with median follow up of 18 months (6-40 months). Six patients had prior surgical resection of tumor, 12 received treatment as first line. The majority (60 %) of lesions were close to the optic pathway with median values for GTV volume was 9.4 cm³ (0.38-55.66 cm³). The control rates at 2 years were favorable with stable disease in 100 % patients, vision was preserved and improved symptoms in 65% patients. We observed no grade 3 or 4 toxicity. The most frequent being grade 1 retro-orbital pain (20%). No late toxicity was reported and no death during the follow - up period.

Conclusion: Robotic Hypo-fractionated stereotactic radiotherapy for Cavernous sinus meningioma is feasible and provides a satisfactory local control with acceptable tolerance, either as a first line treatment or as adjuvant to incomplete surgery or relapse. Although this type of tumor has a slow evolution, extended follow-up is mandatory.

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Treatment with radiosurgery (stereotactic radiotherapy) in single session in brain metastases
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Purpose or Objective: Until the advent of stereotactic radiotherapy, the main treatment option consisted of cranial radiation for palliation. With a more radical intent, and only in selected patients, surgical resection and adjuvant radiotherapy was indicated later. The purpose of this study is to evaluate the results obtained after treatment with single-session radiosurgery.

Material and Methods: Between 2002 and 2014, has collected a representative sample of 592 patients with histological diagnosis of brain metastases, of which 340 were men and 252 women. The average age in this group was 55.67 years (14-82 years) and with a KPS of 90 in 58.3% of patients. The most common location of these was lung 51%, followed by breast 24.4%. All patients were treated with radiosurgery (stereotactic radiotherapy) single session with a median dose of treatment of 18 Gy.

Results: With a median follow-up of 7 months, median survival was 14.23 months in a range of 0-117 months. In patients treated for HL was 30 Gy (range: 30-36 Gy). Between 2003-2006, 16 pts received IMRT, and no patients 3DCRT. Eleven of the 20 patients (55%) demonstrated complete responses, 5 lesions demonstrated partial responses, 2 lesion demonstrated complete disease. Actuarial local tumor control rates at 6 months, 1 year and 2 years were 93.9, 82% and 54%, respectively. Thirty-eight patients did not have any adverse events grade 1. The majority of common adverse events were grade 2 headaches (4 patients), grade 2 motor neuropathy (2 patients), and grade 2 lethargy (2 patient). One patient developed a grade 3 headache 5 months after receiving SIB-IMRT.

Conclusion: The delivery of 40/50 Gy in 10 fractions to 1-3 BM using VMAT provides a high level of tumor control with minimal toxicity. Therefore, we believe there is a need for a larger prospective study to establish dosing guidelines for SIB-IMRT and to pave the way for a randomized trial to compare SRS/STS plus WBRT with this approach.