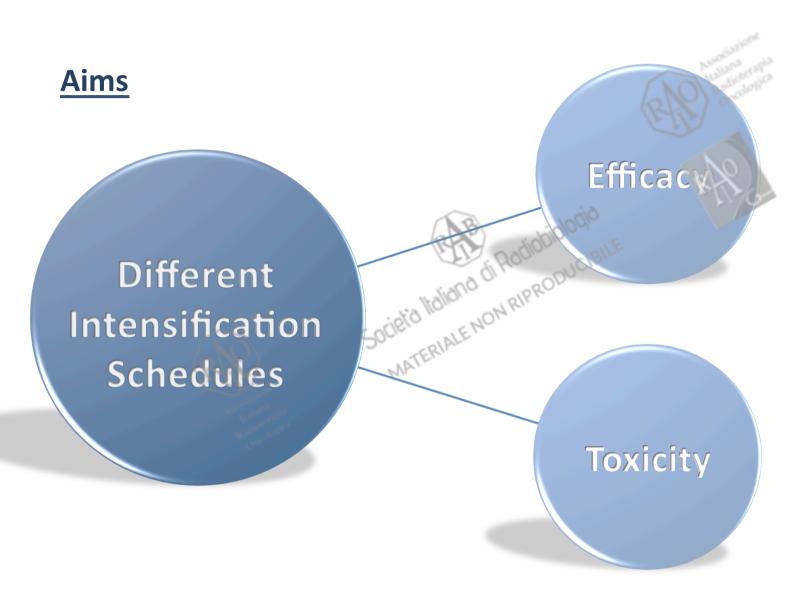


Preoperative Intensity-Modulated Radiotherapy with a Simultaneous Integrated Boost combined with Capecitabine in Locally Advanced Rectal Cancer

An analysis of toxicity and tumor down-staging related to different intensification schedules.

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#### **Materials and methods**

# Inclusion Criteria

- Histological diagnosis of extra-peritoneal rectal cancer;
- Clinical-instrumental staging of locally advanced disease (stage II-III);
- IMRT on mesorectum in toto and pelvic lymphatic drainage with SIB on tumor and the corresponding mesorectum associated with Capecitabine-based concomitant chemotherapy.

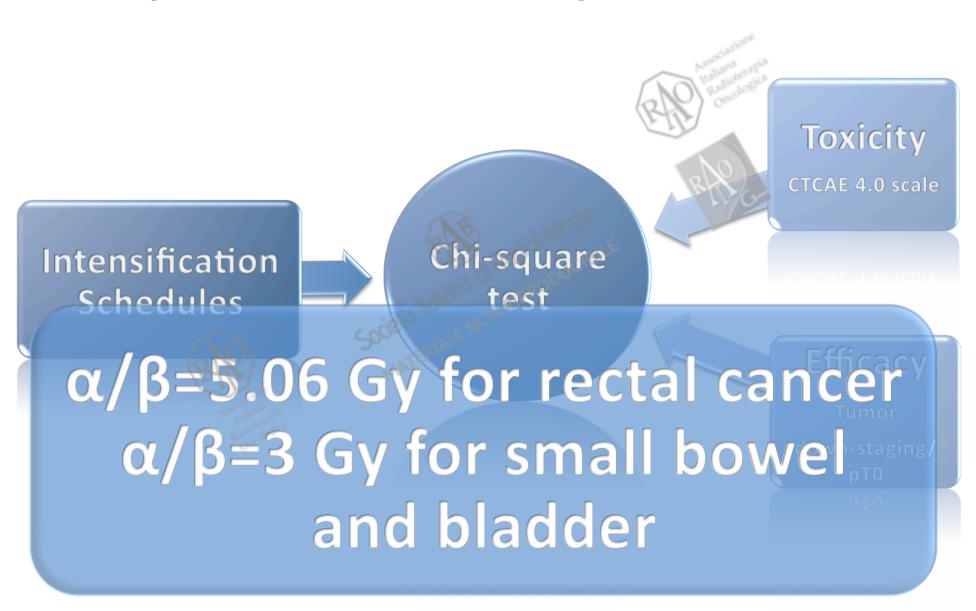
CRO Aviano, Radiation Oncology, Aviano, Italy.

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UCSC Rome, Radiation Oncology, Rome, Italy.

UCSC Campobasso, Radiation Oncology, Campobasso, Italy.

S. Andrea Hospital, Radiation Oncology, Rome, Italy.



#### **Results**

From October 2013 to May 2016 76 patients were included in our analysis.

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Patient population and treatment characteristics.

cT, n (%)	Assiliania principali
cT2	5 (6.5)
cT3	63 (82.9)
cT4	8 (10.6)
cN, n (%)	R
cN0	12 (15.8)
cN1	39 (51.3)
cN2	25 (32.9)
Stage, n (%)	16 BO
IIIA STERIALE NORTH	12 (15.8)
IIIA (C)	3 (3.9)
IIIB	49 (64.5)
IIIC	12 (15.8)
MRF involvement , n (%)	
Yes	34 (44.7)
No	42 (55.3)
Quarters of involved wall, n (%)	
1	7 (9.2)
2	38 (50)
3	13 (17.1)
4	18 (23.7)

Capecitabine at the dose of 1650 mg/sqm for the entire duration of the RT.

45Gy/25fr to the primary tumor, mesorectum and obturator, presacral and internal iliac lymph nodes (+ external iliac lymph nodes in cT4).

Treatment

CTV-SIB to the primary tumor and corresponding mesorectum with a c-c extension of 1-2 cm + ev. macroscopic N+.

SIB doses	N° Pts
52.5 Gy/25fr <i>(sf 2.1 Gy)</i>	16 (21.1%)
54 Gy/25fr <i>(sf 2.16 Gy)</i>	24 (31.6%)
55 Gy/25fr (sf 2.2 Gy)	34 (44.7%)
57.5 Gy/25fr <i>(sf 2.3 Gy)</i>	2 (2.6%)

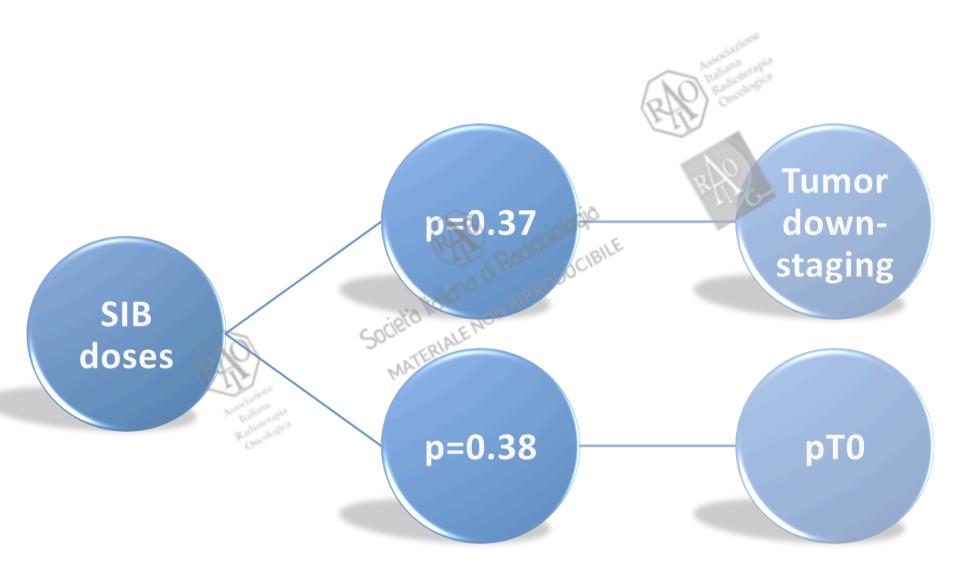
#### $\alpha/\beta$ =5.06 Gy for rectal cancer

SIB doses	BED	EQD2
52.5 Gy/25fr <i>(sf 2.1 Gy)</i>	74.28 Gy	53.24 Gy
54 Gy/25fr <i>(sf 2.16 Gy)</i>	77.05 Gy	55.22 Gy
55 Gy/25fr <i>(sf 2.2 Gy)</i>	78.91 Gy	56.55 Gy
57.5 Gy/25fr <i>(sf 2.3 Gy)</i>	83.63 Gy	59.94 Gy

Response to treatment: T down-staging.

	рТ0	pT1	pT2	рТ3	рТ4	Total, <i>n (%)</i>
cT2	2	0	(B)	o bipaja	0	3 (4.2)
cT3	16	8	18	OUCIBILE 19	0	61 <i>(84.7)</i>
cT4	1	0	Italiana 2 N RIPRI	4	1	8 (11.1)
Total, <i>n (%)</i>	19 (26.4)	8 (11.1)	21 (29.2)	23 (31.9)	1 (1.4)	72 (100)

T down-staging was documented in 51 (70.8%) pts.



#### $\alpha/\beta=3$ Gy for small bowel and bladder (Dmax)

SIB doses	BED	EQD2
52.5 Gy/25fr <i>(sf 2.1 Gy)</i>	89.25 Gy	53.55 Gy
54 Gy/25fr <i>(sf 2.16 Gy)</i>	92.88 Gy	55.73 Gy

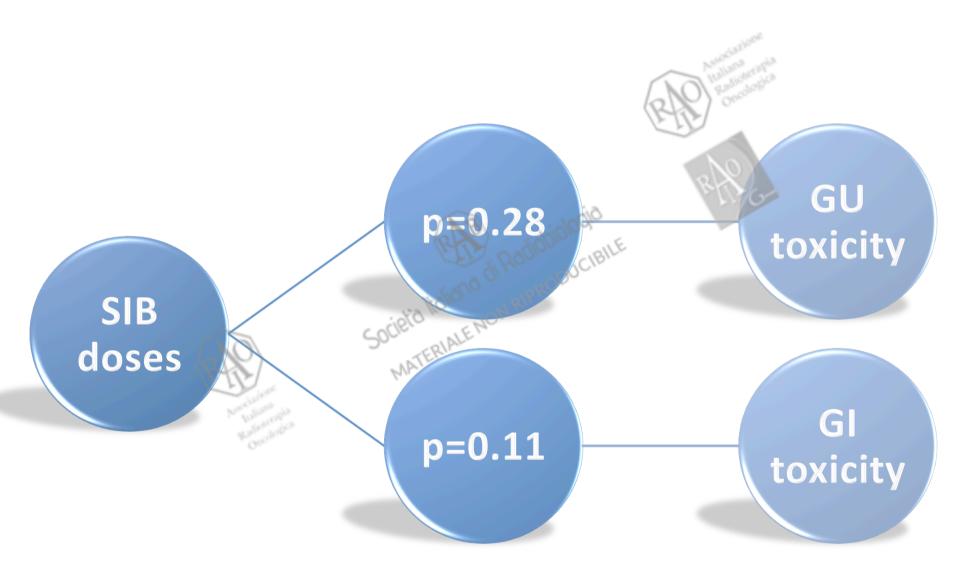
Dose constraints were bladder mean dose ≤ 21, Gy and V15 ≤ 150 cc for single loops SB.

#### Acute toxicity.

GI Toxicity, n (%)	Lasting training to the Conceptor Section Concep
G1	14 (18.4)
G2	15 (19.7)
G3	5 (6.6)
G4	5 (6.6) 0 (0)
GU Toxicity, n (%)	WK.
G1 MATERO	18 (23.7)
G2	5 (6.6)
G3	0 (0)
G4	0 (0)

#### "Compliance" to treatment.

SIB doses	N° Pts
52.5 Gy/25fr	16/16 CIBILE
54 Gy/25fr	23/24
55 Gy/25fr	33/34
74/Z/g <sub>fr</sub> pts comp	eted RT (97.4%)



#### **Conclusion**

Different Intensification Schedules No difference in toxicity

- compliance to treatment (97.4%)
- 6.6% of major GI toxicity
- No G3 GU toxicity.

No difference in efficacy

- small n° of pts
- unbalanced subsets of pts

