radiotherapy < 0.2 ng/mL. Salvage RT was defined as radiation delayed until PSA rose above a threshold (≥ 0.2ng/mL). All patients were followed for three years.

Results: Forty-nine patients (pre-GUROC: n = 20, post-GUROC: n = 29) met the inclusion criteria. Age, clinical, and pathological factors were similar between the two cohorts, including rates of ECE, SVI and post RP PSA (p > 0.05), however, there were more patients with positive margins in the post-GUROC cohort (50% versus 79%, p = 0.03). Rate of aRT offered was not significantly different between the pre- versus post-GUROC cohort, 65% versus 69%, (p > 0.05). Furthermore, no differences were noted between the rate of salvage RT or no RT offered between the cohorts: 15% versus 10% (p > 0.05), and 20% versus 21% (p > 0.05), respectively.

Conclusions: Two-thirds of eligible prostate cancer patients referred to radiation oncologists in a particular Canadian province were offered aRT. This practice pattern did not significantly change after the publication of the GUROC recommendations.

224 RADIOTHERAPY OF THE PRIMARY TUMOUR FOR METASTATIC PROSTATE CANCER
Kate Johnson1, Jean Guevara1, Pascal Lambert2, Alexander Sachs3, Darrel Drachenberg4, Jeff Saranchuk2, Harvey Quon2
1University of Manitoba, Winnipeg, MB
2CancerCare Manitoba, Winnipeg, MB

Purpose: The standard treatment for men with newly diagnosed metastatic prostate cancer (mPCA) is androgen deprivation therapy (ADT). Local radiotherapy (RT) to the prostate has traditionally been reserved for men who require symptomatic relief in patients with metastatic disease. However, local RT may have other benefits in addition to symptomatic relief. This study investigates the impact of local RT on overall survival (OS) in men with newly diagnosed mPCA.

Methods and Materials: This is a retrospective, population-based study of patients age > 18 years diagnosed with metastatic (M1) prostate cancer in Manitoba between 2004-2013. Patients with neuroendocrine or small cell histology were excluded. Data was collected from Cancer Registry and electronic charts including age, T/N/M stage, PSA, Charlson comorbidity score, RT, surgery, systemic therapy, Gleason score, and ECOG performance status. Cox regression was used to predict OS. Likelihood ratio testing was used to identify factors associated with OS. A p value < 0.05 was considered significant.

Results: A total of 321 patients were included and 25 (7.7%) received RT to the prostate within one year of diagnosis. The median follow up was 2.21 years. The mean age was 71.9 years. Risk category distribution was similar between three groups: 15% versus 10% (p > 0.05), and 20% versus 21% (p > 0.05), respectively.

Conclusions: Two-thirds of eligible prostate cancer patients referred to radiation oncologists in a particular Canadian province were offered aRT. This practice pattern did not significantly change after the publication of the GUROC recommendations.