free survival (FS), RN-FS and DP-FS were 9 months (4-48), 9 months (4-48) and 9 months (4-48), respectively. Median overall and cancer specific survival were 9 months (4-48). Of note 2 patients who had hemoptysis before SBRT resolved the symptom after treatment. No patients developed > grade 2 toxicity.

Conclusions: SBRT was a feasible,safe and effective treatment in selected unresectable LA-NSCLC pts. Although clinical outcomes were very promising both in terms of results and toxicity,larger and more mature studies are needed to adopt this treatment in clinical practice.

PO153

RADIOTHERAPY FOR SUBCUTANEOUS METASTASES FROM PANCREATIC NEUROENDOCRINE TUMOR: A CASE REPORT

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Aims: Skin metastases from neuroendocrine tumors are rare and the optimal palliative approach is uncertain. Systemic therapies and supportive cares are administered in the majority of cases. In this report we describe our experience in the multidisciplinary management of a case of pancreatic neuroendocrine tumor with multiple subcutaneous metastases, highlighting the advantages achieved with palliative radiotherapy delivered to symptomatic skin metastases.

Methods: A 61-year-old woman affected by a pancreatic small cell neuroendocrine carcinoma with multiple hepatic and subcutaneous metastases was referred to our Radiation Oncology Unit after a multidisciplinary evaluation. Indeed, the patient had obtained an initial partial response of her visceral lesions with chemotherapy (Cisplatin- and Etoposide-based), but a progression of subcutaneous metastases was detected. Two different RT treatments were planned and delivered for a skin mass at the right fronto-temporal region of the scalp and for two lesions at the right scapular region and at the back of the left thoracic wall, respectively. All lesions were large (at least 10 centimeters in diameter) and easily bleeding.A total dose of 30 Gy in 10 fractions was prescribed for the scalp lesion, while a total dose of 20 Gy in 5 fraction was delivered to each back lesions, simultaneously. Both the radiation treatments were planned with 6-MV non-coplanar photon beams tangent to the skin, ensuring a useful dose-sparing of normal tissues. Second-line chemotherapy schemes were administered but soon discontinued due to hematological toxicity (especially thrombocytopenia).

Results: The treated lesions stopped bleeding and showed a progressive shrinkage. The skin became progressively crusted and remained stationary until patient's death. The patient did not show treatment-related side effects and experienced a sensitive improvement of her quality of life. During chemotherapy administration, an overall diffuse reduction of skin lesions was also observed. Unfortunately, the patient died about two months after completion of RT due to cachexia.

Conclusions: Palliative radiotherapy delivered to symptomatic skin metastases from neuroendocrine tumors could allow a satisfactory local response, as well as an improvement of patient's quality of life. For these reasons, this approach could be considered for selected patients and should be re-evaluated in the multidisciplinary management of these rare tumors with poor prognosis.

PO154

THE EFFICACY OF STEREOTACTIC BODY RADIATION THERAPY IN OLIGO-METASTATIC PROSTATE CANCER PATIENTS: PRELIMINARY EXPERIENCE IN ABANO TERME CENTRE

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Aims: To evaluate the efficacy of stereotactic body radiation therapy (SBRT) in oligo-recurrent (OR) and oligo-progressive (OP) metastatic prostate cancer patients.

Methods: We conducted a retrospective analysis of two settings of oligo-metastatic (one to four metastasis) prostate cancer patients: OR, defined as the presence of bone and/or lymphatic lesions, detected with choline or Ga^68-PSMA (Prostate Specific Membrane Antigen) positron emission tomography following biochemical recurrence; OP, defined as the presence of the same type of metastasis detected in the same way after a prostatic-specific antigen (PSA) rise during androgen deprivation therapy. All patients underwent to ablative radiation therapy delivered with volumetric technique; the median BED(2) (Biological Effective Dose using an $\alpha\beta$ of 2 Gy) was >120 Gy. Primary endpoints were local control (LC) and progression-free survival (PFS) in both groups; ADT-free survival in OR group; second-line systemic treatment-free survival (STFS) in OP group.

Results: From May 2016 to May 2019 we treated 15 OR and 5 OP metastatic prostate-cancer patients, for a total number of 24 metastases (9 bone and 15 lymphatic lesions). The median PSA level before SBRT in OR group was higher than in OP group (3.29 ng/ml Vs 2.27 ng/ml), 80% of the patients in OR group was without ADT. In both groups the median PSA doubling time was definitely inferior to 6 months. Three patients (1 in OR and 2 in OP) after a progression of PSA underwent a second course of SBRT in out-field region. One patient in OR group showed an in-field relapse, not suitable to re-irradiation. Median follow-up was 6 and 13 months in OR e OP group respectively. The rates of LC were 92.3% and 100% in the OR and OP group respectively. We observed a PFS at 6- and 12 months of 76.9% and 51.3% respectively in OR series, 80% and 53.3%