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INTRODUCTION

Numerous radiotherapy regimes are used for inoperable NSCLC who are not suitable for stereotactic ablative radiotherapy. Our centre has used continuous hyperfractionated accelerated radiotherapy (CHART, 54Gy in 36 fractions over 12 days) and accelerated hypofractionated radiotherapy (55Gy in 20 fractions over 4 weeks) with selection largely down to patient choice (inpatient vs out-patient treatment).

This audit reviews patients treated with radical radiotherapy between 2010 - 2015.

METHODS

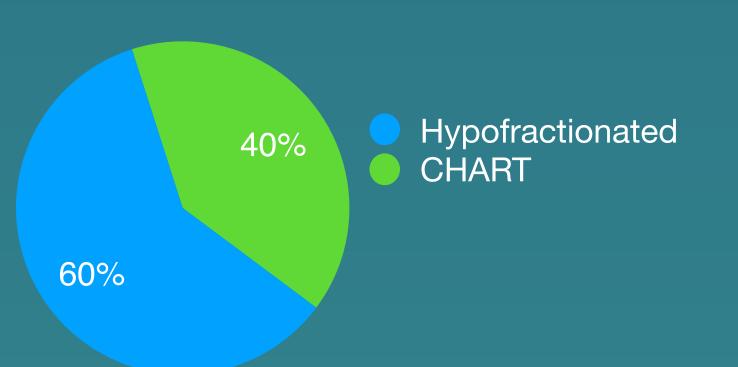
Case notes and radiotherapy records for all patients receiving radical radiotherapy were retrospectively reviewed. Basic patient demographics, tumour characteristics, radiotherapy and survival data were collected. Descriptive statistical analysis and Cox regression analysis was performed using SPSS.

RESULTS - Demographics

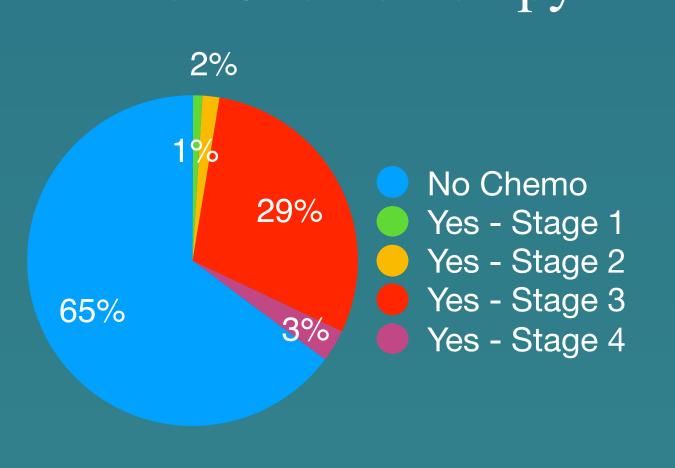
563 patients received radical radiotherapy between 2010-15.

Demographic		Number of patients / Median	Percentage of patients (%) / Range	
Gender	Male	316	56.1	
	Female	247	43.9	
Age	Median; Range	71	36-93	
Performance	0	94	16.7	
Status	1	203	36.1	
	2	123	21.8	
	3	9	1.6	
	Unknown	134	23.8	
FEV1, L	Median; Range	1.6	0.6-3.67	
	Unknown	269	47.8	
Site of	Central	4	0.7	
Primary	Right	308	54.7	
	Left	247	43.9	
	Unknown	4	0.7	
Histology	Squamous Cell	264	46.9	
	Adenocarcinoma	144	25.6	
	Other histology	38	6.7	
	No histology	117	20.8	
Stage	1	171	30.4	
(TNM v7)	2	77	13.7	
	3	281	49.9	
	4	33	5.9	
	Unknown	1	0.2	
PET	Yes	532	94.5	
performed?	No	31	5.5	





Prior Chemotherapy



99.1% completed their prescribed radiotherapy treatment.

RESULTS - Outcome Median disease-free survival was 19 months. Response Rate

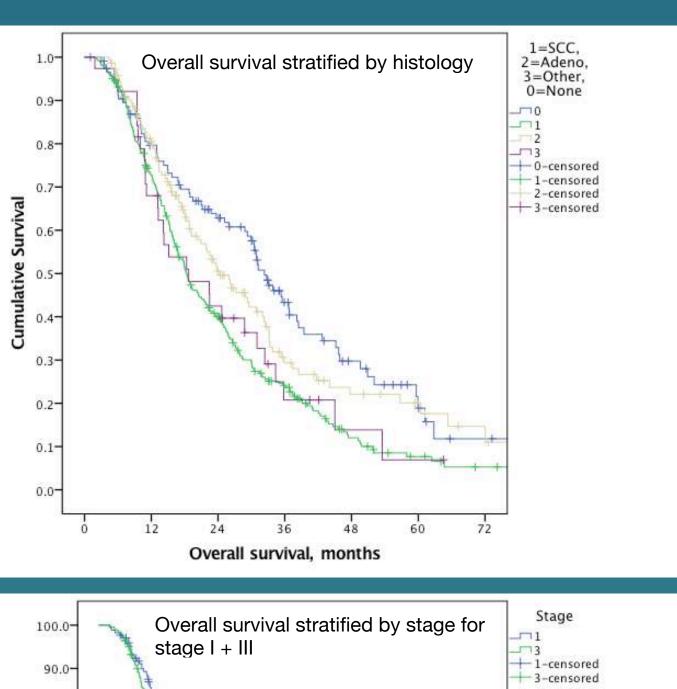
Median overall survival of 22.5 months, with a 6.5% 90-day mortality rate.

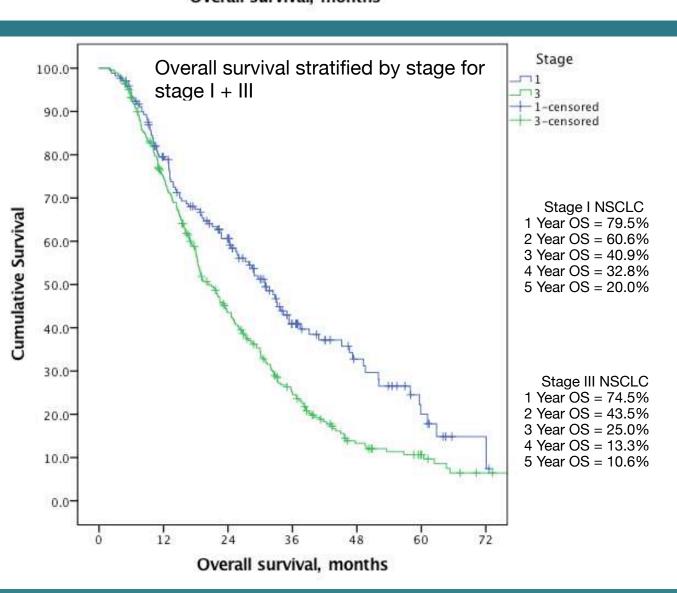
Median OS
was 31 and 20
months
respectively
for stage I and
III NSCLC.

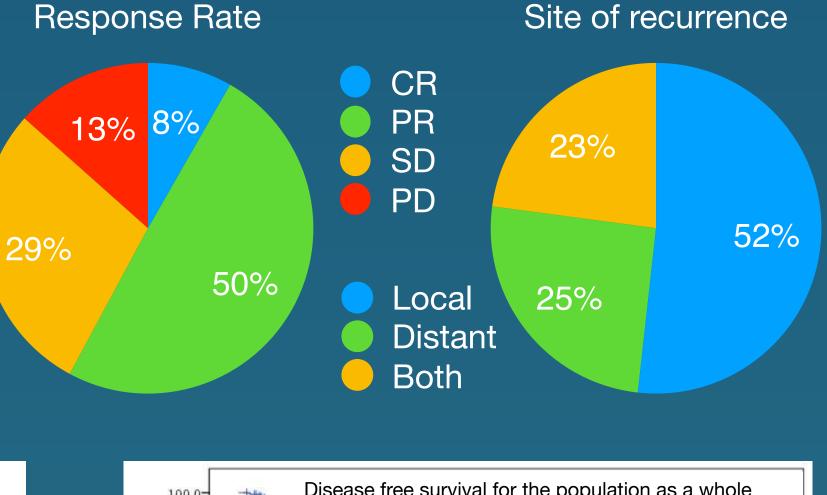
On Univariate Analysis Histology: p=0.000 Stage: p=0.001 Response: p=0.000 Recurrence: p=0.022 Site of recurrence: p=0.000 Gender: p=0.101 Performance status: p=0.512 Chemotherapy: p=0.762 Radiotherapy regimen: p=0.736 On Multivariate Analysis Performance status: p=0.008 Histology: p=0.003 Stage: p=0.002 Chemotherapy: p=0.002 Response: p=0.000 Recurrence: p=0.000 Gender: p=0.844

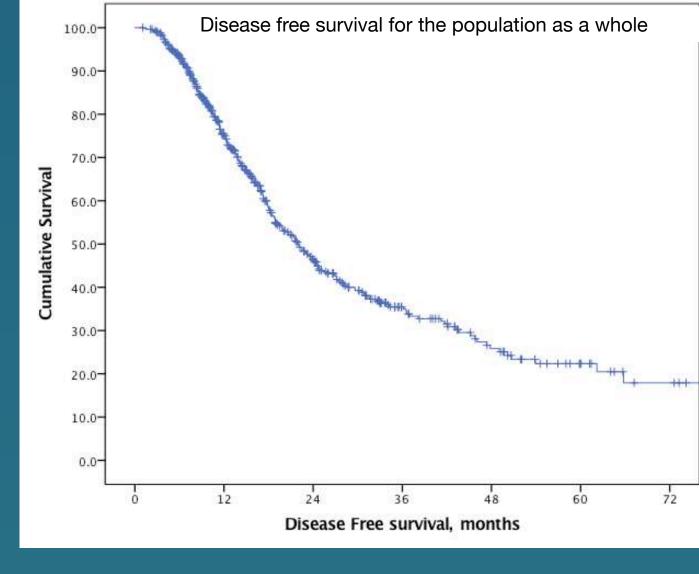
Radiotherapy regimen: p=0.945

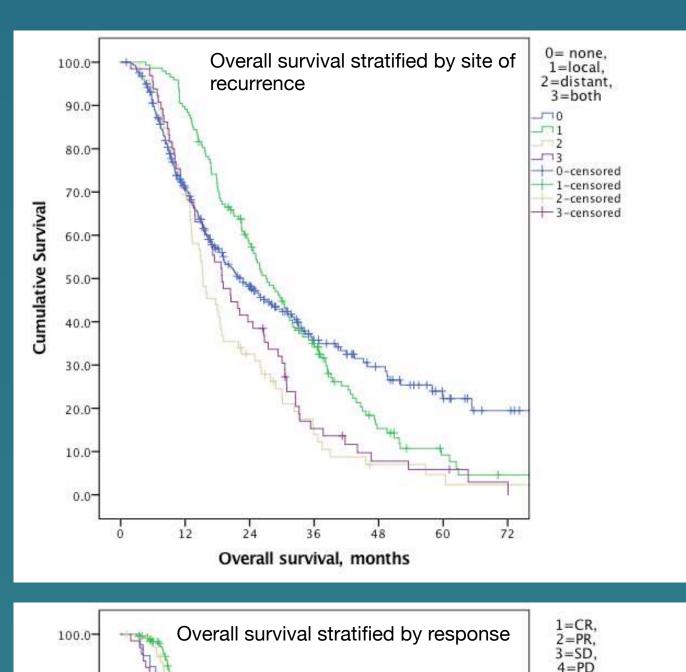
Age: p=0.304

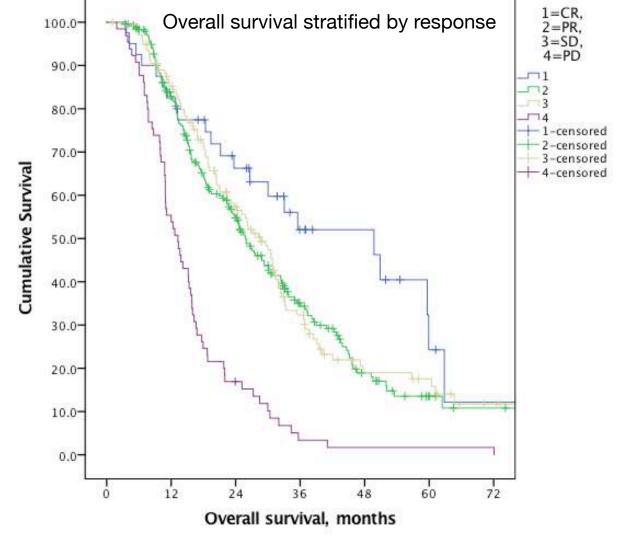












CONCLUSIONS

This represents a large unselected cohort of patients treated with radical radiotherapy for NSCLC. It demonstrates both schedules are deliverable and safe with no statistically significant difference in survival. Future dose escalation studies (eg ADSCAN [1]) are required to develop these techniques to match outcomes reported by recent concurrent chemo-radiation studies [2].

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- 2. Bradley JD, Paulus R, Komaki R, Masters G, Blumenschein G, Schild S, et al. Standard-dose versus high dose conformal radiotherapy with concurrent and consolidation carboplatin plus paclitaxel with or without cetuximab for patients with stage IIIA or IIIB non-small-cell lung cancer (NSCLC) RTOG 0617: a randomised, two-by-two factorial phase 3 study. Lancet Oncol. Feb 2015;16(2):187-199.