

FEASIBILITY AND EFFICACY OF STEREOTACTIC RADIOTHERAPY IN LYMPH-NODE METASTASES.

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Primary site of tumor:

lung 22 (38%)
colon-rectum 7 (12%)
prostate 6 (10%)
stomach 5 (9%)
uterus 4 (7%)
ovary 4 (7%)
breast 2 (3%)
melanoma 2 (3%)
others (2%).

BACKGROUND

Malignant tumors typically metastasize to lymph-nodes. These localizations can arise with associated symptoms or can be, in most cases, asymptomatic. Often node metastases can be the only site of active disease. It is reasonable to treat local metastasis with ablative therapies. Some evidence show that local ablative treatment can achieve a good response and an optimal local-disease control (LC).

AIM

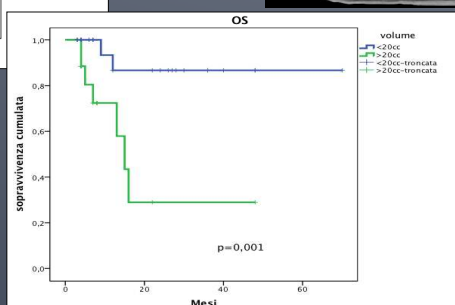
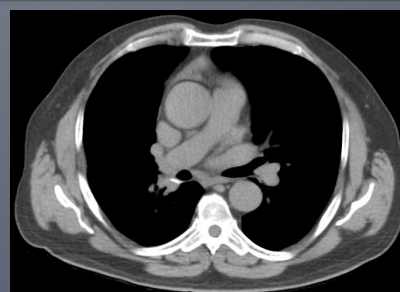
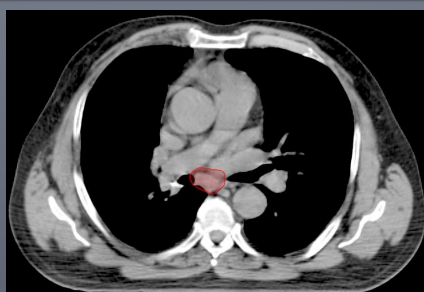
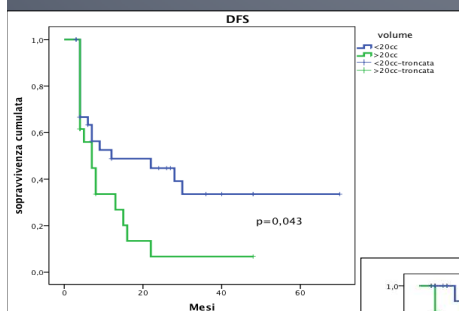
Evaluate the feasibility, local control and the potential impact on survivals of stereotactic body radiotherapy in lymph-node metastases in oligometastatic patients.

MATERIALS AND METHODS

58 patients with 66 lymph-node metastases

Site of node metastases: 38 (57,5%) intra-thoracic metastases, 28 (42.5%) abdominal/pelvic metastases.

Single fraction of 30Gy (24%) or 23Gy (26%) was used in 33 lymph nodes. Fractionated schedule was used for the other 33 lymph node metastases. Variables was evaluates as prognostic factors.



RESULTS

Response of the 66 pathological nodes:

37 nodes complete response (56.2%)

17 nodes partial response (25.6%)

10 nodes stable disease (15.2%)

2 nodes progression disease (3%)

LC at 2 years was 93%

DFS was 42.5% at 1-year and 30% at 2-years

OS was 80% at 1-year and 65.8% at 2-years

The PTV volume (<20 cc) was significantly associated with better DFS (p=0.043) and OS (p=0.001), respectively.

CONCLUSION

Stereotactic body therapy is feasible and safe for the treatment of metastatic lymph-nodes inside the thorax or the abdominal-pelvic area. Also, this treatment is efficient in a selected population of patients presenting oligometastatic disease. SBRT can be administered even in patients receiving systemic therapies without increasing toxicity rates.