68Ga-PSMA PET-TC-GUIDED METASTASES DIRECTED STEREOTACTIC BODY RADIOTHERAPY IN PROSTATIC CANCER PATIENTS: A MONOISTITUTIONAL PRELIMINARY EXPERIENCE

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Aims

To investigate the efficacy and toxicity of 68Ga-PSMA PET-CT-guided stereotactic radiotherapy (SBRT) in the treatment of oligometastatic prostate cancer.

Methods

A total of 34 prostate cancer patients with biochemical relapse (22 castration sensitive and 12 castration resistant) were treated with Volumetric Modulated Arc Therapy and Image-Guided RT (VMAT-IGRT) on ≤5 metastastatic sites detected by 68Ga PSMA PET-CT.

Androgen deprivation therapy was continued in castration resistant (CR) patients.

Results

A total of 74 metastases in 34 patients were treated with SBRT. The involved sites were pelvic lymph or paraaortic nodes (n = 53), bone (n = 13), seminal vesicles (n = 1), lung metastases (n = 2) and relapses in prostate or prostatic bed (n = 5). The median PSA prior to RT was 0.65 ng/mL (range 0.14 – 6.49 ng/mL), the median PSA-doubling time was 5.9 months (range 0.61 – 140) and the median PSA post RT was 0.61 ng/mL (range 0.02-30). A median dose of 35 Gy (range 25–70 Gy) was delivered by VMAT-IGRT in 5–10 fractions (the median BED2Gy was 144 Gy). At a median follow-up of 12.6 months (range 3–24 months), 16 patients out of 34 patients irradiated (47%) were in remission and 18 were in progression. In particular, 8 out of 12 castration resistant (CR) patients (67%) and 8 out of 22 castration sensitive (CS) patients (36%) were in progression. The actuarial 1-year LC, PFS and CSS rates were 93, 47 and 100%. Systemic treatment free survival was 8 months (range 2-24 months). No one patient experienced grade \geq 3 acute gastrointestinal or urinary toxicity.

Conclusions

By providing optimal LC, low toxicity and a promising PFS, 68Ga PSMA PET-CTguided metastases directed SBRT may be considered a promising treatment strategy in patients with oligometastatic prostate cancer, allowing to postpone systemic therapies. Further studies could confirm this promising findings.