P032 Salvage radiotherapy as targeted treatment in oligorrecurrent patients with prostate cancer

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Introduction & Objectives: Salvage radiotherapy (SRT) is an emerging tool as targeted treatment in oligorrecurrent patients with prostate cancer (PC). It seems to be associated with longer progression-free survival (PFS), delayed systemic treatment and better quality of life. The objectives are to assess the efficacy and toxicity of SRT in patients with oligorrecurrent PC who were treated in our center.

Materials & Methods: Between January 2017 and January 2020, 11 patients with oligorrecurrent PC were assessed retrospectively with a total of 19 metastases treated with SRT, 15 in lymph nodes and 6 in bones. 5 patients had bone metastases and 6 patients had lymph nodes metastases. 63% received concomitant androgen deprivation therapy (ADT). All underwent SRT of which 5 received stereotactic body radiation therapy (SBRT) and 6 received intensity modulated radiation therapy (IMRT). The median dose delivered were 27 Gy in 3 fractions, using SBRT and 56 Gy in 28 fractions, using IMRT. We evaluated biochemical progression (PSA level increase), radiographic progression (detected by conventional imaging) and initiation of systemic treatment or ADT. Overall survival (OS), progression-free survival (PFS) and local control rates were reported. The toxicity was prospectively assessed and scored according to the Radiation Therapy Oncology Group (RTOG).

Results: Median follow-up was 16 months (range 5-33). Median age was 68 years (range 57-76); 90% had a Gleason score (GS) of 7-9. Mean and median pre-SRT PSA was 4,61 and 2,43 ng/dL (range 0,02 -18,90) ng/ml. 4 (37%) patients were T2B, 2 (18%) T2C, 1 (9%) T3A, 3 (27%) T3B and 1 (9%) T4A. The patients had a median of 1 metastases (range 1–4). 10 (90%) patients experienced PSA decline and 7 (63%) patients experienced <30% PSA decline. 2 patients (18%) presented progression, one biochemical progression and one radiographic progression, one of them died from other causes (cholangiocarcinoma). Only one patient required ADT initiation. At the 3-year follow-up OS, PFS and local control rates were 90,9%, 81% and 81,8%, respectively. At the last follow-up, grade £ 2 late gastrointestinal (GI) toxicity was detected in 4 (37%) patients. No grade 3 or 4 late toxicity occurred.

Conclusions: The SRT begins to be considered as a safe and effective rescue tool in patients with oligorrecurrent PC, with excellent tolerance. However, longer follow-up and randomized studies are needed to confirm results and consider it as standard.