Peripheral neuropathy (17.94 vs. 11.66, p=0.088) and lymphedema scores was observed (10 vs. 1.66, p=0.06). Twenty two patients who completed 6 months since IMRT, demonstrated improvement in physical and emotional function with significant decrease in symptom scales (p = 0.05) except insomnia score (p = 0.276). On evaluation of cervix specific module, no difference was observed in functional scores as compared to baseline. However, an improvement in body image perception was observed. Though reduction in global QoL was observed, but scores remained higher than baseline scores.(70.28 vs. 65.21 ).

Conclusions: Women with cervical cancer have higher QoL scores at 6 months after completing adjuvant IMRT than at baseline. However this effect needs to be confirmed at further follow up and a larger cohort of patients undergoing IMRT.

PD-0469
Long-term risk of secondary skin cancers after radiation therapy for Hodgkin lymphoma
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Purpose/Objective: Survivors of Hodgkin’s Lymphoma (HL) are at risk of secondary tumors. None of the studies of secondary cancers in HL survivors have focused on the risk of developing skin cancers. We investigated the risk of developing secondary skin cancers after radiation therapy for HL, both in comparison to treatment without radiotherapy and to an age-matched Dutch population.

Materials and Methods: We conducted a retrospective cohort study of 889 HL patients treated between 1965 and 2005. Data on diagnosis of secondary skin cancers were collected by linkage with the nationwide pathology database. Data on treatment fields were extracted from patient files. Incidence rates of skin cancers and of basal cell carcinoma (BCC) specifically were compared to the expected number based on age, sex- and calendar period-specific incidence rates in the Dutch population.

Results: 318 skin cancers were diagnosed in 86 patients. The majority of skin cancers (93%) were BCC. The standardized incidence ratio (SIR) of BCC in HL survivors was significantly increased compared to the general population (SIR 5.2, 95% CI 4.0-6.6), especially in the group aged <55 years (SIR 8.0, 95% CI 5.8-10.7). SIR increased with longer follow-up; after 35 years the SIR was 15.9 (95% CI 9.1-25.9), with 626 excess cases per 10,000 patients per year. The risk of skin cancer was significantly increased in patients treated with radiotherapy (as part of) their treatment in comparison to patients treated with chemotherapy alone (HR 2.75, 95% CI 1.01-7.45, p=0.047).

The majority of skin cancers developed within the radiation treatment fields (57%). Of the skin cancers that developed outside radiotherapy field 15% were located in near proximity of the radiation field borders.

Conclusions: Radiotherapy for HL is associated with a strongly increased long-term risk of developing skin cancer, both in comparison to the general Dutch population and to treatment with chemotherapy alone. Since risks increase with longer follow-up, the total number of skin cancers in HL survivors is expected to further increase, implicating a substantial and clinically relevant problem. Patients and health care providers should be aware of this risk, in order to facilitate preventive measured and rapid access to early diagnosis and treatment.

PD-0470
177 Lutetium DOTATATE for advanced progressive meningioma: A pilot study
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Purpose/Objective: There is no established therapy for meningiomas that recur after surgery and radiotherapy. We carried out a pilot study to establish the tolerability and therapeutic potential of 177Lu-DOTATATE (DOTA) which targets somatostatin receptors (sst). Materials and Methods: 6 patients with recurrent progressive G2 meningioma underwent 177Lu-DOTATATE PET/CT to assess eligibility for treatment (tx). 4 cycles of 177Lu-DOTA were planned at 8-10 week intervals.
Protocol: antiemetic, cationic amino acid infusion to prevent renal toxicity (25g lysine/25g arginine in 1L of 0.9%NaCl over 4 hr), iv injection of 177Lu-DOTATATE (30 mins), short course of dexamethasone to prevent neuroaxial oedema, weekly full blood count monitoring for 6 weeks.
Metabolic activity was assessed on 18F-FDG-PET/CT prior to and at 1 year. Tumour size was evaluated on MRI by RECIST(1D) and WHO (2D) criteria and on a volumetric basis to establish a growth rate(GR) pre and post tx: GR= lg(Vt/V0)/dt (exponential) and % growth per month (linear).
Dosimetry was performed on cycle 2 for 1 patient. Post-tx whole body imaging and SPECT/CT was performed at 2.2,4.8, 21.4 and 92.6 hrs. Tumour volume was defined with contrast-enhanced CT at 21.4 hrs. Using a phantom derived SPECT sensitivity factor, the activity in the tumour at each time point was determined and a biexponential fitted to the time-activity curve. Accumulated activity was multiplied by the tumour volume.

Results: All 6 patients had sst-ve disease and commenced tx. 4 patients completed 4 cycles with minimal toxicity(G1 fatigue and G1 thrombocytopenia in 1 patient). Median administered dose was 7.4Gbq, median interval 10 weeks. An overnight stay was required for radiation protection. 2 patients demonstrated symptom improvement (reduced seizures,improved vision). 2 patients stopped after 1