EP-1103
Gas rectal pockets are related with higher rectal doses during vaginal cuff brachytherapy
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Purpose/Objective: Rectal volume change is a proved source of variation during external beam radiotherapy. Vaginal cuff brachytherapy is one of the most widely and settle brachytherapy procedures worldwide. Some groups advocate aprevious rectum cleansing, although no studies exist analysing the consequences of rectal distention during vaginal cuff brachytherapy. The aim of our study was to define how the type of rectal content affects its dosimetric values.

Materials and Methods: CT sets (337) derived from 92 patients treated with vaginal cuff brachytherapy were re-segmented and re-planned for study purpose under the same parameters. Rectum DVH values were extracted and parametric and non-parametric analysis was carried out according to the rectal content. Tukey HSD test was used for post-hoc comparisons.

Results: Kruskal-Wallis (D2cc, D10cc and ANOVA (Dmax, D0.1cc, D0.2cc) tests showed significant differences among empty rectums, rectums with feces, and rectums with gas pockets (all p<.0001).

Conclusions: Gas pockets are a source of rectal dose increase during vaginal cuff brachytherapy. Maneuvers adressed to reduce it, like rectal tubes or rectum cleansing, could diminish rectal doses and secondary toxicity. Avoiding contrast rectal enemas that increase secondary toxicity. Avoiding contrast rectal enemas that increase the maximum score (0.80) was highest in patients in which gap between treatment and interview was 10 years. Average overall LENT SOMA score was highest in patients in which gap between treatment and interview was 11 years. (p value=0.705)

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Purpose/Objective: Cutaneous angiosarcoma is a rare form of soft-tissue sarcomas (STS). It is aggressive, malignancy with a poor prognosis.

Materials and Methods: We present the case of a male, 60-years-old, with angiosarcoma (AS) spreading over the entire surface of the nose. The lesions became swollen and thick. Surgery was excluded because it was considered highly invasive with poor cosmetic result. The patient was treated with 6 cycles of chemotherapy with taxol 80 mg/mq at the day 1, 8,15 every 28 days. Than the patient was treated with 3D Conformal Radiotherapy with the total dose of 50 Gy in 25 fractions of 2Gy. After that, other 3 cycles of chemotherapy with taxol 80 mg/mq at the day 1, 8, 15 every 28days.

Results: We obtained a complete response. At the last follow-up (40 months after treatment) the patient was in good general clinical condition, without signs of late toxicity due to radiotherapy or chemotherapy; all lesions disappeared and all exams were still negative.

Conclusions: Our analysis shows that chemotherapy and radiotherapy can be delivered in safety and can be well tolerated with a low grade of toxicity and good results in term of local control and complete response, also if the location of the AS is uncommon. It was obtained an excellent aesthetic result with improvement of quality of life of the patient.

EP-1105
Radiotherapy for lung cancer in elderly patients: tolerance and toxicity
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Purpose/Objective: The longevity of the population makes possible the diagnosis of lung neoplasms in elderly patients emerging controversies and doubts about the implementation of aggressive treatments that damage their vital activity. The existence of comorbidities in this population discards the surgical option in many cases, with the options of radiotherapy and/or chemotherapy as radical treatments, but with doubts about toxicity and benefit. The aim of our study is to examine the tolerance of elderly patients diagnosed with lung cancer at different stages when subjected to external radiotherapy.

Materials and Methods: We analyzed a group of 46 patients diagnosed with lung cancer aged over 70 years and stages I-IV, treated with conformal 3D external radiotherapy. 24 patients received total doses ranged from 45-60Gy with conventional fractionation (1.8-2 Gy/fx); hypofractionation schemes (total doses 15-60Gy) were used in 22 cases. Acute toxicity was evaluated with RTOG/EORTC scales. Pulmonary toxicity (IP), dyspnea and esophageal (IE), dysphagia/odynophagia) were taken as causes of pause or discontinuing treatment.

Results: 28 patients did not develop any toxicity. 13 patients had grade 1 (lung, esophageal or both); 3 patients developed grade 2. In 2 patients, they could not evaluate because definitive interruption (complications of neoplasm). Only 3 cases presented pause of treatment, restarting again after clinical improvement (all of them with conventional fractionation. One of them without toxicity because voluntary decision of the patient) According to fractionation: 19 patients with hypofractionation (86.4%) did not develop acute toxicity. In conventional group, 14 patients (61%) had some degree of toxicity. Mediastinum was included as treatment volume in 28 patients. When it was irradiated, 50% of cases had some degree of toxicity (1 or 2), while treatment discontinued in 2 patients. When exclusion, 83% of patients completed treatment without acute toxicity.

Conclusions: Globally we observed that tolerance to external beam radiation therapy in elderly patients is acceptable, and no different from that to be found in younger patient groups subjected to the same treatment regimens. The application of external radiation therapy in elderly patients must be taking into account in the cases of lung cancer, and should not be discarded as a therapeutic option.