monitored for acute toxicity using the Common Toxicity Criteria, version 3.0 and late toxicity using the RTOG/EORTC.

Results: 3° hematologic toxicity, principally neutropenia (9/27) and thrombocytopenia (2/27), occurs late cycles. No grade 4 toxicity occurred. 2 patients (ages: 78-79) finished 200 mg nimotuzumab weekly for six cycles with 1° hematologic. Others finished 5 - 6 cycles chemotherapy. All of patients finished radiotherapy in 7 - 8 weeks. The median follow-up was 9.5 months (3 - 22). At 4 months, 24 patients had attained complete response (23 CR, 1 pCR). 3 patients had achieved partial response (PR). 2 of 3 patients who had PR appeared local recurrent at 8 months and 9 months respectively. Local control rates were 92.6% (25/27). All of patients are still survive. 1 patient had haemorrhagic radiation proctitis at 7 months.

Conclusion: Combination nimotuzumab 200 mg and DDP 40 mg/m2 weekly for six cycles concurrently with intensity-modulated radiotherapy can be safely administered in Chinese women. Primary result showed a good clinical outcome. We need continue follow-up. Further development to determine if the combination will help yield a survival benefit.

Electronic Poster: Clinical track: Prostate

EP-1333
PSA kinetics after hypofractionated stereotactic body radiotherapy for localised prostate cancer
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Purpose or Objective: stereotactic body radiotherapy (SBRT) has emerged as an effective treatment for localized prostate cancer. However, prostate-specific antigen (PSA) kinetics after SBRT has not been well characterized. The objective of the current study is to analyze the rate of PSA decline and PSA nadir following hypofractonated SBRT in low- and intermediate-risk prostate cancer.

Material and Methods: From 2008 to 2014, thirty-six patients newly diagnosed, low- and intermediate-risk (NCCN definition) prostate cancer were treated with SBRT using Cyberknife. Total dose of 36.25 Gy in 5 fractions of 7.25 Gy were administered. No one received androgen deprivation therapy (ADT). PSA nadir and rate of change in PSA (slope) were calculated and compared.

Results: With a median follow-up of 53.6 months (range, 14 - 74), the median PSA nadir and median slope for SBRT were 0.23 ng/mL and -0.430, -0.199, -0.127 and -0.094 ng/mL/month, respectively, for durations of 1, 2, 3 and 4 years following radiotherapy. Similarly, for CF-EBRT, the median PSA nadir and median slopes were 0.37 ng/mL and -0.529, -0.138, -0.109 and -0.056 ng/mL/month, respectively. The slope of CF-EBRT was significantly different with a greater median rate of change for 1 year post radiotherapy than that of SBRT (p=0.018). Contrastively, the slopes of SBRT for duration for 2, 3 and 4 years tended to be continuously greater than that of CF-EBRT (p=0.028, p=0.058 and p=0.128, respectively). The significantly lower PSA nadir was observed in SBRT (median nadir 0.23 ng/mL) compared with CF-EBRT (median nadir 0.37ng/mL) (p=0.011). 5-year biochemical failure (BCF) free survival were 100% for SBRT and 80.8% for CF-EBRT (p=0.031).

Conclusion: Patients treated with SBRT using Cyberknife experienced a lower PSA nadir and tended to be continuously greater rate of decline of PSA for duration 2, 3 and 4 years than CF-EBRT. The improved PSA kinetics of SBRT over CF-EBRT led to favorable BCF-free survival. Further studies with more patients and longer follow-up duration are required.

EP-1335
Prostate cancer hypofractionation: impact of prostate gland dimension in genitourinary toxicity
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Purpose or Objective: to analyze predictors of genitourinary (GU) toxicity in a cohort of prostate cancer (PC) patients treated with moderate hypofractionation and simultaneous integrated boost (SIB) using volumetric modulated arc therapy (VMAT) technique.

Material and Methods: Clinical and dosimetric data were prospectively collected and retrospectively analyzed. Patients were stratified into low (43%), intermediate (30%) and high-risk (27%) groups. Target volumes (expanded to define the planning volumes (PTVj) were clinical target volume (CTVj) 1: prostate; CTVj 2: seminal vesicles; CTVj 3: CTv j 4: pelvic nodes. Low-risk patients received 73.5 Gy to PTVl; Intermediate-risk 73.5 Gy to PTVl and 60 Gy to PTV2; high-risk 73.5 Gy to PTV, 60 Gy to CTV2, and 54 Gy to CTV2. All treatments were in 30 fractions. Androgen deprivation therapy (ADT) was prescribed upfront in intermediate and high risk patients. Rectal and GU toxicities were scored according to Common Terminology Criteria for Adverse Events v4.0 scoring system.

Results: From January 2012, 60 patients with localized PC were recruited in an internal protocol of moderate hypofractionation SIB schedule using VMAT technique with definitive intent. The median follow-up was 24 months (range 10 - 36 months). GU acute toxicity was recorded as follow: G0 = 16/60 (27%); G1 = 18/60 (30%); G2 = 26/60 (43%); no case of toxicity G3 was registered. GU late toxicity was recorded as follow: G0 = 20/60 (34%); G1 = 29/60 (48%); G2 = 11/56 (19%); no case of toxicity G3 was registered. The risk