

has provided to increased our ability to delivery radiation doses that conform more to the tumour volume avoiding geometrical uncertainties. The variations in the position of the target volume may occur daily during treatment. in the treatment of prostate cancer. The obtainable clinical benefits through the use of highly conformal treatments cannot be gotten if the internal target volume motion are quantified and if necessary compensated. Since, radiation dose escalation in prostate cancer may lead to an increase of the disease control, the Image Guided Radiation Therapy (IGRT) may be of great utility in to define target volume, the organ motion and the in to decrease the geographical miss. The assessment of IGRT may add information in the treatment position and real time monitoring during treatment delivery.

The IGRT allows to immediately visualise before the administration of the fraction of dose the anatomy of the patient to the purpose to subsequently conform the dose to the volume target.

For this reason, considerable research have been made on the methods of using three-dimensional images of patient on the planning, delivery and verify of radiotherapy treatment. The IGRT includes various technologies as ultrasound, implanted fiducial markers, in-room diagnostic CT or kilovoltage X-rays, megavoltage cone-beam computed tomography (MV CBCT) or kilovoltage cone beam computed tomography (kV CBCT). In conclusion the use of the new imaging techniques he will be able in a next future to improve the results in the care of the prostate cancer and the relationship efficacy and toxicity in the radiotherapy treatment.

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TREATMENT IN METASTATIC PROSTATE CANCER WITH HORMONE REFRACTORY

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Despite the effectiveness of initial hormonal therapy, metastatic cancer prostate is an incurable disease, with median survival of 6-9 months after development of androgen insensitivity.

The combination of mitoxantrone and prednisone has been approved for use in patients with hormone-refractory prostate cancer. The combination of docetaxel and prednisone in two study recently have demonstrated for the first time a chemotherapy could extend survival in the patients.

The purpose of the our study was to define the efficacy and safety of scheme therapeutic, repeat every 28 d, in cancer prostate hormone-refractory.

The treatment includes:

- Megestrol acetate 160 mg/die per os;
- Docetaxel 40 mg/m² e.v. days 1,16;
- Novantrone 8 mg/m² e.v (infusion continual from 2 day to 15 day);
- Prednisone 5 mg os die alternated.

Biological efficacy was defined as a decline of >50% from baseline levels PSA.

We treated 23 patients, from February 2006 to february 2008, with metastatic prostate cancer, median 72 years, range 55-74 years. After 2 months the patients with tumor response or stable received 2,4,... another months of chemotherapy until disease progression or toxicity or patient's refusal, nevertheless forever <13 cycle.

The results are very encouraging: decrease in serum PSA \geq 50% in 16 patients/23, increase of hemoglobin in 12 patients/23, improvement symptomatic in 17 patients/23.

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