Material and Methods: Based on qualitative meta-synthesis as described by Sandelowski and Barroso four research articles were systematically identified and included in the study. Only studies conducted in the Scandinavian countries were included to ensure a similar cultural context and organization of the health care system. The meta-synthesis was conducted in a hermeneutic perspective, and consisted of five phases; search phase, appraisal phase, classification phase, analysis phase and synthesis phase. The synthesis phase was complemented by the approach imported concepts to expand comprehension and integrate the findings.

Results: The results suggest that the experience of radiotherapy is described by the main theme: The importance of being greeted as a human being and six sub-themes; The role and competence of the RTT; Continuity and relationships; Isolation; High-tech environment; Active participation and Knowledge and guidance. The main theme and sub-themes are illustrated in Figure 1.

Figure 1
The results are integrated with notions on care by Kari Loengstrup, suggesting that the RTTs must be very aware of their role in the encounter with the individual; including being responsible for building trust and protecting the continuity in the relationship. The results suggest that structural issues in the health care system, such as efficacy and task prioritization, can jeopardize the relationship and communication between the RTT and the patient.

Conclusion: The results of the study provide evidence to work more actively with ensuring continuity during the radiotherapy trajectory to provide a higher level of care and communication with the individual patient. In addition, the study introduces an increased awareness amongst RTTs regarding their specific role in the patients' experiences of a radiotherapy trajectory.

PV-0225
Investigating optimal modality for boost treatment of left breast with deep inspiration breath hold
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Purpose or Objective: Deep inspiration breath hold (DIBH) for breast boost requires photons due to the limitations of the Varian RPM DIBH monitoring equipment, precluding the use of electrons. Traditionally, an electron boost was felt to be superior compared to photons due to their rapid dose fall off and resultant low dose to the heart and short treatment time. If an electron boost was deemed superior, this would need to be delivered with the patient free breathing (FB) due to aforesaid limitations. The primary aim of this study is to compare photons at DIBH to electron boost at FB with regards to plan quality and organ at risk (OAR) constraints to the heart and lungs in left sided breast patients. The secondary aim was to assess if the dosimetric detriment of the inferior modality would detract from the benefits gained in Phase 1, whole breast DIBH treatment.

Material and Methods: Twenty consecutive patients undergoing radiotherapy to the left breast with DIBH were identified. All patients underwent dual CT scans at DIBH and FB as per the standard departmental protocol. A boost treatment was retrospectively planned with electrons on the FB scan and photons on a DIBH scan to a prescription on 10Gy in 5 fractions. PTV coverage, mean and maximum, doses to the heart and left anterior descending artery (LAD) and mean doses to the lungs were compared. The results were further analysed by the location of the boost volume as defined by breast quadrants.

Results: Doses to the planning target volume (PTV) and mean heart doses were comparable between photons and electrons. Maximum heart doses reduced by 60% while maximum and mean LAD doses reduced by 54% and 51.2% respectively using photons, while mean left lung dose reduced by 43%. These reductions were seen across all four breast quadrants. When combined with the reductions in doses seen using DIBH for Phase 1, whole breast treatment, electrons would result in an overall treatment dose increase of 11% for the heart maximum, 7.3% and 14% for LAD mean and maximum respectively and 70% for lung mean.

Conclusion: Dosimetrically photons was a superior modality when compared to electrons in phase 2 Left breast treatment maintaining benefits to the heart and lung gained through DIBH without compromising PTV coverage. The results were applicable regardless of the location of the boost volume. The increase in mean lung, maximum heart and maximum and mean LAD doses would negatively impact on the dosimetric benefit seen during DIBH for Phase 1 of left breast treatment.

PV-0226
Pattern of relapse of glioblastoma treated with Stupp protocol: could a margin reduction be proposed?
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Purpose or Objective: To analyse the pattern of recurrence and acute and late toxicity of 105 patients treated with Stupp protocol in relation to both radiotherapy technique (3D, IMRT and helical IMRT) and treatment volumes; to compare in silico plans with reduced GTV-CTV margin (1 cm) with the original ones (2 cm). The CTV-PTV margin (5 mm) was maintained.

Material and Methods: Relapse was considered as in field, marginal and distant if more than 80%, 20-80% or <20% of the relapse volume was included respectively in the 95% isodos. In silico plans with reduced margin were retrospectively re-calculated using exactly the same technique, the same fields angles and, if possible, the same TPS of the original plans. Statistical analysis was performed with SPSS® software.

Results: Eighty-five patients had local recurrence: 3 were excluded because underwent follow-up MRI in other hospitals; 14 because the original treatment plans were not recoverable. The analysis was therefore executed on 68 patients. They were in field, marginal and distant respectively in 88%, 10% and 2% of the cases. This pattern of