Materials and Methods: This is a retrospective study of 325 patients with intermediate or high-risk prostate cancer according to the National Comprehensive Cancer Network guidelines who underwent ADT (neoadjuvant: 4-8 months, concurrent: 2 months) and IMRT (76 Gy) with gold marker implantation between 2001 and 2010.

Results: Five-year distant metastasis-free survival was significantly lower for super high-risk patients compared with intermediate or high-risk patients (82.6% vs. 99.4% and 96.5%, respectively; p < 0.01). The 5-year biochemical relapse-free survival rates significantly declined with increasing prostate cancer risk (p < 0.01) and were 95.9%, 87.2%, and 73.1% for the intermediate-risk, high-risk, and super high-risk patients, respectively. With multivariate analysis identified high pretreatment PSA level (≥ 20 ng/ml) and Gleason sum ≥ 8 as significant risk factors for recurrence and the duration of ADT was not statistically significant difference in BRFs in each risk group. Acute genitourinary and gastrointestinal toxicity grade ≥ 3 were not observed in any of the patients. Late grade 3 genitourinary toxicity occurred in 0.3% of patients.

Conclusions: Short course ADT with 76-Gy IMRT using fiducial gold markers resulted in good therapeutic outcomes with few serious complications in patients with intermediate and high-risk prostate cancer except super high risk group. More intensive therapy might be necessary for super high risk group.

EP-1226
Radiotherapy plus hyperthermia for high-risk prostate cancer: thermal parameters correlate with biochemical DFS
K. Tomura1, T. Ohguri1, S. Yamaguchi1, H. Imada1, K. Yahara1, H. Harisada2, S. Ota2, M. Sakagami2, N. Fujimoto3, Y. Korogi1
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3University of Occupational and Environmental Health, Urology, Kitakyushu, Japan

Purpose/Objective: To evaluate the therapeutic outcomes of short course neoadjuvant and concurrent androgen-deprivation therapy (ADT) and intensity-modulated radiation therapy (IMRT) with fiducial gold markers for intermediate and high-risk prostate cancer.

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