

Pretreatment Hemoglobin-Albumin-Lymphocyte-Platelet Score, Dosimetry, and Acute Toxicity After Definitive Prostate Radiotherapy: Interim Real-World Evidence

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OBJECTIVE

To evaluate pretreatment HALP, bladder and rectal dosimetry, and acute GU/GI toxicity in a real-world cohort receiving definitive prostate radiotherapy.

METHODS

- Single-center retrospective interim analysis; n=40 localized or locally advanced prostate cancer.
- Forward-planned field-in-field EBRT; portal imaging for setup verification.
- 37 received 74 Gy/37 fractions; 3 received 76 Gy/38 fractions.
- HALP from pre-RT labs; bladder and rectal DVH metrics extracted.
- Mann-Whitney U, Fisher exact test, and Wilson 95% CIs.

COHORT AT A GLANCE

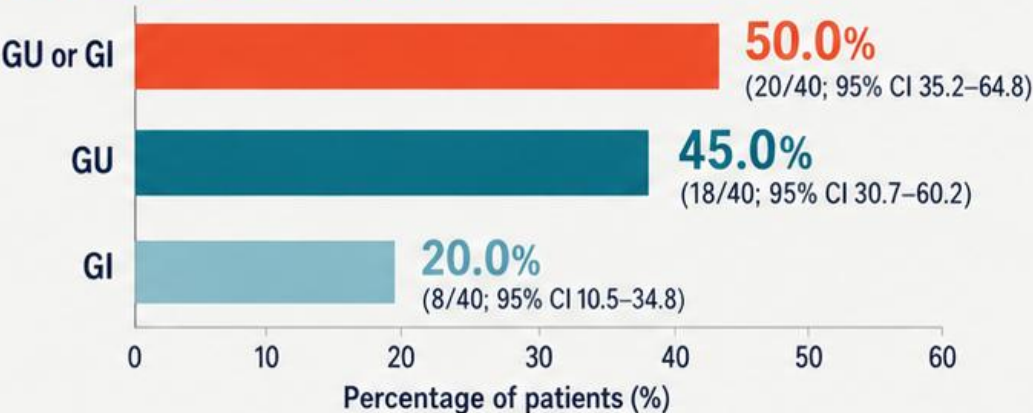
40	73.0	62.5%
patients	median age, years	high/very-high risk

FOOTNOTE

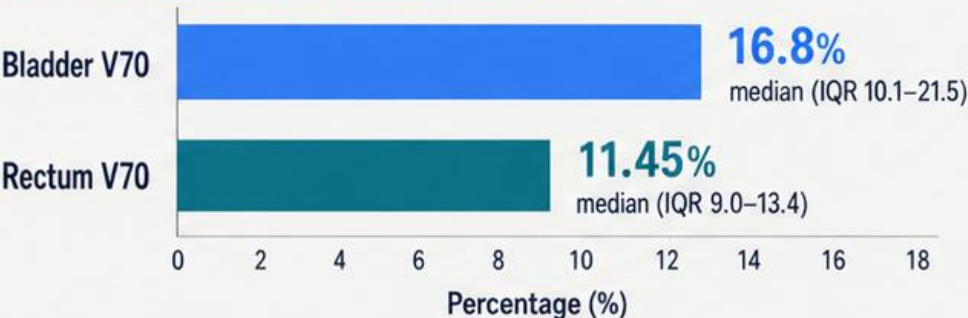
DVH, dose-volume histogram; EBRT, external-beam radiotherapy; GI, gastrointestinal; GU, genitourinary; HALP, hemoglobin-albumin-lymphocyte-platelet; IQR, interquartile range.

RESULTS

ACUTE GRADE ≥2 TOXICITY

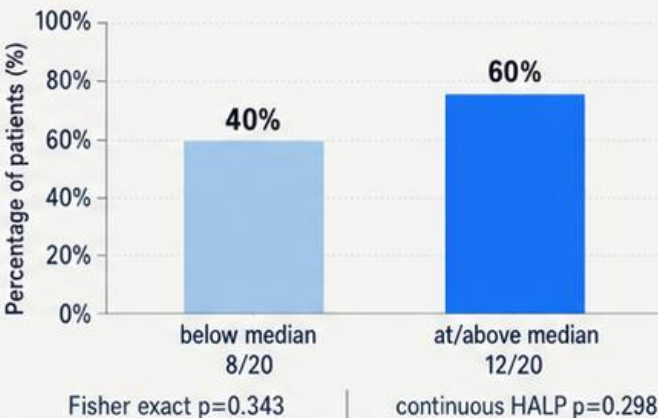


HIGH-DOSE ORGAN EXPOSURE



HALP AND TOXICITY

4.74 median HALP (IQR 3.91–6.02)



No clear standalone predictive association.

KEY MESSAGE



Acute grade ≥2 GU/GI toxicity was common. Pretreatment HALP showed no clear standalone association. Larger cohorts integrating clinical, hematologic, and dosimetric factors are needed before predictive claims.

No commercial funding.