to CT-CAE criteria v3.0. Biochemical failure was calculated according to the Phoenix definition.

**Results:** Between December 2011 and March 2015, 90 patients were enrolled (53 low risk, 37 intermediate risk). The median age was 71 years (range 48 - 82 y). The median Gleason Score was 6 (range 6-7) and the median initial PSA was 6.9 ng/ml (range 2.7 - 17.0). Acute toxicity was mild, with 32.2 patients presenting a G1 urinary toxicity and 1.1% of patients presenting a G2 urinary toxicity, mainly represented by urgency, dysuria and stranguria. A rectal G1 toxicity was found in a 15.5% of patients, while a rectal G2 toxicity was recorded in 6.6% of patients. Regarding late toxicity, a G1 proctitis was recorded in 11.1% of patients and a G1 urinary toxicity in 38.8%; only 2 events of G2 urinary toxicity were observed (transient urethral stenosis, resolved by a 24-hour catheterization). At a median follow up of 27 months (range 6 - 62 months) only two intermediate risk patients experienced a biochemical failure (22 and 24 months after radiotherapy, respectively). PET Choline revealed a nodal recurrence in one patient who underwent a further stereotactic radiotherapy and is now free of disease. In the other patient a local recurrence was diagnosed, associated to bone progression (rib), therefore the patient started ADT. Compliance to treatment was good, as reported by the EPIC questionnaires, which revealed a slight worsening of life perception.

**Conclusion:** Stereotactic Body Radiotherapy seems to be a valid therapeutic option in low and intermediate risk prostate cancer patients, warranting an adequate control of disease, with mild toxicity profiles and good patient-reported quality of life perception.

**EP-1346**

Intraoperative radiotherapy (IORT) in the multimodality treatment of locally advanced prostate cancer

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**Purpose or Objective:** To evaluate toxicity, clinical outcome and predictive response factors in patients with prostate cancer (PCa) oligometastatic (<2 lesions) to the bone at diagnosis, simultaneously treated with curative radiotherapy (RT) to primary tumor/prostatic bed (PB) and bone metastases.

**Material and Methods:** From February 2009, 33 patients with oligometastatic PCa (OPC), 18 of whom previously treated with radical prostatectomy and pelvic lymphadenectomy, underwent RT at “radical” dose to bone metastases (median 2-Gy equivalent dose, EQD2, >40 Gy, for a/β=2,2), to the pelvic ± lomboaortic nodes (51,8 Gy for α/β=1,5), and to the PB (median EQD2 72,4 Gy) or the prostate (median EQD2 88 Gy) within the same RT course in association with androgen deprivation therapy (ADT). To evaluate the possible role of adding a local treatment (radical dose RT to all sites of disease) to ADT, the biochemical relapse-free survival (bRFS), clinical failure-free survival (CFFS) and freedom from distant progression (FFDP, when the disease occurred in a different site from that treated) were considered, starting from the first day of RT.

**Results:** IORT procedure lasted in average 30 minutes (range 15-50). No major intra- or post-operative complication occurred. Median dose to the anterior rectal wall was 4.32 Gy (range 0.06-11.3). Pathological stage was: 30 pT2, 60 pT3, 5 pT4, 55/95 (57.9%) (ADT+) patients were R1 and 27/95 (28.4%) patients were N1. Median post operative PSA was 0.06 ng/ml (range 0-4). Post-operative radiotherapy was delivered to 73/95 patients (76.8%) with pathological staging pT3a or R1. Hormone therapy was prescribed to 61/95 patients (64.2%). Acute toxicity was: 16 G2 (9 GU; 7 GI), 2 G3 (1 GU; 1 GI). Late toxicity was: 11 G2 (5 GU, 6 GI), 4 G3 (2 GU; 2 GI). No G4 acute or late toxicity was observed. Four patients died of prostate cancer. With a median follow-up of 61.5 months (range 12-108), 26/95 patients experienced biochemical failure. Overall biochemical free survival (BFS) was 50% at 5 years. 5 years BFS was 78% and 42% in high and very high risk classes according to NCCN classification. No evidence of failure in the prostate surgical bed was observed.

**Conclusion:** IORT during radical prostatectomy is a feasible procedure and allows to deliver safely post-operative EBRT to surgical bed without a significant increase of toxicity. With a median follow-up of 61.5 months, biochemical control seems to be optimal in particular for high risk patients.

**EP-1347**

Could “radical” RT be a reasonable choice in bone oligometastatic prostate cancer patients?

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**Purpose or Objective:** To evaluate toxicity, clinical outcome and predictive response factors in patients with prostate cancer (PCa) oligometastatic (<2 lesions) to the bone at diagnosis, simultaneously treated with curative radiotherapy (RT) to primary tumor/prostatic bed (PB) and bone metastases.

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**Results:** After a median follow-up of 20.2 months, 3 patients died, 1 were lost to follow-up, 2 showed in-field and 7 out-of-field progression, 3 have ended ADT and are still free from any progression. Acute toxicity was very mild with no Grade >2 events, and only 2 serious late events, 1 G3 and 1 G4 late urinary toxicity, only in the hypofractionated postoperative cohort. With respect to bone irradiation, no Grade toxicity were reported. Median bRFS, CFFS and FFDP were 15.8 months, 16.9 months and 17.2 months, respectively. When considering FFDP, the most significant clinical end-point to evaluate the role of RT in this subset of patients, the most predictive factors were: PSA at diagnosis (PSA>24.2 mg/ml, most-informative cut-off, AUC 77%, p<0.008) (HR=4.2, p=0.05), 2 vs 1 metastasis (HR=2.87, p=0.1), and no previous prostatectomy (HR=3.19, p=0.08), while no role emerged for the site of metastases (pelvic or not). When stratifying