TPS12141 Poster Session

A randomized phase III study comparing stereotactic body radiotherapy (SBRT) versus conventional palliative radiotherapy (CRT) for participants with painful non-spine bone metastases (NCT06391242).

Arjun Sahgal, Tim Nguyen, Laura Masucci, Kristopher Dennis, Emma Dunne, Anand Swaminath, Isabelle Thibault, Chiaojung Jillian Tsai, Pejman Maralani, Michael Donald Brundage, Marc Kerba, Joel Lefebvre, Wei Tu, Wendy R. Parulekar; Sunnybrook Health Sciences Center, Toronto, ON, Canada; London Health Sciences Centre, London, ON, Canada; Centre hospitalier de l'Université de Montréal (CHUM), Montreal, QC, Canada; Ottawa Hospital Cancer Centre, University of Ottawa, Ottawa, ON, Canada; BC Cancer Agency, University of British Columbia, Vancouver, BC, Canada; Juravinski Cancer Inst, Hamilton, ON, Canada; CHU de Québec Université Laval, Quebec, QC, Canada; Princess Margaret Hospital, University Health Network, Toronto, ON, Canada; Sunnybrook Health Sciences Centre, University of Toronto, ON, Canada; Canadian Cancer Centre Southeastern Ontario At KGH, Kingston, ON, Canada; Cumming School of Medicine, Department of Radiation Oncology, Calgary, AB, Canada; Canadian Cancer Trials Group, Kingston, ON, Canada

Background: Stereotactic body radiotherapy (SBRT) is efficacious in the treatment of painful spinal metastases [1]. Data are required regarding the efficacy feasibility, toxicity and clinical outcomes associated with SBRT in patients with painful non-spine bone metastases prior to widespread adoption of this technique. **Methods:** This is a Canadian Cancer Trials Group led multi-centre, phase III randomized controlled trial comparing SBRT to conventional palliative external beam radiotherapy (CRT) in patients with solid tumours and a dominant painful nonspine bone metastasis (worst pain score >2). *Treatment arms*: EBRT 20Gy/5fr (control) versus SBRT 35 Gy/5fr or 30Gy/5fr (experimental). Primary objective: To compare 3-month complete pain response (CPR) rate and analgesic intake assessed using the International Consensus on Palliative Radiotherapy Endpoints [2]. Secondary objectives evaluate pain response pattern at 1, 3 and 6 months and assess re-irradiation rates, fracture incidence within RT target site, incidence of Grade > 2 adverse events, image-based local control, and patient reported outcomes (EORTC QLQ-C30 and QLQ-BM22). Statistical design: The target accrual is 230 patients, randomized 1:1. The trial is powered at 80% with a two-sided alpha of 0.05 to detect an improvement in the CPR rate from 17% (CRT) to 34% (SBRT), accounting for a 15% missing data rate. Conduct to Date: Study was activated on June 26, 2024. Supported by CCS grant # 707213. [1] Sahgal, Arjun, et al. "Stereotactic body radiotherapy versus conventional external beam radiotherapy in patients with painful spinal metastases: an open-label, multicentre, randomised, controlled, phase 2/3 trial." The Lancet Oncology 22.7 (2021): 1023-1033. [2] Chow E, Hoskin P, Mitera G, Zeng L, Lutz S, Roos D, Hahn C, van der Linden Y, Hartsell W, Kumar E; International Bone Metastases Consensus Working Party. Update of the international consensus on palliative radiotherapy endpoints for future clinical trials in bone metastases. Int J Radiat Oncol Biol Phys. 2012 Apr 1;82(5):1730-7. doi: 10.1016/j.ijrobp.2011.02.008. Epub 2011 Apr 12. PMID: 21489705. Clinical trial information: NCT06391242. Research Sponsor: Canadian Cancer Society (CCS); 707213.