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.

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 prostate-specific antigen (PSA) rise during androgen deprivation therapy. All patients underwent ablative radiation therapy delivered with volumetric technique; the median BED(2) (Biological Effective Dose using an α/β 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 and 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% respectively