GI toxicity at 6 months or 1 year. There were no reported episodes of rectal bleeding. Four patients (14.8%), 5 patients (17.9%) and 5 patients (21.7%) reported grade 2 GU toxicity at 6 weeks, 6 months and 1 year, respectively. The most common toxicities were nocturia and urinary frequency/urgency. Rectal maximum point dose, D20 and D50 decreased from 40.7Gy, 29.6Gy and 20.8Gy in FASTR to 35.0Gy, 22.2Gy and 11.1Gy in FASTR-2 (p<0.001). Bladder point dose, D20 and D50 decreased from 40.9Gy, 28.1Gy and 21.5Gy in FASTR to 35.7Gy, 15.7Gy and 6.3Gy in FASTR-2 (p<0.001).

Conclusion: FASTR-2 was more tolerable than FASTR, with no grade ≥ 3 toxicities reported, in keeping with expectations based on our previous FASTR analysis.(2) Advantages to FASTR-2 include image guidance without fiducials and a weekly treatment schedule which is more convenient for some patients. Trade-offs with FASTR-2 include a lower dose to the prostate (but still in keeping with ASTRO guidelines) and elimination of pelvic nodal irradiation (but need for routine pelvic radiotherapy still remains debated). Long-term follow-up is necessary to ensure disease control is comparable to conventional high risk treatment paradigms.