Conclusion: In stage III thoracic ESCC patients, LR was the main pattern of failure; results on 71 patients and 102 lesions. PO-0705 considered the key target of PORT.

PO-0705

Purpose or Objective: To evaluate the patterns of recurrence and its value in target delineation for postoperative radiotherapy (PORT) in patients with stage III thoracic esophageal squamous cell carcinoma (ESCC) after esophagectomy.

Material and Methods: 395 patients with stage III thoracic ESCC treated with radical esophagectomy from Jan. 2008 to Dec. 2011 were enrolled in this study. No patients has accepted preoperative adjuvant therapy. There were 302 males and 93 females; median ages was 60 years old (range 33-83). There were 33 patients located in upper-, 273 in middle- and 89 in low-stage. 375 patients has operated with two-field and 22 with three-field esophagectomy. The median number of dissected lymph nodes were 10 per case (range 1-34). There were 244 with stage IIIA, 106 with IIIB and 45 with IIIC. There were 97 patients received with surgery alone, 212 with postoperative chemotherapy (POCT), 86 with PORT (30 with POCT and PORT). Diagnosis of recurrence was primarily based on CT images, some of which were biopsy-confirmed. The location and time of tumor recurrences were analyzed.

Results: The overall failure rates was 75.7% (299/395). Locoregional recurrence (LR) was found in 48.4% of patients, distant metastasis (DM) in 16.2%, and LR plus DM in 4.3%; the total rate of LR and DM was 52.7% and 20.5%, respectively. There were 208 patients recurred with LR, 26.9% (56) recurred in supraclavicular (SC); 69.7% (145) in mediastinum, and 19.7% (41) in upper abdomen (38 in para-aortic lymph node). 92.8% of LR involved locoregional lymph nodes; the rate of anastomatic recurrence was 5.1% (20/395). Further analysis showed that upper-mediastinal recurrence accounted for 88.7% of mediastinal recurrence. The estimated 1-, 3-, and 5-year accumulated LR rates for all patients were 32.2%, 55.1% and 60.1%. Multivariate COX and logistic regression analysis showed that TNM stage and OS is correlated with LC (p<0.05); but POCT did not decrease LR. Our study shows that SBRT is a safe and effective treatment for selected patients with inoperable HCC. Local control rates and toxicity profile were encouraging.

Results: From February 2011 and April 2015, 71 patients with 102 HCC lesions were irradiated. All patients had Child-Turcotte-Pugh class A or B disease. Median follow-up was 9 months (range 5-43 months). Actuarial LC at 1 and 2-years was 92% and 81%. An Equivalent Dose <100Gy was a significant prognostic factor for LC in univariate analysis, with a 1-2 years LC rates of 99%-94% for a subgroup of lesions treated with a BED≥100Gy and 58%-29% for lesions treated with a BED <100Gy (p<0.001). Median OS was 25 months. Actuarial OS at 1 and 2 years was 70% and 60%, respectively. Univariate analysis showed that OS is correlated with LC (p<0.02), BED<100Gy (p=0.02) and Cumulative GTV<5cm (p=0.04). Median PFS was 9 months. Grade 3 toxicity was observed in 7 patients (18%). No classic RILD was observed.

Conclusion: Our study shows that SBRT is a safe and effective treatment for selected patients with inoperable HCC. Local control rates and toxicity profile were encouraging.

PO-0706

Supraclavicular lymph node disease is not an independent prognostic factor in esophageal cancer

Purpose or Objective: In the TNM 7 staging, supraclavicular lymph nodes (SCN) are considered distant metastasis and thus prognostically unfavourable. This is one of the reasons for a generally accepted policy to treat these patients with supraclavicular disease spread and without further distant metastases with definitive chemoradiation (dCRT), irrespective of N stage. However, the worse prognostic value of a supraclavicular disease may be questioned. We analysed the prognostic value of supraclavicular disease in dCRT for esophageal cancer.

Material and Methods: We retrospectively analyzed 207 patients treated between 2003 and 2013 with a standardized protocol of definitive chemoradiation (dCRT) for esophageal cancer to identify the prognostic value of metastasis in the supraclavicular compartment. We categorized patients with a positive SCN as dCRT failure and survival, with special attention to the relation between supraclavicular disease and N stage. All patients were treated with external beam radiotherapy (50.4 Gy in 28 fractions) combined with weekly concurrent paclitaxel 50 mg/m2 and carboplatin AUC2.

Results: Median follow up time for patients alive was 43.3 months. The median overall survival (OS) for all patients was 17.5 months. OS at 1, 3 and 5 years was 67%, 36% and 21.3% respectively. For patients with a metastasis in the supraclavicular lymph node, overall survival was 23.6 months compared to 17.1 months for patients without a metastasis in the SCN (p=0.51). In multivariate analyses, higher cT status, cHstatus and tumor length were found prognostically unfavorable, but a positive supraclavicular lymph node was a worse independent prognostic value for survival (p<0.05). The relationship between SCN involvement and N stage was analyzed separately. Median OS for patients with SCN involvement and N0/1 disease was 49.0 months (15.4-82.6) compared to 17.4 months in patients with N2/3 disease (95%CI 99.24-8.8 p=0.097). Median disease-free survival (DFS) for tumors with SCN involvement and NO/1 disease was 51.6 months (95%CI 0.108-5.5) compared to 8.2 months in the N2/3 group (95%CI 6.2-10.1 p=0.028). No significant difference in primary end points of this study were in-field local control (LC) and toxicity. Secondary end points were overall survival (OS) and progression free survival (PFS).

Conclusion: Our study shows that SBRT is a safe and effective treatment for selected patients with inoperable HCC. Local control rates and toxicity profile were encouraging.