PV-0087
Non-publication of Phase-3 clinical trials in radiotherapy
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Purpose or Objective: As of 1 July 2015 The ClinicalTrials.gov database was searched for interventional phase-3 trials in radiotherapy with a primary completion date before 1 January 2013. We also took a sample which was a subset of the former one, taking into account only the interventional phase-3 clinical trials with a study start as of 1 January 2008; the main reason was to see if those trials starting after the 2007 Act publish more results within the register as the trials registered before the 2007 Act was passed.

Results: In our first study sample, a total of 655 trials (81.7%) did not deposit a summary result. Clinical Trials starting after the 2007 Act was passed did not do any better: 422 out of 552 (76.4%) haven’t published a deposition of their results within the register. We further analyzed our search results taking into account the cancer subtype. The percentages of unpublished results for our second study sample were the following: Gastric (68%), Rectal (64%), Bladder (90%), Sarcoma (70%), Liposarcoma (78%), Esophagus (92%), Cervix (80.6%), Astrocytoma (70%), Testicular (100%), Skin (89.5%), Eye (47%), Anal (100%), Palliative (73%), Glioblastoma (62.5%), Breast (78%), Lung (73.7%), Head&Neck (74.6%), Prostate (68.5%).

Conclusion: Our results show that most trials do not report results, even if they are forced to do so after the 2007 Act. This means that a large number of study participants were exposed to the risks of trial participation without the supposed benefits that sharing and publishing results would have for future generations of patients.

PV-0088
Rapid changes in brain metastasis during radiosurgical planning - implications for MRI timing
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Purpose or Objective: The aim of this prospective study was to determine any changes in brain metastases or resection cavity volumes between the planning MRI and radiosurgical (RS) treatment and if these impacted on management or led to an alteration of the RS plan.

Material and Methods: 33 patients with 42 metastases and 12 tumour resection cavities underwent a planning MRI (MRI-1) which was fused to the planning CT. GTV (metastasis) or CTV (cavity) were contoured from the T1 and T2 post-gadolinium MRI. The GTV/CTV had a 2mm circumferential expansion creating a PTV with a plan generated. In addition, a verification MRI (MRI-2) was performed 24-48 hours prior to RS with volumes re-contoured on MRI-2 (verGTV/verPTV). The GTV/CTV and PTV volume changes between MRI-1 and MRI-2 were recorded and the original plan assessed for coverage of the verPTV. A change in plan or management based on MRI-2 was recorded.

Results: Patient and tumour characteristics are shown in Table 1. The median time between MRI-1 and MRI-2 was 7 days with 27 patients (82%) having 14 days or less and 22 patients (66%) with 7 days or less. Changes in GTV/CTV and PTV volumes between MRI-1 and MRI-2 are shown in Figure 1.