dissection, pathological only one LN of oligo-recurrence ($p < 0.01$) and EGFR wild type ($p = 0.04$) were significant in the recurrence-free group. LN oligo-recurrence in only one region also tended to be more frequent in the recurrence-free group ($p = 0.09$). Pathological N or stage in initial surgery, size of LN oligo-recurrence, recurrence-free interval after initial surgery were no significant difference between recurrence-free and recurrent group. The median RFS and OS after LN resection in all 14 patients was 24.2 and 66.3 months. The 2-year and 5-year RFS rates after LN resection were 52.7% and 35.2%. Eight patients were recurrence after LN dissection; 4 were locoregional and the others were distant. Of the 8 relapsed patients, only 2 patients survive with EGFR-TKI. **Conclusion:** Surgery for postoperative regional LN oligo-recurrence in NSCLC should be indicated for the patients with only one LN of oligo-recurrence in only one region or EGFR wild type.
Keywords: oligo-recurrence, regional lymph node, Non-Small Cell Lung Cancer

EP1.08-03
Results of Definitive Treatment in Patients with Synchronous Oligometastatic Non Small Cell Lung Cancer

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Background: To evaluate the prognostic factors and outcome of both thoracic radiotherapy (RT) and oligometastasis treatment with curative intent in cases with oligometastatic non-small lung carcinoma (NSCLC). **Method:** We retrospectively evaluated 18 synchronous oligometastatic NSCLC patients who underwent radical treatment in the thoracic and oligometastasis region between 2015 and 2018 in our center. **Result:** The median age of patients was 62 years. Only two of 18 patients had $\geq$2 organ involvement. Patients' clinical and treatment characteristics are summarized in Table-1 and Table-2. Median follow-up was 7 months. The median overall survival (OS) was 11 months and the median progression-free survival (PS) was 8 months. The one year OS and PS was found 45% and 50% respectively. In the univariate analysis, the localization of oligometastasis (brain vs other distant met) was found as an effective factor on OS. The median survival was found to be 7 months in patients with brain metastasis whereas 18 months in patients with other metastasis. Although treatment type (RT vs surgery) or RT technique applied for oligometastasis (Conformal RT (3DCRT)/IMRT vs Stereotactic RT (SRS/SBRT)) did not cause significant difference on OS in univariate analysis; in the multivarian analysis, the localization of oligometastasis (HR: 7.3, 95% CI 1.33-40.5) and the RT technique applied for oligometastasis (HR: 8.45, 95% CI 1.43- 49.9) were found to be prognostic factors on OS ($p = 0.012$). In the univariate analysis induction chemotherapy (CT) and RT tecnique were statistically significant for PS, but this significance could not be demonstrated in multivarian cox regression analysis.

Table.1. Demographic characteristics of patients and the results in univarian analysis

	Number (%)	p value (OS)	p value (PS)
Age (years) median (min-max) <60 years ≥ 60 years	61.5 (35.0-73.0) 7 (38.9) 11 (61.1)	0.725	0.355
Gender Male Female	16 (89.0) 2 (11.0)	0.786	0.876
Histology Adenocarcinoma SCC	12 (67.0) 6 (33.0)	0.145	0.785
T stage T1 T2 T3 T4 Unknown	3(17.0) 4(22.0) 4(22.0) 6(33.0) 1(6.0)	0.87	0.369
N stage No N1 N2 N3 Unknown	4(22.0) 5(28.0) 8(44,0) 0(0) 1(6.0)	0.169	0.222

Table 2. Treatment characteristics of patients and the results in univarian analysis

	Number (%)	p value (OS)	p value (PS)
RT region Brain Bone Surrenal Liver Other	7 (50) 3 (21) 1 (7) 1 (7) 2 (15)	0.299	0.021
Metastasis number 1 2 3-5	12 (66.0) 3 (17.0) 3 (17.0)	0.393	0.794
Metastatic organ Brain Other Bone Surrenal Liver Multiple Other	7 (39.0) 11(61.0) 3 (17.0) 3 (17.0) 1 (5.0) 2 (11.0) 2 (11.0)	0.031	0.421
Oligometastasis treatment Surgery RT Surgery and RT	4 (22.0) 10 (56.0) 4 (22.0)	0.412	0.534
Oligometastasis RT tecnique SRS/SBRT 1x20 Gy 5x5 Gy 3DCRT/IMRT 3x 10 Gy 3x 15 Gy	4 (28.5) 3 1 10 (72.5) 6 4	0.065	0.468
Thoracic RT Dose 45 60 64-66	4 (22.0) 5 (28.0) 9 (50.0)	0.194	0.536
Induction CT Yes No	11(61.0) 7 (39.0)	0.067	0.044
Concurrent CT No Yes	6 (33.0) 12 (67)	0.084	0.142

Conclusion: Results of treatment with thoracic RT and oligometastasis region in oligometastatic NSCLC seem promising. The localization of the oligometastasis and the technique of RT are important factors.
Keywords: oligometastasis, nonsmall cell lung cancer, treatment

EP1.08-04
Local Treatment for Patients with Pulmonary Oligo-Recurrence of Non-Small Cell Lung Cancer

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Background: The concept of oligo-recurrence, which is theoretically curable by definitive local therapy, has been proposed in several cancers. But the efficacy of local therapy for patients with pulmonary oligo-recurrence of non-small cell lung cancer (NSCLC) is unclear. The aim of this study was to investigate the efficacy of local therapy for pulmonary oligo-recurrence of NSCLC. **Method:** We retrospectively analyzed the data on 35 patients who underwent lung resection or radiotherapy for pulmonary oligo-recurrence in our institution, between 2000 and 2016. We evaluated independent risk factors for overall survival and progression-free survival after local treatment for patients with pulmonary oligo-recurrence of non-small cell lung cancer. In this study, pulmonary oligo-recurrence was defined as local recurrences limited within lungs after local or systemic treatment for NSCLC. **Result:** There were 26 men and 9 women with median age of 72 years [interquartile range (IQR), 64-75]. The median follow-up time was 48.8 months [IQR, 16.3-66.7]. Previous therapies for NSCLC were pulmonary resections in 26 patients (74.2%), stereotactic radiosurgery for brain metastasis in 3 (8.6%), radiotherapy for lung tumors in 3 (8.6%), chemoradiotherapy in 2 (5.7%) and chemotherapy (ALK-TKI) in 1 (2.9%). The median progression-free interval between previous therapy and local treatment for oligo-recurrence was 29.0 months [IQR, 16.0-44.5]. Histopathology were adenocarcinoma in 26 patients (74.2%), squamous cell carcinoma in 7 (20.0%), adenosquamous carcinoma and large cell neuroendocrine carcinoma in 1 (2.9 %). Among 21 patients (60.0%) who underwent surgical resection for pulmonary oligo-recurrence, surgical procedures were wedge resection in 11 patients, segmentectomy in 3, lobectomy in 5 and pneumonectomy in 2. Among 14 patients (40.0%) who underwent radiotherapy for pulmonary oligo-recurrence, 11 patients (31.4%) underwent stereotactic body radiotherapy. There were no treatment-related death. Three-year overall survival and progression-free survival were 60.3% and 49.6%. Post-treatment recurrence occurred in 16 (60.4%) patients (local; 6, distant; 2, local