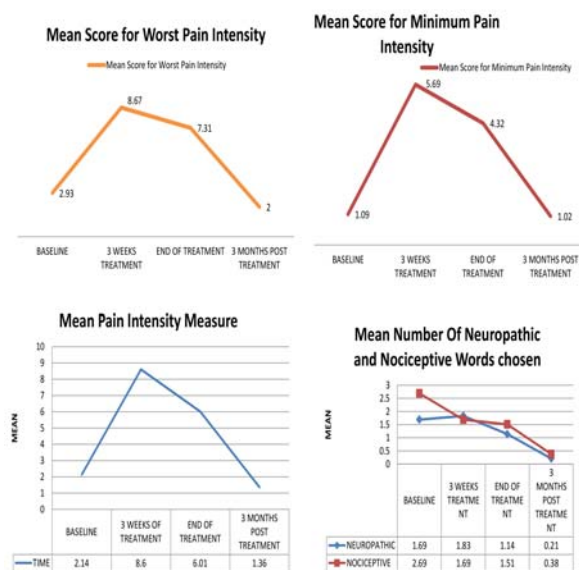


medication prescribed to treat it. Pain Management Index (PMI) is calculated by subtracting the patient-rated pain intensity score from the analgesic score. A negative PMI score (-3 to -1) indicated inadequate analgesic management.

#### Results:



58 patients were available for analysis, 51 males and 7 females with median age of 54 years.

Of these, 72.4% patients were stage III disease and 27.6% were stage IV. Majority were oral cavity primary (36.2%) followed by oropharynx (24.1%), larynx (22.2%) and hypopharynx (8.6%) 72% patients reported pain for 0-6 months prior to study entry. On average, pain intensity measure before start of CCRT was 2.14(mild), 8.60( severe) at 3 weeks of RT, 6.01(moderate) at the end and 1.36(mild) at 3 months of follow-up.

Mean score for Worst Pain intensity was 8.7 at 3 weeks of treatment. Patients who received opioids (mild/strong) before start of RT, at 3 weeks of treatment and at the end were 6.91%, 20.69% and 10.34% respectively. Most common neuropathic pain descriptors chosen were- Aching (60.34%) and Burning (36.21%); nociceptive words chosen were- Throbbing (84.48%), Shooting (37.93%) and Tender (34.48%) and Affective descriptors were Tiring (70.68%) and Nagging (55.17%).

≥ 50% pain relief with the analgesics prescribed was attained by 70.68% patients before start of therapy, 65.51% and 82.76% at 3 weeks and end of therapy respectively. Based on PMI, during radiation 44.83% (26/58) and at the end of therapy 34.48% (20/58) patients received undertreatment for their level of pain intensity.

Conclusions: Inadequate pain management appears to be a persistent problem for patients undergoing radiotherapy. Clinical management of both nociceptive as well as neuropathic components and more appropriate and judicious use of strong opioids can contribute to improved pain relief. Future educational efforts should therefore target radiation oncologists as an important resource for treatment of cancer pain.

PO-0770

Stereotactic radiotherapy versus surgery: comparison of survival in lung metastases from colo-rectal cancer

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**Purpose/Objective:** Lung metastasectomy and Stereotactic Ablative Radiotherapy (SABR) are proposed to selected stage IV oligo-metastatic colo-rectal cancer (CRC) patients in absence of clear evidence of superiority of any of the two approaches. Aim of the present retrospective cohort study was to perform an explorative comparison of the two treatments (SABR vs. surgery) on overall survival. **Materials and Methods:** All patients who consecutively were referred to the Thoracic Surgery Unit and underwent surgery (n=180) or to the Radiation Oncology Unit an underwent SABR (n=28) as first local therapy for lung metastases between 2005 and 2012 were considered for analysis. SABR was delivered with a single fraction of 26 Gy prescribed at the 80% isodose. Surgery consisted in nonanatomic wedge resections. Overall survival functions according to treatment were calculated using Kaplan-Meier method and compared using Log-rank test. Crude and adjusted hazard ratios (controlling for age, gender, comorbidities, CEA levels and disease-free interval) were estimated by Cox models. A sensitivity analysis was also performed by using the propensity score (inverse probability treatment weighting method).

**Results:** Patients receiving SABR were older and were treated more recently, had less lung metastases, while comorbidities and size of the treated lesions were similar in the two groups. Median follow-up were 36 months for the surgical cohort and 30 months for the SABR cohort. Overall survival at 1 and 2 years were 0.89 and 0.77 for SABR group and 0.94 and 0.80 for surgery group (log-rank test p-value=0.24), thereafter the survival seems to be lower for the SABR group (fig1). After adjustment, the HR of SABR vs surgery was 1.51(95%CI:0.75-3.04; p=0.24). These results were confirmed in the sensitivity analysis.

**Conclusions:** Results of the present study shows that overall survival probability after SABR is similar to surgery, at least for the first two years from treatment. The survival projection is limited afterwards as the follow-up of the SABR cohort is shorter. These results suggest that SABR should be included as a local treatment option in a randomized trial.

PO-0771

Hypofractionated high-dose IMRT: effective and less toxic than 2D-RT in incurable head and neck cancer

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