(82.4% vs 75.8%, $P = .40$). The 5-year survival rate for patients with relapse in the FDG-PET group was 0% compared with 30% in the control group. FDG-PET revealed extrapelvic metastases in 7 patients (11%), and PALN relapse occurred in 5 patients (8%). In the control group, 10 patients (16%) experienced PALN relapse.

The overall survival rate between groups was similar (68.2% vs 74.1%, $P = .55$), as well as disease-free survival (66.8% vs 71.0%, $P = .72$). Pretreatment FDG-PET showed that 18 patients had just a primary tumor; their disease-free survival rate of 94.5% was significantly better than that of all other patients.

The authors concluded that despite the lack of differences between the groups, the specificity of FDG-PET findings reduced the need for extended CCRT of nearby regions and can be a helpful pretreatment tool for targeted therapy.

A Single Weekly Tumor Bed Boost Is Comparable to Daily Boost Breast Radiotherapy

Written by Emma Hitt Nichols, PhD

A weekly concomitant boost to the tumor bed during prone breast radiotherapy had comparable efficacy but a trend toward more satisfactory cosmetic outcomes than did daily boost therapy, according to Benjamin Cooper, MD, New York University Radiation Oncology, New York, New York, USA, who presented data from a prospective randomized trial comparing 2 schedules of adjuvant radiotherapy.

A preliminary study demonstrated the safety of prone breast radiotherapy with daily boost radiation. The majority of radiation treatment schedules require a weekend break from therapy, when potential tumor repopulation could occur. The current study investigated an alternate adjuvant therapy schedule with a single weekly boost before the weekend break to combat this repopulation.

A total of 400 patients with stage 0 to II breast cancer were randomly assigned to either a tumor bed boost of 0.5 Gy delivered daily (arm 1) or an equivalent boost of 2 Gy delivered once every Friday (arm 2). Both groups received weeklong intensity-modulated radiation therapy of 40.5 Gy in 15 fractions of the whole breast. All patients had previous partial mastectomy with negative margins and were stratified according to previous chemotherapy and menopause status.

At a median follow-up of 40 months, there were no differences in recurrence-free survival between the 2 arms (98% vs 97%; log-rank $P = .7$). There were no mortalities in either arm due to breast cancer. There were 1 local and 2 distant recurrences in arm 1. There were 3 local and 1 distant recurrences in arm 2. General patient and tumor characteristics were similar in both groups at this time point. Descriptions of appearance outcomes from 280 patients showed a trend that more women in arm 2 reported good or excellent cosmesis than those in arm 1 (88% vs 80%; $P = .08$; Table 1).

Table 1. Patient-Reported Cosmetic Outcomes, No. (%)

Outcome[a]	Arm 1: Daily Boost	Arm 2: Weekly Boost
Excellent (9-10)	56 (39.7)	62 (44.6)
Good (7-8)	57 (40.4)	60 (43.2)
Fair (5-6)	19 (13.5)	14 (10.1)
Poor (0-4)	9 (6.4)	3 (2.2)

[a]Outcomes based on the Radiation Therapy Oncology Group's Late Effects in Normal Tissues–Subjective, Objective, Management and Analytic scales (laboratory and imaging procedures).

The authors concluded that, at this very early time point, there were no differences in clinical outcomes or safety, based on the schedule of concomitant therapy. However, the cosmetic results trended toward superiority in the once-weekly boost, which may be preferable for treatment.

LTAD Improved Outcomes in Prostate Cancer

Written by Emma Hitt Nichols, PhD

Long-term androgen deprivation therapy (LTAD) was found to be more effective in patients with intermediate and high-risk localized prostate cancer than short-term androgen deprivation (STAD) therapy, according to Almudena Zapatero, MD, Hospital Universitario de La Princesa, Madrid, Spain, who presented the findings of a phase 3 trial that compared LTAD with STAD in patients with intermediate and high-risk localized prostate cancer treated with high-dose radiotherapy to determine superiority.

Previous study findings support that overall survival is improved with hormone therapy and conventional-dose radiotherapy in patients with intermediate and high-risk prostate cancer and that biochemical outcomes as well as clinical outcomes were improved with dose-escalated radiotherapy. In the present multicenter, randomized, phase 3 trial, 355 patients were separated