

patients presenting a partial and complete response, respectively. Mean time to best measured response was 15.16 months (range 2-58). Thirteen patients were alive, with a local control rate of 79%. Mean time to local progression was 5 months (range 3-7). New treatment with Cyberknife<sup>R</sup> and exenteratio after local progression were performed in 1 patient each. Fourteen patients reported symptomatic lesions, 5 and 3 patients had reduced visual field or impaired visual acuity before treatment, respectively. Overall, three patients reported improvement of symptoms after treatment; One patient reported partial recovery of visual acuity, the second reported pain decrease and reduced eye tearing, and the third reported improvement in visual field and reduced exophthalmus. About dosimetric data, mean PTV dose coverage was 97,2% (range 93,5-99,7). Mean maximum dose (Dmax) to eye globe, optic nerve, optic chiasm and lens was 2380.8 cGy (range 290-3921), 1982,82 cGy (range 777,3-2897,8), 713,14 cGy (range 219,5-2273) and 867,9 cGy (range 38-3118,5). Four patients presented acute toxicity, defined as occurring within three months after the end of treatment (2 conjunctivitis, 2 transitory orbital pain, 1 grade 2 xerofthalmia and 1 grade 2 dermatitis).

**Table 1.:** baseline features of study population

Characteristic	
Sex	M: 9(47%) F: 10(53%)
Age (mean)	58,4 years (34-85)
Performance status	0: 11 (58%) 1: 6 (31%) 2: 2 (11%)
Lesion	Primary: 6 (32%) Metastatic: 13 (68%)
Histology	- Breast: 4 (21%) - Sarcoma: 3 (16%) - Lung cancer: 2 (11%) - Basalioma: 2 (11%) - Plasmocitoma: 2 (11%) - Lymphoma: 1 (5%) - Colon cancer: 1 (5%) - Apocrine carcinoma: 1 (5%) - HCC: 1 (5%) - Adenoid cystic carcinoma: 1 (5%) - Lacrimal gland adenocarcinoma: 1 (5%)
Side	Right: 4 (21%) Left: 13 (68%) Bilateral: 2 (11%)
Intraorbital structures involvement	Roof: 11 (58%) Medial wall: 10 (53%) Floor: 7 (37%) Lateral wall: 8 (42%)
Previous surgery	Yes: 5 (26%) No: 14 (74%)
Symptomatic lesion	Yes: 14 (74%) No: 5 (26%)
Total	19 (100%)

## Conclusion

In the current retrospective series, data demonstrated that Cyberknife<sup>R</sup> robotic stereotactic radiotherapy is a feasible and tolerable approach for intraorbital lesions, and should be considered in clinical practice.

## EP-1661 Superficial radiotherapy as haemostatic treatment in breast cancer

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## Purpose or Objective

Breast cancer is a common pathology in which <10% of cases at the moment of diagnosis are considered to be locally advanced. In patients with locally advanced breast cancer who have deterioration in overall condition, with local growth and secondary bleeding that are not subsidiary to surgery or other systemic therapies, superficial radiotherapy may be considered as an option in the treatment of these patients

Objectives: It is described a number of cases with patients with locally advanced breast cancer with secondary bleeding who were treated with superficial radiotherapy for haemostatic purposes

## Material and Methods

For a period from May 2016 to August 2017, 6 patients with locally advanced breast cancer who did not respond to systemic treatment or due to the disease or comorbidities associated were not candidates for that, who presented tumour growth with secondary bleeding and they were not subsidiaries of surgery. Superficial radiotherapy were administrated by a low energy X-Ray machine, with a total dose of 50 - 60Gy, divided in 1-2 fractions per week. The haemostatic effect was value at the end of treatment.

## Results

The average age was 73 years, most patients presented a grade 2 functional status (ECOG2). At the end of treatment, was objected a decrease of > o = 25% in tumor size and absence of bleeding was observed.

## Conclusion

Surface radiotherapy is a treatment modality that should be taken into account in patients with breast cancer who present bleeding as a consequence of local tumor growth, given that this is a treatment comfortable for the patient, non invasive and increases the quality of patient's life.

## EP-1662 Single Versus Multiple Fractionated Stereotactic Spine Radiosurgery for Spinal Metastases

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## Purpose or Objective

Spinal stereotactic radiosurgery (SSRS) is commonly being adopted in patients with spinal metastasis recently as it could provide dose escalation for durable tumor control with sparing of nearby organs at risk. However, there is no solid evidence about the optimal treatment schedule and no comprehensive understanding of the adverse events. In this study, we sought to compare two most widely used SSRS schemes (single fraction versus three fractions) in patients with spinal metastasis who did not previously undergo radiation treatment at the site of the SSRS and tried to evaluate the toxicity profile as well as predictive factors regarding outcomes and the risk of complications after SSRS.