Aristei enrolled. The scheduled RT was 25 Gy in 5 fractions delivered.

Pelvic recurrence was to evaluate the palliative role of radiotherapy (RT) in metastatic rectal cancer patients. Palliative radiotherapy in unfit locally advanced or metastatic rectal cancer patients.

Our results suggest that short-course RT can be feasible and effective in this subset of rectal cancer pts, both in terms of symptoms relief rate and duration of clinical benefit.

Three-dimensional conformal RT was used. The benefit of treatment was evaluated only relying on medical examination; in particular pain relief was assessed both by VAS scale and consumption of analgesic drugs. Symptom palliation was defined at one month after the end of RT.

Results: From May 2007 to October 2014, 28 pts were treated. Pts characteristics are as follows. Gender: male 14 (50%); female 14 (50%); stage: I 1 (3,5%), II 10 (36%), IV 8 (29%), local recurrence 9 (32%); median age 79.5 years (range 49-90); median KPS 70% (range 50-100). Initial presenting symptoms were: bleeding in 24 (85,7%); pain in 9 (32,1%); rectal tenesmus in 7 (25%); pattern change in 7 (25%); mucorrea in 5 pts (17,8%). Among the 28 pts, 7 (25%) underwent chemotherapy as first treatment and received RT due to local progression of the disease; of these five (71,4%) had stage IV and two (28,6%) local recurrence. All pts completed the scheduled treatment. Overall, twenty-four (85,6%) pts responded to RT; in particular 18 (64,2%) experienced complete remission, 6 (21,4%) significant improvement, while 4 (14,4%) no change of symptoms. Regarding response obtained according to type of symptom, bleeding disappeared in 83% of pts, pain relief was obtained in 89% and rectal tenesmus in 92,8%. Symptoms relapse occurred in only 4 (14%) pts, as bleeding (3 cases) and rectal tenesmus (1 case). RT was well tolerated; only one pt developed acute urinary retention that required temporary application of bladder catheter. Two pts with wide vaginal involvement, as a consequence of response to treatment, experienced a recto-vaginal fistula. Median time to symptom relapse was 8 months (range 2-71). Median survival after RT was 8.5 months (range 2-71). Twenty-two (77%) pts died, but only 5 (15%) for local disease progression.

Conclusions: Our results suggest that short-course RT can be feasible and effective in this subset of rectal cancer pts, both in terms of symptoms relief rate and duration of clinical benefit.

S922 3rd ESTRO Forum 2015

### Table: Cosmetics Properties

<table>
<thead>
<tr>
<th>Sum Ris-as</th>
<th>Cream 1</th>
<th>Cream 2</th>
<th>Cream 3</th>
<th>Cream 4</th>
<th>Cream 5</th>
<th>Cream 6</th>
<th>Cream 7</th>
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<tr>
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<td>12.5</td>
<td>10</td>
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<tr>
<td>sd</td>
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<td>2.51</td>
<td>1.36</td>
<td>1.44</td>
<td>0.97</td>
<td>1.88</td>
<td>2.69</td>
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### Table: Symptomatic Treatment

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<th>250ml</th>
<th>500ml</th>
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<th>750ml</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>0.095 C/ml</td>
<td>0.05€ 0.48 C/ml</td>
<td>0.05€ 0.48 C/ml</td>
<td>0.05€ 0.48 C/ml</td>
<td>0.05€ 0.48 C/ml</td>
<td>0.05€ 0.48 C/ml</td>
<td>0.05€ 0.48 C/ml</td>
</tr>
</tbody>
</table>

Conclusions: Our results don't show significant objective differences on acute radiodermatitis; but significant differences were seen on the patient's lotion approval and cost. We believe that an expanded study with more patients is of interest.
MSCC, in a single centre, during August 2014. Data was collected from electronic patient records (EPR) and included gender, age, primary site of disease, time MRI requested and time report made available. In addition information relating to commencement of radiotherapy (RT) and discussion of cases with neurosurgical team was recorded.

Results: 26 patients with suspected MSCC were identified. 20 were diagnosed with spinal metastases of whom 8 had MSCC. 6/26 patients (23%) did not meet the target of imaging within 24 hours of presentation. Of the 8 patients with confirmed MSCC 6 received palliative RT, all within 24 hours of a positive MRI scan. One patient underwent neurosurgical intervention and one received no treatment as the area had already been treated to maximal tolerance.

Conclusions: Delays in the management of MSCC may adversely affect the outcome for patients. Furthermore few patients receive surgery for MSCC despite evidence that surgery may be more effective than RT at maintaining mobility in a subset of patients.

The results of this audit demonstrate that there is scope to improve the patient pathway further with greater emphasis on earlier imaging, particularly in the peripheral hospitals referring patients to the Cancer Centre. This could be achieved in part by education. It is reassuring that all eligible patients received RT within 24 hours of imaging confirmation of MSCC. Less than half of the patients were discussed with the neurosurgical team highlighting the need for a robust referral pathway between the two disciplines.

Electronic Poster: RTT track: Education and training

EP-1685
The benefit of the "Train the Trainers" program - National courses for RTTs in Bulgaria and establishment of BSRTT
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Purpose/Objective: In 2010 first time ever a Bulgarian team from Tokuda Hospital Sofia attended the course 'Train the Trainers', part of ESTRO training program. The team was further committed to organize series of courses on the following goals throughout the country:
* To synchronize national education in Radiotherapy with the European standards.
* To increase the understanding of RTT's role as part of a multidisciplinary team.
* To prepare RTTs to provide best achievable treatment.
* To create a network on national level.

Four Linacs were operating in 16 Oncology Centers in Bulgaria in 2010. This has changed to 15 Linacs at the end of 2014. Additional 7 Linacs are under installation. The number of RTTs in 2010 was 100 compared to 117 in 2014. The number of qualified RTTs needs to increase to 190 in the near future, showing significant shortage so far.

Materials and Methods: Two-day courses were planned as part of continuing education, covering the major steps in Radiotherapy treatment process. They were prepared as lectures, practical trainings and workshops for RTTs, and also allowed attendance by physicians and physicists.

Each course consists of two workshops and more than 15 lectures and presentations, a program made for the first time in Bulgaria.

The courses in Tokuda Hospital Sofia, listed below were held on the following dates:
1. 'CT planning in Radiation Oncology', 15-16 April 2011;
2. 'Contouring the Organs at Risk in Radiation Oncology', 02-04 June 2011;
3. 'Radiation Therapy Verification', 30 - 31 August 2013;

Next course 'Patient preparation and immobilization' is planned in March 2015.

The courses have their unique Logo sign, CD's with presentations, posters and certificates.

Results: The first three courses were attended by 280 participants - 167 RTTs, 25 physicians, 18 physicists, 24 trainers from Medical colleges, RTTs from Macedonia and Russia and students.

The interest shown and the number of participants proved the obvious need to establish new training programs and education methodology which combine theoretical knowledge and practical skills. Third and fourth course were organized in collaboration with teams from two University Centers of Radiotherapy. Six RTT teams started for the first time with 3D planning end irradiation the patients after training and support they received in Tokuda Hospital.

Conclusions: Based on these courses in 2014 in Medical Colleges was conducted student internship 'School and university student practices' scheme. The courses program was used as a base to create a 240-hour internship training program for RTTs students in Medical College Sofia and continuous education scheme of RTTs in order to fill the gap in the training programs.

The greatest benefits of the participation at the 'Train the Trainers' program were significant changed of the role of RTTs in the multidisciplinary team, creation of professional network of RTTs in the country and establishment of Bulgarian Society of Radiation Therapy Technicians.

EP-1686
A culture of learning: using an incident reporting system for risk management in a radiotherapy department
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Purpose/Objective: All radiotherapy (RT) treatment involves a risk of incidents (INC) of major or minor importance. To ensure patient safety and allow for treatment quality improvement a risk management system is needed, enabling registration of all near-incidents (n-INC) and INC. This makes it possible to track INC trends and risk factors, thus allowing for improvement of daily practice. We here describe the process used in our medium-sized RT department (23,000 treatments per year) to create a culture of INC learning.

Materials and Methods: Our RT department created a setup based on a national incident reporting system, that allowed us to react to INC reports and take action if needed, including improvement of future workflow. A multidisciplinary group was appointed, consisting of physicians, physicists and RT nurses. Monthly meetings have been used to discuss reported INCs. All INCs and n-INCs are continuously registered in a local database that allows sorting according to type and relation to internal work flow. This