





Theme: Clinical

Abstract No:. PTCOG-AO2025-ABS-0007

Abstract Title: Long-term outcomes of image-guided proton therapy for localized prostate cancer

Hiromitsu Iwata<sup>1\*</sup>, Yukiko Hattori<sup>1</sup>, Koichiro Nakajima<sup>1</sup>, Masahiro Nishio<sup>1</sup>, Yuto Imai<sup>1</sup>, Shuou Sudo<sup>1</sup>, Kensuke Hayashi<sup>2</sup>, Toshiyuki Toshito<sup>3</sup>, Masanosuke Oguri<sup>4</sup>, Shingo

- Hashimoto<sup>5</sup>, Yukihiro Umemoto<sup>6</sup>, Akio Hiwatashi<sup>4</sup>, Hiroyuki Ogino<sup>1</sup> Dept. of Radiation Oncology, 2.Proton Therapy Physics, 3.Proton Therapy Technology,
- 6.Nephro-Urology, Nagoya City University West Medical Center, Japan 4. Nagoya City University, Japan 5. Aichi Cancer Center Hospital, Japan

Background / Aims: Proton therapy (PT) remains much controversy about its routine use in localized prostate cancer treatment. Particularly, comprehensive data of gold fiducial marker matching in PT is less abundant compared to bone matching. The aim of this study was to evaluate long-term efficacy and safety of image-guided PT (IGPT) for localized prostate cancer. The registry number: 14-02-17(14) (16)

## Oct 2024-, pts. could choose either NFPT or MHPT. Subjects and Methods:

Low: 74 GyRBE/37 Fr Other: 78 GyRBE/39 Fr

Feb 2013- Normofractionated PT (NFPT):

Oct 2014- Moderately hypo. PT (MHPT):

Low: 60 GyRBE/20 Fr Other: 63 GyRBE/21 Fr





ADT

Low risk: none Intermediate risk: 6-8 Mof neoadju. High or very h risk: 6-8 M of neo + adj., total 24 M ADT SpaceOAR®: May 2018

TPS	VQA ver.3.0- (Hitachi Ltd), MIM Maestro (MIM),				
	Calculation model: Pencil beam, grid: 2.0 mm				
Machine	PROBEAT-III (Hitachi Ltd), Passive-scattering				
Planning	CT 2.0 mm, MRI T2WI 2.5mm in thickness				
Target	CTV = Prostate + SV for each NCCN risk, Beam				
	specific PTV = Proximal + distal margin for CTS				
Prescription Isocenter PTV D95 ≥ 95% (ideal)					
Matching	Orthogonal digital kv radiographs, Bone + Gold				
etc	Anchor®(Naslund) matching, SpaceOAR®(Boston S				

Dose constraints: partially changed in August 2014, Patients registered until March 2021, before the transition to the new fractionation protocol were analyzed.

## Median f/u(surviving pts.): 68M(20-130) Results:*Total n =1570 Feb 2012-Mar 2021*

Patient and tumor characteristics		NFPT	MHPT	Total
Number	N	327	1243	1570
Age	Mean $\pm$ SD	69 ± 7	69 ± 7	69 ± 7
T stage	1c-2a/2b-2c/3a-3b	192/86/49	764/314/165	956/400/214
Gleason	6/7/8-10	76/138/113	250/611/382	326/749/495
PSA	< 10/10-20/20<	183/95/ 49	846/259/138	1029/354/187
NCCN 2018	Low/Int/High+very high	51/133/143	177/582/484	228/715/627
SpaceOAR	No/Yes	310/17	638/605	948/622

Low-/Int-/ High or very high-risk 5-year bRFS: 95.7%, 96.5%, 91.8% OS: 97.1%, 97.5%, 97.7%

bRF: 98.6%, 98.8%, 93.9%

Grade 2 Grade 3 0%/2.9% 0 %/0.1% Acute/Late GI Acute/Late\*GU 9.4%/4.4% 0.06 %/0.8% \*bleeding, urinary retention

	U	nivariate Cox	Analysis for bRF	<mark>:S</mark>
Facto	or	Level	HR (95% CI)	Р
NCCI	N	High/Int	1.74(1.18,2.57)	0.006
PS		1<-/ 0	3.29(1.19,9.07)	0.021
T sta	ge	2b-2c/1c-2a	1.73(1.12,2.68)	0.014
		3a<-/1c-2a	4.10(2.65,6.35)	<0.001
PSA		10-20/<10	2.23(1.48,3.37)	<0.001
		20 <10</td <td>2.96(1.85,4.76)</td> <td>&lt;0.001</td>	2.96(1.85,4.76)	<0.001

Conclusions: IGPT with fiducial markers for localized prostate cancer is favorable and well tolerated. Further hypofractionated IGPT with hydrogel spacer is expected.