terms of cosmetic results, 99% and 1% of patients considered the result as good/excellent and as fair after RT, respectively. No patients had a poor cosmetic outcome.

Conclusion: These results support the feasibility and good tolerability of SIB-VMAT in elderly patients with a diagnosis of breast cancer following CS with acceptable acute and late treatment-related toxicity. These preliminary results justified continuing the clinical study with the goal to establish the impact of hypofractionated SIB-VMAT in elderly patients with diagnosis of early stage breast cancer.

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Post mastectomy radiotherapy and periprosthesic capsule contraction: a clinico-pathological analysis
C. Digea1, G. Macchia1, M. Nuzzo1, F. Deodato1, M. De Ninno2, C. Lagrec3, M.G. Fiorino1, A. Ianori4, G. Tolento5, I. Ammendola1, A. Arcelli1, L. Ronchi1, A.L. Angelini1, S. Ciabatti1, S. Cammelli1, C. Zamagni1, G. Frezza1, M. Taffurel11, S. Manfrida11, A.G. Morganti1
1 Fondazione di Ricerca e Cura "Giovanni Paolo II" - Catholic University of Sacred Heart, Radiation Oncology Unit, Campobasso, Italy
2 Fondazione di Ricerca e Cura "Giovanni Paolo II" - Catholic University of Sacred Heart, Pathology Unit, Campobasso, Italy
3 Fondazione di Ricerca e Cura "Giovanni Paolo II" - Catholic University of Sacred Heart, Surgical Oncology Unit, Campobasso, Italy

Purpose or Objective: To investigate the pathogenesis of peri-prosthetic capsule contraction (CCPP) related to post mastectomy radiotherapy in breast cancer patients undergoing breast reconstruction with heterologous material.

Material and Methods: Patients developing (early or late) CCPP after breast reconstruction were enrolled in this study. CCPP was clinically evaluated by Baker score in order to define pain, rigidity, firmness and dislocation of implant. CCPP was analysed considering pathological aspect after subtotal capsulectomy with anterior removal of peri-prosthetic capsule. Patients were split into two groups according to histopathological and immunohistochemical analysis. Group A included irradiated patients (50 Gy, 2 Gy per fraction on chest wall, using tangential field-in-field technique). Group B included non-irradiated patients. Baker Score and microscopic analysis of specimens were performed. Characteristics of both groups are reported in Table 1.

Results: Analysis was performed on 26 patients who developed CCPP (29 capsulectomy, because 3 bilateral) in the period between April 2012 and February 2015 (34 months). All patients developed CCPP within 1 year from first reconstructive surgery. Characteristics of both groups are reported in Table 1.

Univariate analysis showed a positive association between Baker Score and radiotherapy (OR: 1.65), and hyalnosis and radiotherapy (OR: 1.2). Multivariate analysis confirmed association between CCPP and radiotherapy (OR: 17.9); chemotheraphy (OR: 4.3) and hormone therapy (OR: 48.44) in terms of contraction grade and simil-synovial reactions respectively.

Conclusion: Radiotherapy after breast reconstruction significantly influenced onset and severity of CCPP, although other variables contributed to CCPP multifactorial aetiology. In particular, hormone therapy and chemotherapy played a role in modifying capsular architecture.