit to a histologic diagnosis. For the patients which the histo-pathological diagnosis was known and for those in which to effect it, the treatment has included both the chemotheraphy and the radiotherapy. The fractionation schedule usually has included initial fractions of 300-400 cGy (2-4 fractions) followed by conventional fractionation of 180-200 cGy. The RT total dose delivered is varied by 2000 cGy to 5000 cGy.

Results: With regard radiotherapy delivered, in 59% (9 of the 55) patient essays we have observed a complete regression of the SVCS, while in 27 (49%) the response has been partial, stability of illness has been underlined in 15 (27%) patients and disease progression in 8 (15%) patients.

Conclusion: In summary, in the SVCS the clinical symptoms often requires an urgent intervention. Survival depend on the status of patient’s disease and on the histologic type of the tumor. Radiotherapy is effective in the treatment of the initial SVCS and in the patients that relapsed or with recurrent illness. The radiotherapy produces a good control of the symptoms. There is no necessity of ample fractions in the initial treatment. In the reirradiation, the radiotherapy on mediasinum is one of the most greater components of the palliation. Moreover, in presence laryngeal stridor the radiotherapy can be administered before the histological diagnosis is available.

Purpose or Objective: To evaluate the clinical course of patients treated in our center including bone metastases. Aim of the present study is to evaluate clinical course of patients treated in our centre including biochemical and imaging response.

Material and Methods: Since November 2014 we started the treatment of symptomatic bone metastatic CRPC patients with Radium-223 dichloride therapy showed improved overall survival, quality of life and symptom control in patients with symptomatic bone metastases. Aim of the present study is to evaluate clinical course of patients treated in our centre including biochemical and imaging response.

Results: Twenty patients (total: 70 administrations) were treated. All patients showed increased PSA value and reduced ALP values. Performance status, evaluated with ECOG scale, was improved in all patients. Pain control was excellent, with reduction of intensity and number of uptake areas without correlation of the treatment demonstrated in all patients a reduced intensity and number of uptake areas without correlation with PSA values.

Conclusion: Treatment with Radium 223 in patients with CRPC and symptomatic bone metastases was tolerated in the majority of patients. High response rates in terms of symptom control and QoL improvement were recorded.

Purpose or Objective: To determine the results of 55 patients with Superior Vena Cava Syndrome (SVCS) treated with radiotherapy.

Material and Methods: Between September 2009 and September 2014, 55 patients with SVCS were treated at Operative Unity of Radiotherapy and Radiobiology, “Hospital Pugliese-Ciaccio”, Catanzaro. Of these 21 were women and 34 men, with a median age at diagnosis of 61 years (range 33-77 years). The most predominant symptoms were face or neck swelling (85%), upper swallowing extremity (73%), dysphonia (70%), cough (62%). Radiotherapy (RT) has been the only treatment in 6 of 11 patients in which the rapidly progressive symptoms has not allowed to submit to a histologic diagnosis. For the patients which the histo-pathological diagnosis was known and for those in which to effect it, the treatment has included both the chemotheraphy and the radiotherapy. The fractionation schedule usually has included initial fractions of 300-400 cGy (2-4 fractions) followed by conventional fractionation of 180-200 cGy. The RT total dose delivered is varied by 2000 cGy to 5000 cGy.

Results: With regard radiotherapy delivered, in 59% (9 of the 55) patient essays we have observed a complete regression of the SVCS, while in 27 (49%) the response has been partial, stability of illness has been underlined in 15 (27%) patients and disease progression in 8 (15%) patients.

Conclusion: In summary, in the SVCS the clinical symptoms often requires an urgent intervention. Survival depend on the status of patient’s disease and on the histologic type of the tumor. Radiotherapy is effective in the treatment of the initial SVCS and in the patients that relapsed or with recurrent illness. The radiotherapy produces a good control of the symptoms. There is no necessity of ample fractions in the initial treatment. In the reirradiation, the radiotherapy on mediasinum is one of the most greater components of the palliation. Moreover, in presence laryngeal stridor the radiotherapy can be administered before the histological diagnosis is available.

Purpose or Objective: To evaluate the clinical course of patients treated in our center including bone metastases. Aim of the present study is to evaluate clinical course of patients treated in our centre including biochemical and imaging response.

Material and Methods: Since November 2014 we started the treatment of symptomatic bone metastatic CRPC patients with Radium-223 dichloride therapy showed improved overall survival, quality of life and symptom control in patients with symptomatic bone metastases. Aim of the present study is to evaluate clinical course of patients treated in our centre including biochemical and imaging response.