Material and Methods: The analysis included all the patients treated for gliosarcoma between 1998 and 2014 in seven French academic centres.

Results: Seventy-five patients with a median age of 60 years (range from 23 to 79 years) were treated with a combination of surgery (n=66), radiotherapy (adjuvant for 64 patients and exclusive for 8 patients) and temozolomide based chemotherapy (n=58). Median follow-up was 12 months (range from 2 to 71 months). Two-year overall survival (OS) and disease free survival rates were 12% (95% CI: 4-20%) and 2% (95% IC: 0-6%), respectively. The median OS was 13 months. Treatment at recurrence consisted of chemotherapy (n=38) (bevacizumab for 18 patients, rened temozolomide for 10 patients), salvage surgery (n=8) and radiochemotherapy (n=1). In univariate analysis, younger age, high total dose of radiotherapy, long time to recurrence and treatment at recurrence increased significantly OS. In multivariate analysis, high total dose of radiotherapy (HR = 0.97, p=0.007) and treatment at recurrence (HR=0.28 p<0.001) were favourable prognostic factor of OS.

Conclusion: High dose of radiotherapy and salvage surgery increase OS of gliosarcoma.

Poster: Clinical track: Haematology

PO-0662 The multi-institutional retrospective study of radiation therapy for NK/T-cell lymphoma in Japan

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Purpose or Objective: JCOG0211 study demonstrated that the 5-year local control, 5-y OS and 5-y PFS of patients treated with RT-DeVIC were 94, 70 and 63%, respectively. NKEA project (UMIN000015491) conducted a multi-institutional retrospective study to clarify the changing current practice of the treatment for Extranodal natural killer(NK)/T-cell lymphoma nasal type(ENKL) over the first decade of this century in Japan, reviewing detailed information on treatment, clinical features and prognosis of patients with ENKL. The aim of this sub-study is to investigate the relationship between local failure patterns and radiation therapy before and after JCOG0211 study.

Material and Methods: Selection criteria of NKEA survey are newly pathologically diagnosed ENKL, any stage, and any type of treatment and treated from 2000 to 2013. From 32 institutions, more than 384 data of patients with ENKL have been registering in the NKEA project database. Of them, radiation (RT) data focusing on CTV setting, of 233 patients with localized nasal ENKL were evaluated with the JROSG-lymphoma committee.

Results: The baseline patients characteristics were followings, median age was 58 years old (range 18-88), male dominance (2:1), stage I/Ia/Ib=62/16/64(2:4:1). The median dose of RT was 50 Gy (range 9-60), delivering median 25 (range 3-33) fractionation over 37 (range 9-106) days. The 3D-CRT (CT based RT planning) was applied in 88% of patients and IMRT in 3%, using shrinking technique; 70%. RT was interrupted with 15% of patients due to hematological and mucosal toxicities. After JCOG0211 study, 49% of RT was designed according to JCOG0211 RT protocol, while 80% or more were not compliant RT protocol before/during JCOG0211. The local control was 74% for all population, 88% of local control rate was observed in patients treated with RT compliant with JCOG0211 RT protocol (extended RT), while 70% in patients not compliant with JCOG RT protocol (small field/limited RT). Based on the results of RT-QA review; we would like proposed the CTV guideline for IMRT/VMAT.

Conclusion: A multi-institutional retrospective survey after prospective clinical trial is important to review how the results of trial influence on the community standard practice of the treatment for rare lymphoma, and observance of radiation therapy guidance. The extended RT had higher local control rate than small limited RT.

PO-0663 Treatment result of primary thyroid lymphoma; a single institute experience

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Purpose or Objective: Primary thyroid lymphoma (PTL) is a relatively rare entity of extra-nodal lymphoma. There was no randomized clinical trial and the optimal treatment is not established. The purpose of this retrospective study is to verify the effectiveness and safety of our treatment protocol with long term follow-up.

Material and Methods: The stage IE - IIE PTL patients treated with combined treatment including radiotherapy and followed up at least three years were eligible for this retrospective study. We used CHOEP or CHOP-like regimens with or without rituximab. Chemotherapy was not administered to the patients who were IEA MALToma treated in or after 2007 or have a contraindication to it. Acute and late toxicities were graded by CTCAE v4.0.

Results: Seventy-two PTL patients were analyzed and median follow-up period was 91 months (37 - 238 m). The doses of radiotherapy were 36 - 61.2 Gy (median 41.4Gy). Seven-year overall survival and cause specific survival were 98.6 % and 92.2 %, respectively. Recurrences were observed in 7 patients; five of them were retreated (chemotherapy +/- radiotherapy) and four patients achieved complete remission. Three patients died during follow-up; 2 of them due to malignant lymphoma, one due to breast cancer. Grade 3 dermatitis, mucositis and pneumonitis were observed in 11 patients (15.2 %), 4 patients (5.5 %) and 3 patients (4.2 %), respectively. Two patients experienced grade 3 late toxicities (dyspnea and laryngeal edema), but we judged they were less relevant to the treatment. Laryngeal carcinomas which located in field of radiotherapy were appeared in two patients.

Conclusion: Effectiveness and safety of our treatment protocol were excellent. Because PTL patients are expected to have long term survival, we should optimize our treatment strategy to minimize acute and late toxicities and patients’ quality of life.

PO-0664 Outcome of radiotherapy for stage I and II follicular lymphoma in patients staged by 18 FDG PET-CT

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Purpose or Objective: Primary follicular lymphoma (FL) is a relatively indolent form of non-Hodgkin lymphoma. The stage IE - IIE FL patients treated with combined treatment including radiotherapy and followed up after 2007 are eligible for this retrospective study. We used CHOP or CHOP-like regimens with or without rituximab. Chemotherapy was not administered to the patients who were IEA MALToma treated in or after 2007 or have a contraindication to it. Acute and late toxicities were graded by CTCAE v4.0.

Results: Seventy-two PTL patients were analyzed and median follow-up period was 91 months (37 - 238 m). The doses of radiotherapy were 36 - 61.2 Gy (median 41.4Gy). Seven-year overall survival and cause specific survival were 98.6 % and 92.2 %, respectively. Recurrences were observed in 7 patients; five of them were retreated (chemotherapy +/- radiotherapy) and four patients achieved complete remission. Three patients died during follow-up; 2 of them due to malignant lymphoma, one due to breast cancer. Grade 3 dermatitis, mucositis and pneumonitis were observed in 11 patients (15.2 %), 4 patients (5.5 %) and 3 patients (4.2 %), respectively. Two patients experienced grade 3 late toxicities (dyspnea and laryngeal edema), but we judged they were less relevant to the treatment. Laryngeal carcinomas which located in field of radiotherapy were appeared in two patients.

Conclusion: Effectiveness and safety of our treatment protocol were excellent. Because PTL patients are expected to have long term survival, we should optimize our treatment strategy to minimize acute and late toxicities and patients’ quality of life.