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SHORT-COURSE PALLIATIVE RADIATION THERAPY FOR ADVANCED H&N TUMORS: FINAL RESULTS OF A PHASE II STUDY

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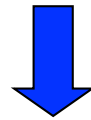
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Patients treated for **symptom palliation** commonly have:

- **limited survival,**
- **physical discomfort** with transportation,
- and **emotional disdain** for **prolonged treatment** courses.

A shorter treatment could offer a considerable simplification in palliative care: most patients will not survive to face the increased risk of long-term side effects associated with hypofractionated regimens.

SHort course **Ac**celerated **R**adiati**ON** therapy = **SHARON**



**2 daily
fractions
over 2 days**

reduction of total treatment **time**

improving the physical and psychological **comfort**

faster **resolution** of clinical **symptoms**

possibility of **retreatment**



To assess the effectiveness of a Short-course
Accelerated RadiatiON therapy (SHARON) in
the palliative treatment of patients with
advanced primary or metastatic H&N tumors



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MATERIALE NON RIPRODUCIBILE



Phase II clinical trial (Two- stage Simon's design)

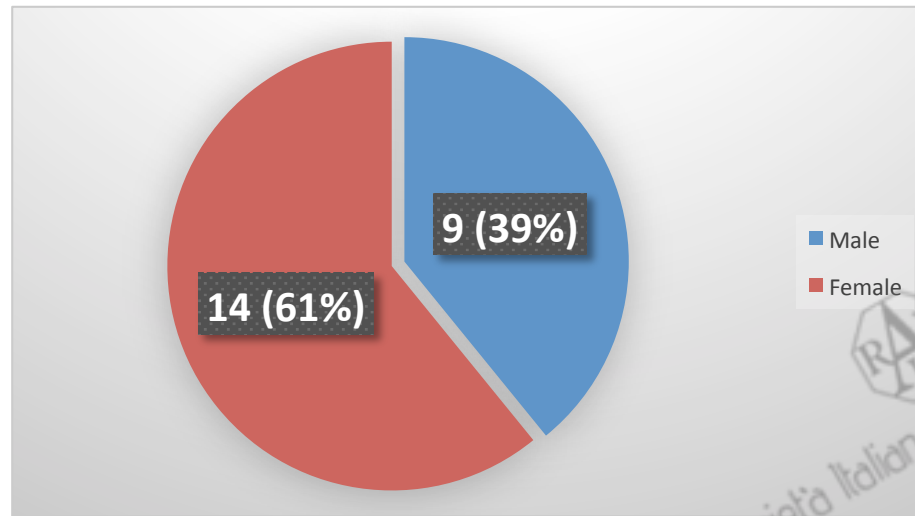
- *23 patients with advanced primary or metastatic H&N cancer*
- *ECOG ≤ 3*
- *RT dose schedule: 20 Gy/5 Gy BID*

Primary endpoint:

to assess efficacy in terms of symptoms relief

Results

Results (23 patients)



**Overall palliative
response rate:
91,3%**

SVV3m: 89.7%
Median SPFS: 5m
(95%CI: 1.8-8.1)

Median age: 83 (40-98)

ECOG < 3: 11 pts (47.8%)

Median F-Up: 4 months (1-32)

Acute Toxicity	%
Skin G1-2	60,9
Mucositis G1-2	39,1
Mucositis G3	4,3

Late Toxicity	%
Skin G1	13,0
Skin G2	4,3

Results



- Short-course accelerated H&N radiotherapy (20 Gy in twice daily fractions for 2 consecutive days) is tolerated and effective in terms of symptom relief.
- A phase III comparison against a standard palliative regimen (30 Gy in 10 fractions) has been planned in this patient population.

