

cervical vertebra (C3). **Objectives:** To evaluate the impact of muscularity on the overall survival (OS) of patients with mHNC. **Materials and Methods:** Retrospective and analytical study carried out at the Hospital de Clínicas of the University of Campinas (HC-UNICAMP). Patients diagnosed with mHNC during the period from January 2010 to December 2018 were included. Demographic and clinical data were collected from information in the medical record. The computed tomography images were used to evaluate the area of muscle tissue at the C3 level (cm<sup>2</sup>), calculated with Software SliceOMatic V.5.0. Muscularity was calculated after converting the muscular cross-sectional area (CSA) at C3 to the CSA at L3. Fisher's exact test was applied to investigate the difference between groups, the Kaplan-Meier method was used to construct survival curves. The Cox Proportional Hazard Model was used to investigate the association of muscularity with OS. Model was adjusted for age (categorical) and ECOG (categorical). This study was approved by the Institutional Review Board (CAAE: 42743120.5.0000.5404). **Results:** The study population consisted of 101 adult and elderly patients of both sexes diagnosed with mHNC, 79 of which were classified as having normal muscularity (NM) and 22 with low muscularity (LM). The LM group had a higher proportion of individuals aged over 70 years and with a body mass index less than 18.5. They also had lower total adipose tissue area (mean; NM = 22,4 cm<sup>2</sup>; LM = 10,3 cm<sup>2</sup>; p = 0,019) and total adipose tissue index (mean; NM = 8,3 cm<sup>2</sup>/m<sup>2</sup>; LM = 3,7 cm<sup>2</sup>/m<sup>2</sup>; p = 0,018). The LM group had a significantly worse survival rate (HR = 1.73; 95% CI 1.02-2.92) when compared to the NM group. The median survival was 4.4 months for the LM group and 8.4 months for the NM group. The LM group also had lower adiposity (p = 0.018). **Conclusion:** Low muscularity impacts the mortality of patients with HNCm independent of age and ECOG.

**Keywords:** Body composition, Oncology, Prognosis.

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#### 177LU-PSMA IN METASTATIC CASTRATION RESISTANT PROSTATE CANCER: PRELIMINARY ANALYSIS OF A BRAZILIAN MULTICENTRIC STUDY

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**Introduction/Justification:** 177Lu-PSMA can be a promissor therapy in patients with metastatic castration resistant prostate cancer. **Objectives:** Investigate 177Lu-PSMA therapy in Brazilian patients with metastatic castration resistant prostate cancer (mCRPC). **Materials and Methods:** Data for this retrospective multicentric study was collected from 9 Brazilian centers from 6 federative units (SP, PE, CE, RJ, SC and DF) that performed at least two cycles of 177Lu-PSMA therapy in mCRPC. Data with skewed distribution were reported as median (min-max). Primary outcome was overall survival. Secondary outcomes was the maximal PSA response and hematological adverse events (HAE). **Results:** A total of 100 males were included, median age = 74 years old (min-max: 54 - 96 years old). 177Lu-PSMA was the fifth (median) line of therapy (min-max 2-10). A total of 333 cycles were performed with a median of 4 cycles (min-max 1-10). The mean overall survival was 12.8 months. Among the 72 patients with data available for the maximal PSA response at any time, 65% presented any PSA decline. 42% presented PSA decline ≥ 50% from baseline. 89% of patients did not present HAE or presented grades 1 or 2 HAE. Only 11% of patients presented grade 3 HAE. 0% of patients presented grade 4 HAE. **Conclusion:** 177Lu-PSMA therapy was effective and safe in the Brazilian population even with a median of 5th line of therapy (maximum 10th line). Overall survival and PSA decline ≥ 50% from baseline were similar to the literature data. Only 11% of patients presented grades 3 or 4 hematological adverse events. **Keywords:** 177Lu-PSMA, Prostate cancer, therapy.

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#### CONTRIBUIÇÕES DO PET/CT FDG-18F NA DETECÇÃO DE DOENÇA AVANÇADA NO CÂNCER DE MAMA

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**Introdução Justificativa:** O câncer de mama representa importante causa de morbimortalidade em mulheres, com significativa mudança de prognóstico se diagnosticado de forma precoce e instituída a terapêutica adequada. Alguns estudos apontam que a PET/CT FDG-18F é mais acurada que o estadiamento convencional no pré-operatório, mudando o estadiamento clínico em até 36%. A sensibilidade e a especificidade do estudo em identificar envolvimento linfonodal axilar são de 57-100% e 66-100%, respectivamente, ressaltando-se que o envolvimento microscópico (≤ 10 mm) pode não apresentar expressão ao método. **Objetivos:** O objetivo deste trabalho é avaliar a contribuição da PET-CT FDG-18F na detecção de doença avançada em exames realizados para estadiamento pré-