Gefitinib (4), Crizotinib (3), Ceritinib (1), Alectinib (1), Afatinib (1), Lorlatinib (1), Nintedanib (1), Rociletinib (1). IT or TT was started after the completion of RS in 18 patients; in the remaining cases (n=12), IT or TT was begun before RS (IT or TT was interrupted for a median period of seven days from RS in the majority of patients). Median follow-up was 12 months. One patient developed G1 radionecrosis after 18 months from RS. No G3 toxicity was observed. Median L-PFS and D-PFS were 10.6 and 7 months, respectively.

Conclusion
RS for BM may be safely associated with IT or TT in patients with NSCLC. Prospective studies are needed to confirm our results.

OC-0277 Interim safety analysis of RAPPORT trial - SABR with pembrolizumab in oligometastatic RCC
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Purpose or Objective
SABR is a locally effective modality for metastatic renal cell carcinoma (RCC) (1, 2). Preclinical data in RCC has demonstrated improved disease control in both irradiated and unirradiated sites with single fraction SABR and anti-PD1 checkpoint blockade (3), although prospective clinical trials with this combination have not yet been reported.

Material and Methods
RAPPORT is a multi-institutional, single arm, phase Ib/II clinical trial (NCT02855203). Patients with 1-5 oligometastases from clear cell RCC were eligible. They received a single fraction SABR of 18-20 Gy to all metastases (or 30 Gy in 10 fractions of conventional radiotherapy if SABR was not feasible) followed by 8 x 3 weekly cycles of 200 mg intravenous pembrolizumab. This is a preplanned interim safety analysis of the first 12 patients who completed SABR and 12 weeks of pembrolizumab. Adverse events were graded using CTCAE v4.0.

Results
At the date of reporting 25 patients with 76 metastases have been enrolled. The mean age is 62 years, with 18 males and 7 females enrolled. The commonest site of metastasis is lung (n=38, 50%). Most patients have ECOG performance status 0 (64%), with a minority ECOG 1 (36%). For the pre-specified interim safety analysis, 12 patients with a total 37 metastases were irradiated, with 32 (86%) receiving SABR and 5 (14%) receiving conventional radiotherapy. The number of lesions per patient was 1 in 3 patients (25%), 3 in 4 patients (33%), 4 in 3 patients (25%) and 5 in 2 patients (17%). The predominant site of metastases was the lung (n=24, 65%). No treatment courses were abandoned due toxicity (radiotherapy + 8 cycles of pembrolizumab), although one patient ceased treatment early due to progressive disease. Grade 1 and graded 2 treatment related adverse events were recorded in 6 patients (50%, mixed events) and 1 patient (hypothyroidism, 8%), respectively. No grade 3 or greater treatment related adverse events were recorded.

Conclusion
The combination of SABR + pembrolizumab in a small cohort of patients to date is well tolerated. Based on this interim safety analysis the independent safety monitoring committee have recommended continued of planned recruitment (n=30).

References