The presence of ILD was screened with ICD-10 diagnosis code and confirmed by pretreatment computed tomography. RP was scored using Common Terminology Criteria for Adverse Events, version 5.0. The association of clinical and dosimetric factors with RP was assessed by univariate and multivariate analysis. Clinical factors included age, sex, performance status, smoking history, pre-RT KL6, pre-RT CRP, pre-/post-RT chemotherapy, and UIP classification according to American Thoracic Society/European Respiratory Society guidelines. Dosimetric factors, which were calculated using equivalent dose in 2Gy fractions based on $\alpha/\beta = 3$, included lung V5, V20 and mean lung dose (MLD).

Results

53 patients (90%) were males, and 6 patients (10%) were females with a median age of 70 years (range, 51-86). The most common primary site of cancer was lung (46 patients; 78%). The most frequent purpose of palliative RT was for symptomatic pain caused by spinal metastases (22 patients; 37%). The median prescription physical dose of RT was 30 Gy (range, 6-40 Gy). The median follow-up period for survivors was 98.5 days (range, 14-742 days). Among all patients, grade 1, 2, 3, 4, and 5 RP were noted in 6 (10%), 3 (5%), 1 (2%), 2 (3%), and 6 (10%) patients, respectively. The median time to onset of ≥ Gr3 RP was 39 days (range, 10-155 days). Clinical and dosimetric factors between patients who developed ≥ Gr3 RP and those who did not were not significant (V5; 7.0% vs. 7.2%, V20; 1.6% vs. 2.6%, MLD; 1.4 Gy vs. 1.6 Gy). There were no significant factors on the occurrence of ≥ Gr3 RP in the univariate and multivariate analysis.

Conclusion

Palliative RT for patients with ILD resulted in developing ≥ Gr3 RP in more than 10% of all patient although predictive factors were unclear, indicating that careful attention should be paid even in palliative settings.

PO-1262 Treatment effects of palliative care consultation and patient satisfaction- a monocentric study

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Purpose or Objective

The objective of this study is to analyse the change in symptom burden during palliative care consultation.

Material and Methods

In this observational study, we enrolled all cases (n=163) receiving inpatient treatment for 2015-2018 at our institution. We used the MDASI-questionnaire (0 = 'not present' and 10 = 'as bad as you can imagine') and the FAMCARE-6 (1=very satisfied, 5=very dissatisfied) to analyse the treatment effect and patient satisfaction, respectively.

We examined the association of symptom burden and patient satisfactoin using Spearman-rho correlation. For comparison of means, the Wilcoxon-test and one-way ANOVA were applied.

Results

56.5% of the patients received radiotherapy. An improvement of MDASI-core-items after treatment completion was significant (p<0,05) in 14/18 symptoms. The change in perception of pain showed the strongest improvement (change in median: 5 to 3).

Initially the MDASI-items 'activity' (median=8) and emotional distress (median = 5 and 6) were viewed as especially incriminating. There was no evidence for a correlation between patients' age, the type of diagnosis and time since diagnosis.

The analysis of FAMCARE-6 patient contentment was lower or equal to two in all of the six questions. There was a weak negative association between the change in symptom burden of psycho-emotional items 'distress/feeling upset' (p=0,006, r_{Sp}=-0,226), 'sadness' and patient satisfaction in FAMCARE-6.

Conclusion

A considerable improvement of the extensive symptom burden particularly of pain relief was achieved by integrating palliative consultation in clinical practice.

Poster: Clinical track: Elderly

PO-1263 What every radiation oncologist should know about geriatric oncology: A global expert consensus

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Purpose or Objective

To establish a dedicated Radiation Oncology- Geriatric Oncology global curriculum for radiation and clinical oncology trainees worldwide

Material and Methods

An international Delphi Expert Consensus was undertaken in order to define the ideal geriatric oncology competency set for radiation and clinical oncology trainees worldwide. Two Delphi rounds were conducted via the SurveyMonkey online platform. An Expert Reference Panel (comprised of inter-professional world experts in radiation oncology, geriatric oncology and education) was formed with the purpose of compiling, reviewing and refining all potential curriculum points and competencies between rounds. Participants invited to partake in the Delphi Consensus rounds included Radiation Oncologists, Radiation Oncology trainees, Radiation Therapists, Geriatric Oncologists, Geriatricians, and Palliative care physicians, Surgical Oncologists, Medical Oncologists, specialist nurses and consumers. Invited participants met pre-defined criteria that identified them as having expertise in geriatric oncology and/or radiation oncology and/or education. Geographic spread of participants was sought to ensure the global relevance of the final competency set.

Results

An Expert Reference Panel comprised of 9 inter-professional experts in geriatric and radiation oncology was formed. A potential candidate competency set was developed via comprehensive review of geriatric oncology literature, related international guidelines and consultation with international experts. 70 potential knowledge & skill-based 'candidate' competencies across 12 domains were identified.

In the Delphi Round 1 there were 94 respondents (66% response rate) from 18 countries and in Round 2 there were 38 respondents (52% response rate) from 12 countries. 39 items reached consensus for inclusion in the final

curriculum. 31 items did not reach consensus and will not be included from the final curriculum. Concepts included in the final curriculum range from the epidemiology of ageing and cancer, general geriatric medicine, geriatric assessment in oncology, approaches to planning and delivery of radiation therapy in the older adult with cancer and special considerations regarding palliative care in older adults. Skills in communication, research, education and health advocacy are also included. Final Expert Reference Panel review is pending and will be presented.

Conclusion

The first international dedicated Radiation Oncology-Geriatric Oncology curriculum has been established. This educational framework will support radiation oncology training bodies around the world in ensuring future radiation and clinical oncologists are able to provide high quality and appropriate care to the rapidly increasing numbers of older adults with cancer.

PO-1264 The role of adjuvant treatment in older population with early stage oral cavity cancer.

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Purpose or Objective

Older patients are prone to toxicities in oncologic therapies and non-cancer related death. The aim of the current study is to identify predictors that may aid in guiding adjuvant management in these patients with early stage oral cavity squamous cell carcinoma (OCSCC).

Material and Methods

We retrospectively reviewed 85 patients with early stage (Tis/T1/T2, N0, M0) OCSCC and >70 years of age in our institutional cancer registry between 2007 and 2015. COX regression was used to analyze predictors of outcome. ROC Curve analysis was performed to analyze the significant continuous variables. Kaplan–Meier curve analysis and log rank test demonstrated the disease free survival (DFS) and overall survival (OS).

Results

The median follow-up time is 4.13 years. Depth of invasion (DOI) associates with DFS (HR= 1.144, 95% CI = 1.008 – 1.298, p = 0.037). DOI ≥ 3.25mm correlates with reduced DFS (AUC=0.663, p=0.021). The three- and five-year DFS is 93.4% and 79.6% in patients with DOI < 3.25mm and 66.1% and 57.1% in patients with DOI ≥ 3.25mm, respectively. Age is associated with decreased OS (HR= 1.101, 95% CI = 1.008 - 1.202, p = 0.032). Patients who were ≥77.82 years old at diagnosis had significantly worse OS (AUC=0.63, P=0.029). The three- and five-year OS is 91.8% and 83.8% in patients < 77.82 years old and 57.7% and 52.9% in patients ≥77.82 years old, respectively.

Conclusion

Age and DOI correlates with outcome and may be incorporated in guidance of adjuvant management in older patients with early stage OCSCC.

PO-1265 Radiotherapy for the oldest-old cancer patients: Effectiveness in aged 85 and older

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Purpose or Objective

Chronological age is a poor surrogate for functional status or comorbidity burden. We evaluated the effectiveness and tolerance of radiotherapy in the oldest-old cancer patients.

Material and Methods

Records of 73 patients aged 85 and older (85-103 years old) who received radiotherapy between October 2009 and June 2019 was retrospectively reviewed. The most common primary cancer type was lung (n=12), followed by skin (n=11), head and neck (n=8), and prostate (n=5). Thirty-seven patients received radiotherapy as a palliative aim. Treatment completion, tumor response, radiation dose profile, and side effects were assessed to determine their association with age.

Results

Of 73 patients, 63 (86.3%) completed the planned course of radiotherapy without serious complications. The therapeutic response was seen in 34 of 36 patients (94.4%) treated with curative intent, with 61.1% complete response. Effective palliation was achieved in 25 of 37 patients (67.6%) treated. Grade 1, 2, and 3 toxicity was noted in 14 (19.2%), 13 (17.8%), and 6 (8.2%) of patients, respectively. Four patients required treatment interruption during radiation periods. According to subgroup analysis, 12 of 15 patients aged 90 and older (80%) completed treatment with 73.3% of tumor response. There was no grade 3 or higher toxicity. Overall, the median survival of patients was 6.1 months (0.4-99.1 months).

Conclusion

Radiotherapy is safe and well tolerated with encouraging tumor response by the oldest-old patients. As life expectancy is extended, more aggressive treatment based on being evaluated individually is needed for elderly patients.

PO-1266 Radical radiotherapy in elderly prostate cancer patients: a monoinstitutional experience.

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Purpose or Objective

Continuous or intermittent androgen deprivation therapy (ADT) is generally prescribed in elderly prostate cancer (PCa) pts with under 10 years life expectancy. Unfortunately, 24-36 months later many pts become castration resistant and only palliative therapies are available. Here we report toxicity and outcomes obtained in elderly (≥80 years old at diagnosis) PCa (pts) treated with radical radiotherapy in a monoinstitutional experience.

Material and Methods

From December 2006 to July 2014, 32 elderly PCa pts underwent radiotherapy with radical intent. Nine pts, affected by a low risk cancer, were treated on prostate and seminal vesicles only, to 71.4 Gy in 28 fractions (EQD2 80.8 Gy, considering α/ß=1.5 for prostate cancer). Intermediate and high risk PCa pts underwent prophylactic irradiation on pelvic nodes to 51.8 Gy in 28 fractions (EQD2 52.2 Gy), with simultaneous integrated boost to seminal vescicles up to 65.5 Gy (77.7 Gy EQD2) and to prostate up to 74.2 Gy (88 Gy EQD2). Neoadjuvant and/or adjuvant androgen deprivation therapy (ADT) was prescribed in 25/32 pts for a median of 39.8 months (2-87 months). All patients were treated with helical IMRT (Tomotherapy®, Accuray, Wisconsin) and daily IGRT (MVCT). Patients' characteristics are reported in Table 1.

Median (range) age at diagnosis	82 (80-90) years
Median (range) iPSA	10.1 (2.33-67.4) ng/ml
Gleason Score	6: 8. 7: 11. 8: 5. 9: 8
T Stage	cT1c:14. cT2a:3. cT2b:1. cT2c:10. cT3:3. cT4:1