GU toxicity was observed in 16 patients (19.0%) and 2 patients (2.4%) had grade 3–4 GU adverse effects. Grade 1–2 late GI toxicities were presented in 6 patients (7.1%) and no patient had grade 3–4 late GU toxicity. After a median follow-up of 70-months, the median BPF and 5-year BPFS in the groups treated with aIMRT and sIMRT were 114-months/88% and not-reached/80%, respectively.
Conclusion. The profile of acute and late adverse effects in prostatectomy patients treated with aIMRT or sIMRT is compared favorably with 3DCRT series. Further follow-up and the inclusion of a greater number of patients are needed to assess the definitive effect of aIMRT or sIMRT in late toxicity, biochemical failure and overall survival.

http://dx.doi.org/10.1016/j.rpor.2013.03.501

Postoperative radiotherapy in localized prostate cancer: Referral criteria from urology departments

J. Rodríguez Melcón[1], L. Henríquez Hernández[2], M. Federico[1], A. Riveros[1], B. Pinar Sedeño[1], M. Cabezón Pons[1], N. Rodríguez Ibarria[1], G. González Machín[1], P. Lara Jiménez[1]
[1] *Hospital Universitario de Gran Canaria Dr. Negrín, Oncología Radioterápica, Spain*
[2] *Hospital Universitario de Gran Canaria Dr. Negrín, Oncología Radioterápica - Unidad de Investigación, Spain*

Purpose/objective. To review the criteria followed by urology departments to refer patients to postoperative External Beam Radiotherapy (EBRT) for localized prostate cancer (PCa) after Radical Prostatectomy (RP).
Material/methods. Data from 159 consecutive patients referred from 4 different urology departments, were collected between 2007 and 2012. Clinical and pathological data were analyzed, including a double risk-group classification before and after PR, postoperative EBRT criteria, time from indication to EBRT and pre-EBRT PSA.
Results. The mean age of our series was 60.9 years (SD: 6.5). In a not negligible percentage of patients, the risk group and other clinical and/or pathological factors could not be determined due to lack of data from referral reports. Before RP, 17.6%, 43.4%, 17% and 22% of patients were classified into low, intermediate, high or undetermined risk-group, respectively. After RP, 3.1%, 23.9%, 68.6% and 4.4% were defined as low, intermediate, high or undetermined risk-group, respectively. 62.9% of patients had pT3a-b/T4 tumours and 58.5% had positive surgical margins (unknown: 7.6%). An undetectable level of post-RP PSA (<0.10 ng/ml) was reached by 47.2%, while a permanently detectable-PSA (PD-PSA) $\geq$0.10 ng/ml was present in 42.8% (unknown: 10%). Referral and corrected EBRT intention were adjuvant (28.9% and 11.9%, respectively) and salvage (71.1% and 88.1%; patients with a PD-PSA were classified in salvage-EBRT intention group). Median time from BF to EBRT was 5 months (range: 0–145) and 35.2% had a pre-EBRT PSA $\geq$1 ng/ml (unknown: 11.9%).
Conclusions. A majority of patients were referred for salvage-EBRT, although most of them met established criteria for adjuvant-EBRT (pT3a-b/T4 and/or positive margins). In salvage setting, attention should be paid to avoid undue delay in the time from indication to EBRT referral, not to exceed PSA pre-EBRT described limit of 1 ng/ml. High quality data are desirable to a better decision-making process in this setting.

http://dx.doi.org/10.1016/j.rpor.2013.03.502

Primary mucin-producing prostate adenocarcinoma presenting as a gluteal mass. A case report and review of the literature

J. Lio Gem, J. Lozano Galán, P. Foro Arnalot, A. Reig Castillejo, N. Rodríguez de Dios, I. Membrive Conejo, M. Algara López
Hospital de L'esperança, Oncología Radioterápica, Spain

Aim. To report a rare case of primary mucin-producing prostate adenocarcinoma that arise as right pararectal mass and discuss the clinical diagnosis, treatment and prognosis of the mucin-producing carcinoma of the prostate from a review of published reports.
Materials and methods. We describe a case of a 74-year-old patient who had 2-month history of urinary frequency and dysuria that in the last month noticed a gluteal mass without pain. Was initially suspected neoplasm of rectal origin, so various tests was performed both clinically and immunohistochemically to confirm its origin.
Results. After discarding a neoplasm of rectal origin, this case was diagnosed as a high risk locally advanced prostatic mucin-producing adenocarcinoma with elevated PSA presenting as a gluteal mass, which was pending to begin long-terms androgen suppression therapy (2–3 years) plus resection of the mass and external beam radiation therapy. Reviewing the literature, there is no case with a gluteal mass presentation. Comparing our case with the literature, the primary mucin-producing adenocarcinoma is a variant of high-grade adenocarcinoma of the prostate with high rate of prostate-specific antigen elevation.
Conclusions. Mucin-producing adenocarcinoma of the prostate is extremely rare and is a first case with a gluteal mass presentation. Its differential diagnosis mainly includes conventional prostatic adenocarcinoma with mucin production urothelial-type and secondary adenocarcinoma. The diagnosis and treatment of this disease should be further investigated. Although it has been suggested that mucinous carcinoma is a variant of high-grade adenocarcinoma of the prostate, and their prognoses are very poor.

http://dx.doi.org/10.1016/j.rpor.2013.03.503