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 two 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.

EP-1136
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 17.1% mom. The most frequent pathological study adenocarcinoma was 23.5%, followed by squamous 10.6%. In most 63.2% no surgery was performed. The most common site was the frontal 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 terms of toxicity, only 3.5% of the presented radiation necrosis (21 patients), while the cerebral edema was reported in 10.8% (64 patients).

Conclusion: The single session radiosurgery is a conservative but with a radical purpose, offering technical and few side effects is very convenient for the patient.

EP-1137
Volumetric Modulated Arc Therapy (VMAT) and simulateneus boost for brain metastases patients
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Purpose or Objective: To access treatment toxicity and patients’ survival after Volumetric Modulated Arc Therapy, a novel rotational Intensity Modulated RadioTherapy (IMRT) technique, with Simultaneous in-field Boost (SIB) for patients with brain metastases.

Material and Methods: Between November 2010 and March 2015, 26 patients with 1-3 brain metastases were treated with SIB-IMRT in the Department of Radiation Oncology at V. Fazzi Hospital (maximum diameter of largest metastasis 3 cm, KPS≥ 70, RPA < III). Mean age was 61 ± 7.5 years. Patients were neurologically stable. Extracranial disease well-controlled (6-month estimated median life expectancy). Patients will undergo contrast-enhanced TC scan of the brain for radiotherapy planning purposes. The macroscopic (gross) tumor volume (GTV) was drawn on the MRI images. The prescription isodose line was generally 3 mm larger than the GTV. Patients will be treated with WBRT/SIB using VMAT, delivering a total of 30 Gy in 10 fractions to the whole brain and SIB doses to brain metastases were 40 Gy to lesions >or= 2.0 cm and 50 Gy to lesions <2.0 cm in diameter, delivered once daily on working days. Following therapy completion, patients will be seen every 3 months for the 1st year, then every 6 months thereafter. Patients will have MRI brain at 3 months and 1 year, and every 6 months after the first year. Any toxicity was recorded according to the RTOG.

Results: The median follow-up interval was 9 months (range, 2 months-16 months). The median overall survival time was 11 months, and 3 of patients died of disease progression. The 6-month overall survival was 91%. After SIB-IMRT treatment of 42 brain lesions, 35 lesions demonstrated complete responses, 5 lesions demonstrated partial responses, 2 lesion demonstrated stable 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 vgradel. 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.

EP-1138
Evolution of radiation techniques in the treatment of mediastinal lymphomas: single center experience
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Purpose or Objective: To evaluate radiation techniques in the treatment of Hodgkin’s Lymphoma (HL) and Non-Hodgkin’s Lymphoma (NHL) with mediastinal disease over 10-year period, and the toxicity.

Material and Methods: Between 2003-2015, 173 patients (pts) with stage I-Ill nodal lymphoma were treated in our institution: some of these patients were irradiated for HL or NHL with mediastinal disease. Some of the patients were treated by 3DCRT, others by IMRT.

Results: We studied 26 men and 43 women with a median age of 26 years. The median follow-up was 43 months. Forty nine pts were treated by 3DCRT and 20 pts by IMRT. The median dose received by patients for NHL was 40 Gy (range: 36-44 Gy) and the median dose received by pts with HL was 30 Gy (range: 30-36 Gy). Between 2003-2006, 16 pts were treated by 3DCRT vs. 0 by IMRT. Between 2007-2009, 16 pts received 3DCRT and 1 IMRT. Between 2010-2015, 19 pts received IMRT, and no patients 3DCRT. Eleven of the 20 patients (55%) treated by IMRT and 35/49 pts (71.4%) treated by 3DCRT experienced acute toxicity. Among the patients treated by 3DCRT, 1 patient experienced grade 1 radiation pneumonitis and 2 patients experienced grade 1 acute mucositis. No late toxicity was observed in the patients treated by IMRT.

Conclusion: Improvement of radiation techniques for HL and NHL appears to have improved acute and late clinical safety. Longer follow-up is necessary to evaluate very late toxicity.