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studies, topical clonidine shown activity in reducing NF-kB activation and incidence of severe OM (SOM). In a randomized placebo-controlled study, a blind, mucoadhesive buccal tablet (MBT) containing clonidine reduced the incidence of SOM in HNC patients being treated with CRT. We now report overall survival (OS), tolerability and systemic exposure of clonidine of study subjects.

Material and Methods: Clonidine MBT 50µg (n=56), 100µg (n=65) or matching placebo (n=62) were applied to the gum once daily 1-3 days prior to RT and then daily until the end of CRT (1.8-2.2 Gy/d, 5 times/week combined with a platinum based CT). AEs, vital signs and gingival tolerance by Silness-Loe index (global score from 0 to 9) were assessed twice a week; xerostomia and sedation (visual scale from 0 to 10) were evaluated once a week. Blood and saliva samples for clonidine levels were collected Q2 weeks. OS data will be collected until 2 years after last patient last visit. Patients received a median cumulative radiation dose of 66 Gy [min: 4; max: 78]. SOM was reported in 60% [95%CI: 47%; 72%] of placebo patients, 43% [95%CI: 29%; 57%] in clonidine 50µg MBT (p=0.063) and 48 % [95%CI: 35%; 61%] in clonidine 100µg MBT (p=0.169).

Results: All grade AE incidence was 91% in clonidine MBT groups and 98% in placebo group (p<0.10). No difference in heart rate and blood pressure was reported between groups. Reversible hypotension AEs were reported in 7% clonidine MBT 50µg patients, 6% clonidine MBT 100µg and 2% placebotreated patients (p=ns). Sedation score slightly increased in all groups between week 1 and week 6 (overall from 1.5 ± 2.3 to 3.0 ± 2.3) and was similar between groups (p=ns). Xerostomia grade ≥ 2 increased to 41% in clonidine MBT 50 μ g, 31% in clonidine MBT 100µg and 42% in placebo patients (p=ns). The mean plasma/saliva concentrations of clonidine were 0.087/154.2 ng/mL in clonidine MBT $50 \mu g$ and 0.134/301.1 ng/mL in clonidine MBT $100\mu g$. With a median follow-up of 15 months, the median 1year-OS of 89.3% [95%CI: 73.9; 95.8] placebo and 89.7% [95%CI: 80.4; 94.8] clonidine MBT.

Conclusion: Clonidine MBT daily applied to the gum throughout CRT reduced the incidence of SOM and was well tolerated in HNC patients undergoing postoperative CRT. No significant systemic effects of clonidine were reported in the phase 2 study probably due to its low systemic levels.

PO-0637

RCT pilot study of Therabite vs wooden spatula in amelioration of trismus in H&N cancer patients

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Purpose or Objective: Specific objectives of the study were (i) to assess whether prophylactic exercise intervention prevented the worsening of jaw tightening that would be expected following radiotherapy (ii) to assess whether the Therabite® or wooden spatulas intervention improved patients' QOL as measured using validated questionnaires; (iii) to assess issues around power for sample size calculations, compliance and practical aspects of running a full RCT in this group of patients and (iv) whether the intervention reduced the level of post-treatment clinical management/health care utilisation required by mouth cancer patients

Material and Methods: All patients had some sense of subjective jaw tightening prior to study entry. Measurements of jaw opening and QOLs were taken pre and post radiotherapy 3 and 6 months. Patients were instructed to follow the 5-5-30 regimen daily, for 6 months. (5stretches, 5times, 30 second hold).

Results: 37 patients with stage 3/4 oral/oropharyngeal cancers were randomised to receive the therabite device and 34 the wooden spatulas for jaw exercises. The study has shown that mouth openings had increased on average in both groups following the exercise intervention. There was no statistically significant difference between the two interventions. There were problems with compliance. Lessons learnt from the semi structured telephone interviews, (15 patients) which would aid compliance included: (1) Allow patients to have more of a say in the exercise regimen ie reduce to 3 times a day. (2) Allow patients to take a variable break (up to 6 weeks) from the exercises when side effects of radiotherapy are at their worst. Mucositis, soreness and pain in mouth being reported during last few weeks and 4 weeks post radiotherapy. (3) More regular contact with the patients for encouragement and support. The study was designed to give an indication about the benefits of exercises and to inform feasibility to conduct a larger study

Conclusion: Prophylactic exercises during and after radiotherapy treatment can ameliorate trismus for stage 3 and 4 oral/oropharyngeal cancers. Keyword: Trismus, Radiotherapy This abstract presents independent research funded by the National Institute for Health Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Grant Ref No: PB-PG-0610-22317). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health. Sponsor: The Christie NHS Foundation Trust

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Adaptive dose painting by numbers for head and neck cancer: interim analysis of a randomised trial

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Purpose or Objective: A prospective randomized multicentre phase II trial comparing standard IMRT (S-IMRT) to 3phase adaptive dose painting by numbers (DPBN) for head and neck cancer (HNC) is currently recruiting patients. Unlike the fact that the initial dose prescription was derived from a phase I trial, we observed an unacceptable rate of late mucosal ulceration using this dose prescription in the DPBN group. This made us change the dose prescription in two steps. This interim analysis reports on acute and late toxicity and local (LC), regional (RC) and distant control (DC) in almost half of the patients to be included.

Material and Methods: From 2011, Q3 to 2015, Q3 53 patients received primary radio(chemo)therapy for HNC. We report on 45 patients who have ended therapy 3or months. Patient, tumor and treatment characteristics can be found in Table 1