

patients experience persisting substantial symptoms. LAPERS/median prevalence ratios close to 1 indicate that the proportion of patients experiencing substantial symptoms displayed in the prevalence over time are the same individual patients with persisting symptoms.

Conclusions LAPERS method provides complementary information to prevalence and incidence rates. LAPERS provides a more appropriate tool for a valid assessment of patients' burden of substantial toxicity.

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A LARGE, MULTICENTER, RETROSPECTIVE STUDY ON EFFICACY AND SAFETY OF STEREOTACTIC BODY RADIOTHERAPY (SBRT) IN OLIGOMETASTATIC OVARIAN CANCER (MITO RT1 STUDY)

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Objectives The aim of this retrospective, multicenter study (MITO RT-01) was to define activity and safety of Stereotactic Body Radiotherapy (SBRT) in a very large, real life dataset of metastatic/persistent/recurrent ovarian cancer (MPR-OC) patients. Clinical and SBRT parameters have been analyzed in order to identify predictors of outcome.

Methods The endpoints of the study were the rate of complete response (CR) to SBRT, and the 24-month actuarial local control (LC) rate on "per lesion" basis. The secondary endpoints were acute and late toxicities, and the 24-month

actuarial late toxicity free survival. Toxicity was evaluated by RTOG/EORTC and CTC-AE scales, according to center policy. Logistic and Cox regression were used for the uni- and multivariate analysis of factors predicting clinical CR and actuarial outcomes.

Results CR, PR and SD were observed in 291 (65.2%), 106 (23.8%), and 33 (7.4%) lesions. Patient age <60 years, PTV <18 cm³, lymph node disease, and BED α/β 10 >70 Gy were associated with higher chance of CR in the multivariate analysis. With a median follow-up of 22 months (range: 3–120), the 24-month actuarial LC rate was 81.9%. Achievement of CR and total dose >25 Gy were associated with better LC rate in the multivariate analysis. Mild toxicity was experienced in 54 (20.7%) patients. The 24-month late toxicity free survival rate was 95.1%.

Conclusions This study confirms the activity and safety of SBRT in MPR-OC patients and identifies clinical and treatment parameters able to predict CR and LC rate.

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CLINICAL TRIAL WITH TOPICAL USE OF ESTROGEN, TESTOSTERONE AND VAGINAL DILATOR IN WOMEN WITH CERVICAL CANCER AFTER RADIOTHERAPY- EVALUATION OF QUALITY OF LIFE (QOL)

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Objectives With improved survival rates for locally advanced cervical cancer, research focus has shifted to treatment-related adverse events. A clinical trial was conducted to compare the effects of topical estrogen, topical testosterone and vaginal dilator in QOL of women after radiotherapy.

Methods Clinical trial of 195 women, randomized to receive topical estrogen (66), topical testosterone (34), vaginal dilator (29) or lubricating gel (66) for one year, starting soon after the end of radiotherapy from 01/2013 to 05/2018. The outcome variable was QOL evaluated by WHOQOL-bref. Evaluations were performed shortly after radiotherapy (afterRT), 4 months (4m), 8 months (8m) and one year after treatment (12m). Statistical analysis was carried out using ANOVA and multiple linear regression.

Results The mean age of women was 46.78 (\pm 13.01) years, 61,03% were premenopausal and 73,84% had stage IIB-IIIb tumors. No changes were observed in the different WHOQOL-bref domains for the different treatment groups during the intervention period, except for the physical domain, where a significant improvement of the mean score was observed in the testosterone (after RT \neq 8m,12m; 4m \neq 8m; p <0.01) and vaginal dilator group (after RT \neq 8m,12m; p <0.01). Multiple linear regression was performed to evaluate the factors associated with the percentual change in the WHOQOL-bref scores after 12 months of intervention. Having received teletherapy and brachytherapy (β =38.09, p <0.01) and using a vaginal dilator (β =24.43; p =0.01) were