nurses who train on-the-job. Most countries do not have focused education programmes for RTTs.

Conclusions: The results indicate heterogeneity with regards to appropriate levels of infrastructure. Some countries reach (Turkmenistan) or approach (Azerbaijan, Russia, Belarus and Ukraine) 1 TT machine/1000 cancer patients/year relative to 2012 cancer statistics. These indicators represent an approximate estimate of resource availability, but do not reflect patient access or quality of the radiotherapy services.

Teaching Lecture: Lung SCLC-How can we improve survival further with radiotherapy?

SP-0194
Lung SCLC-How can we improve survival further with radiotherapy?

L. Kepka

Radiotherapy (RT) has always been kept, one way or another, as a part of the multidisciplinary management of small-cell lung cancer (SCLC). In 1957, a clear distinction between two categories of SCLC - limited-disease (LD) and extensive-disease (ED) - depending on the possibility of inclusion of all possible disease sites into a single radiation portal - was made. This reflects a historically recognized value of RT for treatment outcome of SCLC. Nowadays, in the era of the use of modern technologies for imaging and RT planning, the distinction between LD and ED is made on the basis of the presence of distant metastases. But still we weigh up a value and the extent of improvement of outcome with RT use separately for LD and ED. Thoracic RT in combination with chemotherapy and prophylactic cranial irradiation (PCI) increase 3-year survival by approximately 5% each, as shown in the meta-analyses. One randomized phase III trial demonstrated also a survival advantage by PCI of 13.5% at one year for ED-SCLC. Recently, it was demonstrated in a randomized trial that the addition of thoracic RT (30 Gy in ten fractions) after any response to chemotherapy provides a 1-year survival increase by approximately 5% each. Thirteen-five percent of ED-SCLC patients are eligible for PCI, as MRI is more sensitive than computerized tomography in detecting brain metastases.

Teaching Lecture: On the need of Population-based studies of arbitrary cancer management in the elderly

SP-0195

On the need of Population-based studies of arbitrary cancer management in the elderly

J.W. Coebergh, H.A. Maas, M. Aarts

Much has been said already on the complexities and unknowns in management of cancer in the elderly, by 2020 more than 50% of all newly diagnosed patients with cancer older than 65 years, >30% when >75 years and about 10% over 85 years in most European countries. Above age 65 and rising with age, about 10% of newly diagnosed cancers is a second cancer, excluding those in the same organ site (skin - basal cell carcinoma (BCC) and large bowel as well as recommendation for LD-SCLC is the use of radiotherapy with early accelerated hyper-fractionated RT. However, such an approach may not be convenient and its toxicity makes it unfeasible for fragile and/or elderly patients. The use of newer RT technologies and proper selection of patients for aggressive radio-chemotherapy schedules are expected to improve treatment tolerance.