

SCHEDULE-AT-A-GLANCE

Tuesday, October 3

7:00 a.m. - 8:00 a.m.

ROI 5K

8:00 a.m. - 8:30 a.m.

SH 03 - Science Highlights 3 - Head & Neck Cancer

Room 1

8:00 a.m. - 8:30 a.m.

SH 04 - Genitourinary Cancer

Room 6 D/E

8:00 a.m. - 9:00 a.m.

EDU 17 - Emerging Role of CT and MR-Guided Online Adaptive Radiotherapy for Upper GI Malignancies

Room 5

8:00 a.m. - 9:00 a.m.

EDU 18 - Hypofractionation for Regional Nodal Irradiation: Standard of Care or Investigational Only?

Room 6 B

8:00 a.m. - 9:00 a.m.

EDU 19 - Cancer Stem Cells (CSC) and Radiation Response: Current Views and Future Perspectives in Radiation Oncology

Room 30 A/B/C

8:00 a.m. - 9:00 a.m.

Panel 15 - Multidisciplinary Patient-Based Approach to Challenging Situations with Cervix Cancer

Room 29

8:00 a.m. - 9:00 a.m.

ST 03 - When Can I Speak?

Expert Perspectives on Managing Experiences with Workplace Discrimination

Room 32

8:00 a.m. - 9:00 a.m.

SS 18 - DHI 2: Digital Health Innovation and Informatics

Room 2

8:00 a.m. - 9:00 a.m.

SS 19 - Lung 3: Clinical Trials for Small Cell and Oligometastatic Lung Cancer

Room 6 C/F

8:00 a.m. - 9:00 a.m.

SS 20 - Palliative 1: Treating metastases in the era of SBRT: novel care delivery, outcomes, and toxicity

Room 4

8:00 a.m. - 9:00 a.m.

QP 08 - Phys 5: Motion and Imaging

Room 8

8:00 a.m. - 9:00 a.m.

International 07 - Impact of War on Radiotherapy in Ukraine and How to Help

Room 30 D/E

9:15 a.m. - 10:15 a.m.

Keynote Address 02: Random Acts of Medicine
Anupam Bapu Gena, MD, PhD, Harvard Medical School

Ballroom 20

10:15 a.m. - 11:30 a.m.

Awards Ceremony

Ballroom 20

11:30 a.m. - 12:45 p.m.

Business Meeting and Luncheon
ASTRO Voting Members Only

Room 6 A

11:45 a.m. - 12:30 p.m.

Red Journal: Cover Art & Gray Zone

Hall D Lobby

12:45 p.m. - 1:45 p.m.

QP 09 - GYN 3: Harnessing New Trends in Gynecological Cancers

Room 7

12:45 p.m. - 2:00 p.m.

EDU 20 - ASTRO/ESTRO Joint Session - Overview of ASTRO/ESTRO Oligometastatic NSCLC Clinical Practice Guidelines: Case-Based Interactive Discussion

Room 6 D/E

12:45 p.m. - 2:00 p.m.

EDU 21 - Patient Data Sharing: How to Conduct Successful Multi-Institutional Retrospective and Prospective Analyses

Room 2

12:45 p.m. - 2:00 p.m.

EDU 22 - Combined Modality Therapy for Lymph Node Positive Prostate Cancer

Room 6 B

Continued on next page



Plenary session highlights potentially practice-changing advances in radiation therapy

BY LAURA WILLIAMSON, SCIENCE WRITER

THIS YEAR'S PLENARY SESSION included the presentation of five abstracts with four discussants, and focused largely on promising new advances in delivering radiation therapy faster and more effectively while better preserving patients' quality of life. The session was moderated by Andrea Ng, MD, MPH, FASTRO, Dana-Farber Brigham Cancer Center in Boston and Kenneth Rosenzweig, MD, FASTRO, Icahn School of Medicine, Mount Sinai in New York City.

Dr. Ng introduced the first presenter, Vinai Gondi, MD, as one of two recipients of the 2023 Leibel Memorial Award, given to early- to mid-career American Board of Radiology-certified or board-eligible principal investigators. Dr. Gondi presented his study, "Primary endpoint results of NRG CC003: Phase IIR/III trial of prophylactic cranial irradiation (PCI) with or without hippocampal avoidance (HA) for small cell lung cancer (SCLC)." The study found hippocampal avoidance — a common practice in treating people with small cell lung cancer whose cancer has spread to the brain — was non-inferior for intracranial relapse risk following prophylactic cranial irradiation (PCI) and prevented first failure in any cognitive domain.

Discussant Debra Yeboa, MD, MD Anderson Cancer Center in Houston, noted that prior investigations of the neuroprotective efficacy of hippocampal avoidance during PCI had led to

conflicting results. "This study essentially serves as the tie breaker," she said.

Next, Jiayi Yu, PhD, presented the abstract, "High dose Hyperfractionated Thoracic Radiotherapy vs Standard Dose for Limited Stage Small-Cell Lung Cancer: a Multicenter, Open Label, Randomized Phase 3 Trial." This study, conducted at 16 public hospitals in China, found that compared to a standard radiotherapy dose of 45 Gy, a twice-daily, higher dose of 54 Gy improved overall survival and progression-free survival without increasing toxicities in people with limited stage small-cell lung cancer over a median follow-up time of 45 months.

Discussant Kristin Higgins, MD, Winship Cancer Institute of Emory University in Atlanta, noted that this was an important study because it was the first phase 3 trial of twice-daily dose escalation for people with small-cell lung cancer. However, unlike people with this type of cancer in the U.S., the majority of patients in this study were not smokers and were under 70 years old. They also experienced low levels of esophagitis, which she found "puzzling."

"It was a carefully selected patient population," Dr. Higgins said, "and not representative of most limited stage small cell lung cancer patients. Optimizing the radiotherapy component of treatment is very important in cancers that are treated with combined modality paradigms. As

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Inside
This
Issue

PRESIDENTIAL ADDRESS

ASTRO President Jeff Michalski, MD, FASTRO, shared personal lessons from patients and clinical trials.

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BUSINESS LUNCHEON

PREVIEW

Society governance, new initiatives and workforce projections to be discussed. See more on the agenda.

Page 4

SPEED MENTORING

Head to Room 10, Upper Level at 1:00 p.m. for two exciting sessions of this popular event! See lineup of topics and mentors.

Page 11

2023 GRANTS AND FELLOWSHIPS

Join us in congratulating the ASTRO Grant and Fellowship recipients.

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SCHEDULE AT A GLANCE

Tuesday, October 3 and Wednesday, October 4

12:45 p.m. - 2:00 p.m.

Panel 16 - Challenges to Automation of Clinical Workflows
📍 Room 5

12:45 p.m. - 2:00 p.m.

Panel 17 - Changing for the Better: Lessons from APEX
📍 Room 32

12:45 p.m. - 2:00 p.m.

SS 21 - Heme 2: Gray Haze: Determining the Right Radiation Dose for Lymphomas in an otherwise Blank Space
📍 Room 1

12:45 p.m. - 2:00 p.m.

SS 22 - Phys 6: Biomarkers and Response Assessment
📍 Room 29

12:45 p.m. - 2:00 p.m.

QP 10 - Peds 1: Novel Methods of Enhancing the Therapeutic Ratio
📍 Room 8

12:45 p.m. - 2:00 p.m.

PQA 05 - Gastrointestinal Cancer and Sarcoma
📍 Hall B2

12:45 p.m. - 2:15 p.m.

EDU 23 - Leadership Development for the Mid-Career Radiation Oncologist: Creating the Roadmap to Your Next Leadership Position and What to Do When You Get There
📍 Room 31

1:00 p.m. - 3:00 p.m.

Speed Mentoring
📍 Room 10

2:30 p.m. - 3:30 p.m.

SS 23 - H&N 2: Virus-Associated Head & Neck Cancers: From Screening to Treatment
📍 Room 1

2:30 p.m. - 3:45 p.m.

SS 24 - Bio 5: Immunotherapy and Immune Response
📍 Room 2

2:30 p.m. - 3:45 p.m.

SS 25 - CNS 1: CNS Metastases & Avoidance of Toxicity
📍 Room 6 C/F

2:30 p.m. - 3:30 p.m.

QP 11 - Breast 3
📍 Room 7

2:30 p.m. - 3:45 p.m.

EDU 24 - Evolving Roles of Medical Physicists in Clinical Trials
📍 Room 29

2:30 p.m. - 3:45 p.m.

EDU 25 - ASTRO/PROS Joint Session - Bridging the Childhood Cancer Survivorship Care from Pediatric to Adult Continuum
📍 Room 31

2:30 p.m. - 3:45 p.m.

EDU 26 - ASTRO/SIO Joint Session - Update: Integrative Oncology in Cancer Care
📍 Room 30 D/E

2:30 p.m. - 3:45 p.m.

EDU 27 - ASTRO Workforce Study: Final Results and Steps Forward
📍 Room 32

2:30 p.m. - 3:45 p.m.

EDU 28 - Best Practices in Teaching and Mentoring Residents
📍 Room 30 A/B/C

2:30 p.m. - 3:45 p.m.

PQA 06 - Poster Q&A 06 - Genitourinary Cancer, Patient Safety, and Nursing
📍 Hall B2

2:30 p.m. - 3:45 p.m.

Late-Breaking Abstracts Session
📍 Room 6 B

2:45 p.m. - 3:45 p.m.

ST 04 - Navigating Uncomfortable Situations: Small Changes for Big Impact in Health Care Equity for LGBTQ2SIA+ Populations
📍 Room 33

4:00 p.m. - 5:00 p.m.

EDU 29 - Radiobiology-Guided Innovations in the Integration of Radiation and Immunotherapies
📍 Room 33

4:00 p.m. - 5:00 p.m.

EDU 30 - The Evolving Role of Molecular Profiling in Diagnosis and Management Decisions Using Gynecological Cancers as a Model System
📍 Room 29

4:00 p.m. - 5:00 p.m.

EDU 31 - Stereotactic Radiotherapy and Renal Cell Cancer: Overcoming Radioresistance and the Resistance to Radiate
📍 Room 6 C/F

4:00 p.m. - 5:00 p.m.

EDU 32 - Oligometastatic Breast Cancer: Considering Patients One by One
📍 Room 6 A

4:00 p.m. - 5:00 p.m.

Panel 18 - ASTRO/ADROP Joint Session - Employing Equity in Residency Recruitment and Cultivating a Culture of Inclusion
📍 Room 32

4:00 p.m. - 5:00 p.m.

Panel 19 - Geriatric Radiation Oncology: Partnering with and Personalizing Cancer Care for Older Adults
📍 Room 30 D/E

4:00 p.m. - 5:00 p.m.

SS 26 - Peds 2: Reducing Late Effects and Improving through Advanced Techniques & Novel Approaches
📍 Room 2

4:00 p.m. - 5:00 p.m.

QP 12 - Bio 6: Tumor and Radiation Biology
📍 Room 8

4:00 p.m. - 5:00 p.m.

QP 13 - Phys 7: FLASH and Novel Delivery
📍 Room 7

4:00 p.m. - 5:00 p.m.

QP 14 - Patient Safety 1
📍 Room 4

4:00 p.m. - 5:00 p.m.

QP 15 - Sarcoma 1: Radiotherapy Evolution, Prognostication and Outcomes in Soft Tissue Sarcoma
📍 Room 5

4:00 p.m. - 5:00 p.m.

PQA 07 - Hematologic Malignancies and Digital Health Innovation
📍 Hall B2

5:15 p.m. - 6:15 p.m.

EDU 01 - What Does a Pound of Prevention Cost if the Cure is Measured in Ounces? A Case-Based Approach to Approaching CNS Disease in Small Cell Cancer Patients
📍 Room 31

5:15 p.m. - 6:15 p.m.

EDU 33 - ASTRO/IRLOG Joint Session - Multiple Myeloma: Novel Drugs, Longer Survival, and the Rapidly Expanding Roles for Radiation Therapy
📍 Room 30 A/B/C

5:15 p.m. - 6:15 p.m.

EDU 34 - Challenging Cases in Palliative Care
📍 Room 29

5:15 p.m. - 6:15 p.m.

EDU 35 - Stereotactic Body Radiation Therapy for Spinal Metastases: A Practical, Case-Based and Patient-Focused Discussion of the New Standard of Care
📍 Room 6 A

5:15 p.m. - 6:15 p.m.

EDU 36 - Emerging Biomarkers and Multidisciplinary Techniques to Improve Outcomes in Small Cell Lung Cancer
📍 Room 6 D/E

5:15 p.m. - 6:15 p.m.

EDU 37 - Anal Cancer: Across the Spectrum of Care
📍 Room 6 C/F

5:15 p.m. - 6:15 p.m.

SS 27 - HSR 2: Best of Global Oncology
📍 Room 2

5:15 p.m. - 6:15 p.m.

SS 28 - GU 4: Radiotherapy for Kidney Cancer and Post-Prostatectomy
📍 Room 6 B

5:15 p.m. - 6:15 p.m.

QP 16 - H&N 3: Innovative Approaches to Individualizing Therapy for Head & Neck and Skin Cancer
📍 Room 4

5:15 p.m. - 6:15 p.m.

QP 17 - Phys 8: Outcome Prediction
📍 Room 7

5:15 p.m. - 6:15 p.m.

QP 18 - Bio 7: Adaptive Immunity and Radiation
📍 Room 8

5:15 p.m. - 6:15 p.m.

PQA 08 - Gynecological Cancer, Pediatric Cancer, and Professional Development
📍 Hall B2

Wednesday, October 4

8:00 a.m. - 8:30 a.m.

SH 05 - GI: Understanding Toxicities, Optimizing Dose, and CROSSing the Threshold for Immune Therapy
📍 Room 5

8:00 a.m. - 8:30 a.m.

SH 06 - Lung Cancer/Thoracic Malignancies
📍 Room 31

8:00 a.m. - 9:00 a.m.

Panel 01 - Getting Papers Published: ASTRO Journal Editors Panel
📍 Room 2

8:00 a.m. - 9:00 a.m.

EDU 38 - Exploring Ethical and Legal Implications of Artificial Intelligence in Medical Practice
📍 Room 32

8:00 a.m. - 9:00 a.m.

EDU 39 - Microbiome to Phageome: Clinical and Biological Impact on Precision Radiation
📍 Room 30 A/B/C

8:00 a.m. - 9:00 a.m.

EDU 40 - ASTRO/CHEST Joint Session - Paying It Forward: Building Resilient Oncology Systems through Climate Policy and Advocacy
📍 Room 30 D/E

8:00 a.m. - 9:00 a.m.

EDU 41 - Sexual Health Considerations for Sexual and Gender Minority (SGM) and Non-SGM Patients with a Cancer Diagnosis
📍 Room 4

8:00 a.m. - 9:00 a.m.

EDU 42 - Advancing Our Multi-Disciplinary Understanding of the Cardiovascular Considerations with Radiation Therapy
📍 Room 1

8:00 a.m. - 9:00 a.m.

SS 29 - CNS 2: Innovative Therapies in Gliomas
📍 Room 33

8:00 a.m. - 9:00 a.m.

QP 19 - Heme 3: Every organ, every target, all at once: Modernizing Total Body Irradiation
📍 Room 8

8:00 a.m. - 9:00 a.m.

QP 20 - Phys 9: Dosimetry and QA
📍 Room 7

9:15 a.m. - 10:15 a.m.

Cancer Breakthroughs
📍 Ballroom 20

9:30 a.m. - 10:00 a.m.

Practical Radiation Oncology: Lessons in Art and Literature & Narrative Oncology
📍 Hall D Lobby

10:30 a.m. - 11:30 a.m.

SS 30 - Phys 10: Autocontouring and Clinical Outcomes
📍 Room 5

10:30 a.m. - 11:30 a.m.

SS 31 - HSR 3: Costs of Care: From Patient to Policy
📍 Room 4

10:30 a.m. - 11:30 a.m.

QP 21 - Bio 8: Innate Immunity and Tumor Immune Microenvironment
📍 Room 8

10:30 a.m. - 11:30 a.m.

QP 22 - Lung 4: Lung Cancer: Treatment Toxicity
📍 Room 7

10:30 a.m. - 11:45 a.m.

SS 32 - GU 5: Patient-Reported Quality of Life in Prostate Cancer
📍 Room 1

10:30 a.m. - 11:45 a.m.

SS 33 - Patient Safety 2
📍 Room 2

10:30 a.m. - 11:45 a.m.

PQA 09 - Head & Neck Cancer and Health Services Research
📍 Hall B2

12:30 p.m. - 1:30 p.m.

SS 34 - H&N 4: Augmenting the Potential of Radiation Therapy with Novel Therapeutics and Imaging
📍 Room 1

12:30 p.m. - 1:45 p.m.

SS 35 - Biology 9: Experimental Therapeutics and Target Discovery
📍 Room 2

12:30 p.m. - 1:45 p.m.

SS 36 - Pains and gains in rectal and liver cancer: the long and short of it
📍 Room 4

12:30 p.m. - 1:45 p.m.

SS 37 - Heme 4: Melting Myeloma: Making Major Moves
📍 Room 5

12:30 p.m. - 1:30 p.m.

QP 23 - CNS 3: Novel Therapies and New Considerations in CNS Radiotherapy
📍 Room 7

12:30 p.m. - 1:30 p.m.

QP 24 - Breast 4
📍 Room 8

12:30 p.m. - 1:45 p.m.

PQA 10 - Physics
📍 Hall B2

“Mentor. Be humble. Be accountable. Have grit. Be curious. Have courage.”
 – Dr. Jeff Michalski



Michalski shares personal reflections and words of encouragement during Presidential Address

BY JENNIFER JANG, ASTRO COMMUNICATIONS

ATTENDEES OF YESTERDAY'S PRESIDENTIAL ADDRESS heard a heartfelt appreciation and exhortation from Jeff Michalski, MD, MBA, FASTRO. Clifford Robinson, MD, his colleague at the Washington University School of Medicine, noted Dr. Michalski's many roles that showcase his unwavering commitment to the field, including the Carlos Perez Distinguished Professor and vice-chairman of the Department of Radiation Oncology, and vice-chair of the RTOG.

Dr. Michalski devised this year's meeting theme, "Pay it Forward: Partnering with Our Patients," an outgrowth of his consistent passion for clinical trials and ensuring that patients receive high quality care through rigorous quality assurance.

Dr. Michalski acknowledged four leading mentors on his path: Jim Cox, MD, FASTRO, Larry Kun, MD, FASTRO, Theresa Vietti, MD, and Carlos A. Perez, MD, FASTRO. They impacted his career choices, including his commitment to clinical trials and involvement in the RTOG and to children's cancer groups. He advised early career physicians in the audience to listen to sound advice. He encouraged more seasoned physicians to be generous with their experience, *to mentor*, to pay it forward.

Dr. Michalski's next personal encouragement was to *be humble*. With humility and transparency, he shared an early difficult experience, when he had to tell parents of a five-year-old patient that he had devised an incorrect treatment plan. Furthermore, he shared the incident to Dr. Kun, noting that as much as he was disclosing a protocol deviation, it was also a confession.

In response to Dr. Kun's encouragement, Dr. Michalski took the lesson to spur his interest in

quality and safety. He adopted the mission to ensure that radiotherapy delivered on pediatric trials was the highest quality, and such was his third charge, *be accountable*. Among the new trials he oversaw, one had a typo in a protocol that resulted in an overdose of magnesium sulfate to one patient. He quickly sized up the ramifications, drafted an amendment to be distributed quickly, calling all participating centers personally.

Dr. Michalski then discussed challenges clinical trials face, and how *having grit* is needed to pursue critical findings, whether breaking down barriers to enrollment or introducing technology amendments. *Being curious* is also an important motivator to continue discoveries to improve patient outcomes.

Then came the exhortation to *have courage*, to conduct studies that randomize new technologies against existing standards of care. Many centers market new technology as superior to more common approaches, which might do more harm to patients who then seek treatments far from their homes, potentially leading to physical and emotional distress. The role of trial sponsors and insurance companies cannot be downplayed. Important trials are suffering from dropout, jeopardizing completion and helpful study findings.

Dr. Michalski closed his talk with numerous thanks to those who helped in his practice, at ASTRO and his family, yet the appreciation is returned manifold. Favorite quotes were sprinkled throughout, from Moliere to Thomas Edison, but attendees likely jotted down the following as their takeaway: "Mentor. Be humble. Be accountable. Have grit. Be curious. Have courage." – Dr. Jeff Michalski



STREET TALK

What is one thing you want attendees to know about your presentation?



"This interactive, case-based panel on salivary and sinonasal tumors — a topic where there is limited prospective data — discusses multidisciplinary approaches to treat cancer and optimize cosmesis and health for our patients, when treatment may radically alter their appearance, speech, swallow, vision and other critical functions."
 – Danielle Margalit MD, MPH



"As a Native Hawaiian, the profound impact of endometrial cancer in my ohana and our community drives my commitment to health disparities research. Our findings from a national study revealed that Native Hawaiian and other Pacific Islander [NHPI] women have the lowest rates of receiving guideline-concordant brachytherapy for endometrial cancer across all racial and ethnic groups in the U.S. We found this disparity was even more pronounced in community hospitals. This deeply resonates with me, as these cancer disparities aren't just numbers, they represent real lives of loved ones in our NHPI community."
 – Kekoa Taparra, MD, PhD



"I was fortunate to be a moderator for a breast cancer quick pitch session. The investigation topics were interesting, diverse and several are likely to generate larger studies. Abstracts presented included 10 fraction treatment of the chestwall and regional nodes, preoperative boost therapy, response to preoperative primary SBRT, importance of extent of LVI, lack of benefit of treatment of oligometastatic disease and population-based results to aggressive goals of decreasing mean heart dose with left sided breast/CW irradiation. I applaud the investigators for increasing the body of knowledge and expanding future investigations."
 – Catheryn Yashar, MD

INDUSTRY-EXPERT THEATER

Hall C on the right-hand side of the Exhibit Hall

TUESDAY, OCTOBER 3

📍 Theater 1

12:00 p.m. – 1:00 p.m.

Novartis Pharmaceutical Corporation
Understanding PSMA Imaging

📍 Theater 2

12:00 p.m. – 1:00 p.m.

Telix Pharmaceuticals
PET/CT Cases in Therapeutic Decision Making

ASTRO Daily News 2023

Issue Number 3 | Tuesday Edition

Publisher:
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Professionalizing compassion, keynote stresses importance of patient well-being for optimal outcomes

BY JENNIFER JANG, ASTRO COMMUNICATIONS

YESTERDAY, ARIF KAMAL, MD, MBA, MHS, and Chief Patient Officer of the American Cancer Society (ACS), launched into a stirring talk: “Cancer Support 3.0: A New Era in Compassion.” Introduced by ASTRO President Jeff Michalski, MD, MBA, FASTRO, Dr. Kamal took the stage to a Taylor Swift tune, soon explaining “eras” of medical development, and delving into facets of a patient’s psychological well-being to achieve optimal health outcomes.

ACS has existed for 110 years, motivated by the unacceptably high burden of cancer. While treatments have improved, we understand inherently that there is “a large gap between availability of innovation and accessibility of innovation, and fundamentally, that gap is where injustice is rooted.”

Dr. Kamal reviewed the “eras” for cancer care: Era 1 covered medicine up to 1980, where the field recognized that a specific expertise was required for cancer care. Era 2 was one of personalizing treatment, from the 1980 to the 2000s, where diagnosis and treatment included looking for targets, incorporating proteomics and genomics. Which brings us to today, Era 3 of “professionalizing compassion” — deliberate actions of compassion, necessary to get patients to the right outcomes. However, stress is inherent to the job. And stress is compassion’s greatest threat.

To combat the threat, cancer care must be team-based care, where we can be intentional that people are more than their biology and look at multi-dimensional support that includes respecting culture, assessing social determinants of health, caregiver support and financial care.

Not everyone will experience cancer in the same way. Black men dying four times more than white men when matched stage for stage gives pause. Clinical trial participation rates are extraordinarily low. Cures will become a reality when more people are on trials.

Some cancers are evolving into a chronic disease. Patients once rallied for six months or 12 months, and now might rally for years or decades. Survival is progress, but many in the interim have used up their savings. Our support systems have not evolved to help them over time.

Furthermore, disparities are rampant in oncology including screening and clinical trials. Robert Winn, MD, ASTRO’s 2022 Honorary Member’s notion reinforces that beyond DNA, an individual’s “ZNA” (zip code) influences their

cancer risks, with outcomes varying by zip code. Since disparities exist at the screening level, certainly they will be abundant at the outcomes level.

Low screening rates reflect the “lag of innovation” with disparities rooted in community, sociology, relationships, the way individuals live and work. Dr. Kamal encouraged clinicians to lean into social determinants of cancer outcomes to understand the breadth and depth of distress that might face a person.

ACS supports 32 Hope Lodges, housing located near treatment centers, along with the “road to recovery” program that provides drivers to take patients to treatments. Notably, a seismic shift in the Medicare Physician Fee Schedule was recently proposed — a reimbursement pathway for a cancer navigation workforce, that will help move the dial in the right direction.

Beyond physical health, Dr. Kamal brought up the phenomenon of “cancer ghosting.” A survey of 1,200 patients revealed that privileged patients will often experience a short-lived “cancer rally,” where the community provides support. However, more than 60% expressed a pervasive sense of emotional isolation, perhaps through inability to work. Whether the friend or clinician, we are not innately trained to know how to respond, leading to cancer ghosting, whether less texting, phone calls, etc. Ultimately, 17 million cancer survivors feel less connected than before diagnoses.

In chronic illnesses, social isolation and loneliness is a predictor of poor outcomes. Dr. Kamal encouraged the audience to ask patients about their worries and hopes. The emotion associated with a conversation is what people remember. “We judge ourselves by our intentions and others by their behaviors.” What era are we in currently? We are at this point of professionalizing compassion. It is our job to think about these things, to act on them when we see opportunity, to sympathize for someone else who’s going through a misfortune that could happen to all of us.

A patient is a complex amalgam of puzzle pieces: environment, culture, their spirit — all contributing to their full person. Being human with another human is what makes the work we do so valuable. Specializing and professionalizing compassion will be the way of the future. [A](#)

Society governance, new initiatives and workforce projections to be discussed at Annual Business Meeting

ASTRO’S ANNUAL BUSINESS MEETING LUNCHEON is scheduled to be held this afternoon (Tuesday) from 11:30 a.m. - 12:45 p.m. at the convention center, room 6A. All voting members are welcome.

A wide array of topics will be covered at the meeting. After a moment of silence to honor members who have passed away over the last year, this year’s award winners will be recognized.

Additional topics to be covered include:

- Changes in Board of Directors leadership – who will be rotating on and off the Board
- Overview of the Radiation Oncology Institute (ROI) and its future initiatives
- Report from outgoing Chair Geraldine Jacobson, MD, MBA, MPH, FASTRO, on current and future ASTRO programs, including the Early Career Committee, the HEDI Council, sustainability and quality initiatives (APEX, RO-ILS and guidelines)
- Key findings from the recent workforce study, including next steps to be taken

Final results of the workforce study will be presented this afternoon at 2:30 p.m. in room 32.

Incoming Chair Jeff Michalski, MD, MBA, FASTRO, will deliver a report focused on ASTRO’s priorities for the future, which include:

- Analyses of Match data
- Medical student outreach
- Supporting the radiation oncologist of the future
- Prioritizing radiopharmaceuticals
- DEI cultural audit

The business meeting will also feature information and an open discussion of ASTRO’s Radiation Oncology Case Rate (ROCR) program proposal, which is designed to reform radiation therapy reimbursement under Medicare by stabilizing payments, reducing disparities, and improving upon already excellent quality care.

Any new business will be discussed at the conclusion of the meeting. The luncheon is an efficient way to learn about ASTRO’s goals and future directions. All feedback is welcome, and we hope for high attendance! [A](#)

Awards

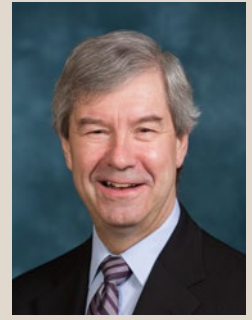
Join your colleagues in honoring leaders of the field at today's
Awards Ceremony in Ballroom 20 from 10:15 a.m. to 11:30 a.m.



Najeeb Mohideen, MD, FASTRO
*Northwest Community Hospital
Arlington Heights, IL*



Simon N. Powell, MD, PhD, FASTRO
*Memorial Sloan Kettering Cancer Center
New York, New York*



Randall K. Ten Haken, PhD, FASTRO
*University of Michigan
Ann Arbor, MI*

2023 ASTRO MENTORSHIP AWARD RECIPIENTS



Paul Harari, MD, FASTRO
*University of Wisconsin School of
Medicine and Public Health, Madison, WI*



Fei-Fei Liu, MD, FASTRO
*University of Toronto, Princess Margaret
Cancer Centre, Toronto, Ontario, Canada*



Phuoc Tran, MD, PhD
*University of Maryland School of
Medicine, Baltimore, MD*



A. Oliver Sartor, MD
*Mayo Clinic
Rochester, Minnesota*

2023 HONORARY MEMBER

2023 ASTRO *Fellows*

ASTRO is pleased to present the 2023 Class of ASTRO Fellows (FASTRO). This distinguished honor is conferred on the following ASTRO members in recognition of their outstanding leadership and significant service to ASTRO and contributions to the field of radiation oncology.

Thomas Boike, MD

Michigan Healthcare Professionals

Kristy K. Brock, PhD

The University of Texas MD Anderson Cancer Center

David J. Carlson, PhD

Yale University

Samuel T. Chao, MD

Cleveland Clinic

Christopher T. Chen, MD

John P. Einck, MD

The University of Kansas Health System

Natia Esiashvili, MD

Winship Cancer Institute, Emory University

Dwight E. Heron, MD, MBA

Bon Secours Mercy Health System

Bradford Hoppe, MD, MPH

Mayo Clinic, Florida

Ellen Jones, MD, PhD

University of North Carolina

Percy Lee, MD

City of Hope National Medical Center

Join Yang Luh, MD

Providence Health St. Joseph Hospital Eureka

Harvey Mamon, MD, PhD

Dana Farber Cancer Institute / Brigham Cancer Center

Loren K. Mell, MD

University of California San Diego

Moyed Miften, PhD

University of Colorado Anschutz Medical Campus

Laeton J. Pang, MD, MPH

The Cancer Center of Hawaii

Joshua Petit, MD

University of Colorado Health

Matthew Poppe, MD

Huntsman Cancer Institute, University of Utah

Bradley R. Prestidge, MD, MS

Bradley R. Prestidge, MD, PA

Charles B. Simone, II, MD

New York Proton Center, Memorial Sloan Kettering Cancer Center

Anurag K. Singh, MD

Roswell Park Comprehensive Cancer Center

Jon F. Strasser, MD

Helen F. Graham Cancer Center, CCHS

Rahul Tendulkar, MD

Cleveland Clinic

Tony Wang, MD

Columbia University

Henning Willers, MD

Massachusetts General Hospital

Karen Winkfield, MD, PhD

Meharry-Vanderbilt Alliance

Jean L. Wright, MD

Johns Hopkins University

Lei Xing, PhD

Stanford University

James B. Yu, MD, MHS

Connecticut Radiation Oncology

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ASTRO/ESTRO Joint Session to provide overview of oligometastatic NSCLC clinical practice guideline with a case-based interactive discussion

TODAY (TUESDAY), MATTHIAS

GUCKENBERGER, MD, University of Zurich, and Puneeth Iyengar, MD, PhD, UT Southwestern Medical Center, will moderate an American Society for Radiation Oncology (ASTRO)/European Society for Radiotherapy and Oncology (ESTRO) joint session regarding the recent guideline for determining how to integrate local therapy in the management of oligometastatic non-small cell lung cancer (OM NSCLC). The case-based discussion will address recommendations from the ASTRO/ESTRO clinical practice guideline, “Treatment of Oligometastatic Non-Small Cell Lung Cancer: An ASTRO/ESTRO Clinical Practice Guideline,” published in *Practical Radiation Oncology*. Visit room 6 D/E at 12:45 p.m. to participate in this session.

Drs. Guckenberger and Iyengar, will moderate the discussion as panelists review advanced radiotherapy techniques and technologies, surgical interventions and systemic therapy’s role in managing OM NSCLC patients.

Panelists for the session include:

- Salma Jabbour, MD, FASTRO — “Current Evidence Supportive of Local Therapy in Management of OM NSCLC”

- Bryan Schneider, MD — “Systemic Therapy Considerations When Combined with Local Therapy in Management of OM NSCLC”
- Mark Berry, MD — “Local Therapy for OM NSCLC: A Surgeon’s Perspective”
- Jill Feldman, MA, EGFR — “Resisters will provide a patient perspective on local therapy for OM NSCLC”

To conclude the session, Suresh Senan, PhD, MBBS, Amsterdam University Medical Centers, will lead a discussion on future directions on how to define the OM NSCLC disease state for local therapy.

Both the guideline and an associated podcast are available at practicalradonc.org.

Dr. Iyengar said, “... for patients with oligometastatic non-small cell lung cancer, treatment decisions should be made using a patient-centered multidisciplinary team approach. The patient has to be in the center of all of our approaches and the patient’s needs, the patient’s independent and unique goals have to be [at] the forefront.”

The guideline’s key questions can be found below — please visit practicalradonc.org and attend the session to learn about the guideline’s recommendations.

KQ1 What are the optimal patient/disease characteristics to select patients with oligometastatic NSCLC for definitive treatment combining systemic and local therapies?


KQ2 What are the selection criteria for choice of local treatment modality in the management of patients with oligometastatic NSCLC?

KQ3 What are the appropriate sequencing and timing of systemic therapy and definitive local therapies for patients with oligometastatic NSCLC?

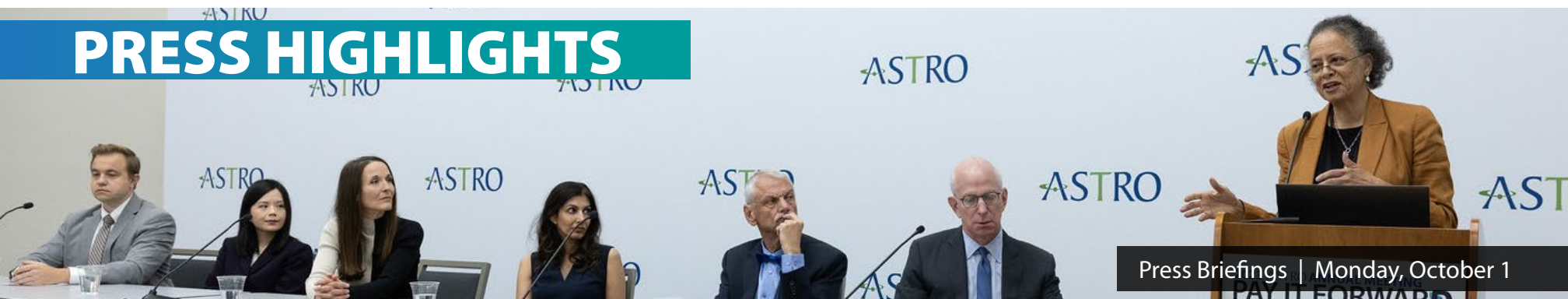
KQ4 What are the optimal dose-fractionation regimens, planning, and delivery technique of RT for patients with oligometastatic NSCLC?

KQ5 After a definitive local therapy approach for oligometastatic NSCLC, what are the indications for additional local therapy upon disease progression?

Source: Iyengar, P. et al. “Treatment of Oligometastatic Non-Small Cell Lung Cancer: An ASTRO/ESTRO Clinical Practice Guideline.” *Practical Radiation Oncology* 2023; 13:393-412.

Please visit www.astro.org/clinicalpracticestatements to learn more about ASTRO’s clinical practice guidelines. 

PRESS HIGHLIGHTS



Accelerated radiation treatment could reduce head and neck cancer patient burden in low- and middle-income countries

Søren Bentzen, PhD, DMSc, University of Maryland School of Medicine, Baltimore, MD, et al.

Standard treatment for patients with locally advanced squamous cell head and neck cancers in low- and middle-income countries typically involves up to seven weeks of radiation therapy.

The HYPNO (HYPO- versus NORmo-fractionated accelerated radiotherapy) trial – a randomized phase III clinical trial involving 10 countries across four continents – investigated whether a shorter course of radiation could be equally effective as standard treatment, without increasing the risk for side effects that could harm quality of life.

The HYPNO study found that delivering a course of radiation in 20 rather than 35 treatment sessions was just as effective at controlling cancer for patients with alcohol and tobacco-related, locally advanced disease, without increasing side effects.

Liquid biopsy may help identify which patients with non-small cell lung cancer will benefit most from radiation

Aadel Chaudhuri, MD, PhD, Washington University School of Medicine, St. Louis, MO, et al.

The authors hypothesized that pre-radiotherapy liquid biopsy circulating tumor DNA (ctDNA) analysis can be used to risk-stratify oligometastatic non-small cell lung cancer (NSCLC) patients enabling earlier personalized selection for consolidative radiotherapy.

A multi-institutional analysis of data from 2016 to 2022 for 309 patients with oligometastatic NSCLC who received radiation therapy following liquid biopsy was conducted.

Patients with detectable ctDNA prior to radiation therapy had worse overall survival than those whose blood showed no detectable ctDNA prior to treatment. For those whose blood showed traces of ctDNA, median overall survival was 16.8 months, compared to 25 months for patients with no ctDNA detected prior to treatment ($p=0.030$, $HR=1.65$, $CI=1.05-2.61$).

The study found that a liquid biopsy test can help distinguish if a patient’s cancer has spread to just a few tumor sites or spread more widely. This indicator would help physicians determine which type of treatment would be most effective for each patient.

Using recent diagnostic scans can substantially cut time to treatment for patients needing urgent palliation

Melissa O’Neil, MRT(T), Department of Radiation Oncology, London Health Sciences Centre, London, ON, Canada, et al.

The authors investigated whether using existing CT scans to plan treatment ahead of a patient’s arrival could reduce their time at the cancer center while still delivering appropriate care. Thirty-three patients were randomized to either standard treatment planning with on-site CT simulation scans, or to treatment planned before their appointment using diagnostic CT (dCT) scans taken up to 28 days prior.

The results showed that 50% of the patients in the standard planning group rated the time they spent at the cancer center as acceptable, compared to 90% of those whose dCT scans were re-used for treatment planning ($p=0.025$). On a five-point scale of acceptability, 90% of clinical stakeholders rated the new workflow as four or higher. dCT planning should be considered for patients undergoing palliative radiotherapy who has had recent dCT scan.





Photos of ASTRO 2023



Lessons from APEX

the fastest growing radiation oncology accreditation program in the U.S.

Program satisfaction survey results

99%

OF RESPONDENTS WERE SATISFIED OR VERY SATISFIED WITH THE OVERALL ACCREDITATION PROCESS.

97%

OF RESPONDENTS REPORTED BEING LIKELY TO RECOMMEND APEX TO A COLLEAGUE.

95%

OF RESPONDENTS IMPLEMENTED AT LEAST ONE NEW QUALITY IMPROVEMENT INITIATIVE AFTER COMPLETING APEX.

100%

OF RESPONDENTS WERE SATISFIED WITH THE CUSTOMER SERVICE THEY RECEIVED FROM ASTRO STAFF.

“Doing all the work upfront in the Self-Assessment really prepares you for the on-site survey.”

– Program satisfaction survey response

Douglas Prah, PhD

Director of Advanced Care and Technology
Froedtert & Medical College of Wisconsin
APEX Surveyor, Practice Accreditation Subcommittee Member
Transitioned to APEX in January 2019

INTERVIEWS

Colleen Lawton, MD, FASTRO

Professor and Vice-Chair, Department of Radiation Oncology
Medical College of Wisconsin
Transitioned to APEX in January 2019

Chris Channels, RT(T)

Director of Radiation & Imaging Services
Hematology-Oncology Associates (HOA) of CNY
Transitioned to APEX in November 2022

Virginia Lockamy, PhD

Director of Physics – Virtua and Chief of Network Physics – Penn Medicine
Penn Medicine | Virtua Radiation Oncology
APEX Surveyor since 2019
Transitioned to APEX in February 2022

Jennifer Tietz, RT(T) and Kileigh Peturis, MS

Director of Radiation Services and Chief Medical Physicist
Texas Oncology – Central Texas
In the process of switching to APEX

ASTRO'S APEX – ACCREDITATION PROGRAM FOR EXCELLENCE® continues to see growth from radiation oncology practices across the U.S. who want to be recognized for their high-quality practice and patient care. More and more practices choosing APEX have been transitioning from another radiation oncology accreditation program. Accreditation is an important choice for a radiation oncology practice and changing programs can be an even larger decision.

Douglas Prah, PhD, Director of Advanced Care and Technology, at the Medical College of Wisconsin discussed the transition process with several colleagues.

What were the reasons from your staff for wanting/not wanting to change accreditation programs?

Chris Channels: We looked at other options and APEX was very attractive to us. First, being under the ASTRO umbrella we knew that APEX would be radiation oncology focused, where other programs have a much broader scope. In addition, APEX's attention to safety and quality attracted us, as that is a focus of ours at HOA. It also allowed us to take a deep dive into all of our policies and procedures so that we could update and improve upon what we were already doing. The guidance provided by APEX made this an easy process overall.

Virginia Lockamy: We felt that this program was more robust and more specific to radiation oncology as it was developed by ASTRO.

Jennifer Tietz and Kileigh Peturis: In the beginning of the process, there was apprehension about switching programs because the current agency was known, and we had built a solid relationship with the organization. In hearing from colleagues across the network, APEX accreditation was extremely thorough, patient-focused and streamlined with less administrative burden during the initial application process. Being a region with eight sites pursuing accreditation simultaneously is a large project, and a burdensome application process is not desirable.

What are some unique aspects of APEX compared to your previous experience? What changes did you see at your practice?

Chris Channels: APEX allowed us to organize our policies and procedures and make updates when necessary.

Virginia Lockamy: The entire process, from preparation to onsite survey, was more robust than our previous experiences. We implemented multiple changes to our practice in response to our preparation for the site survey. For instance, our physicians were not always documenting pertinent negatives during their consults. We also reviewed our existing policies and procedures. Based on the guidelines provided by APEX, we revised multiple ones and developed new ones that we were lacking.

Colleen Lawton: The discussions alone were helpful as we started to document and also update existing safety protocol documents. Once we had our documents done and accreditation obtained, updating the documents for future accreditation was much easier.

Were there any unexpected challenges in the transition process? If so, what were they?

Chris Channels: At first, the task of applying for accreditation seemed daunting, but APEX makes the process seamless and their support was excellent. Any questions we had were answered in a timely manner, which helped us to keep moving forward.

Jennifer Tietz and Kileigh Peturis: We are still early on in the process, but the Self-Assessment portion of accreditation has been a good experience.

Colleen Lawton: The biggest challenge was just the time needed to do the initial work for the first APEX accreditation. Having ACR accreditation, we thought, would make this initial work for APEX easy, but that was wrong. APEX is much more detailed and totally worth the effort.

Do you have any additional feedback? (e.g., customer service, program resources, APEX Standards)?

Chris Channels: Overall, the experience was great. The material on the APEX website was very detailed and it helped guide us through the process. It also helped a lot to have APEX support answer the many questions we had.

Virginia Lockamy: We had a few questions throughout the process and were able to reach out to customer service to have them addressed, whether through email or meeting.

Jennifer Tietz and Kileigh Peturis: Thus far, the customer service has been prompt, professional and has provided clear instruction for all inquiries.

Colleen Lawton: Nothing specific. The good news is that once the self-assessment is done, your site will have an excellent idea of your ability to get APEX accredited or what you need to do to improve so as to get accredited. 🚀



Attend Panel 17 – Change for the Better: Lessons from APEX today, October 3, at 12:45 - 2:00 p.m., in Room 32, and stop by the ASTRO Resource Center to speak with staff about APEX.



Join us today for Speed Mentoring

Speed Mentoring is back with two sessions this year, starting at 1:00 p.m. today in Room 10, Upper Level!

Mentees will hear about lessons learned from a diverse group of experts and gain specific advice and insights in a series of 10-minute sessions. Review the topics and sessions times below and be prepared with specific questions you would like to discuss.

Mentors will facilitate discussions across different topics during two sessions. Mentees can float from table to table for 10-minute sessions over the course of the event. Mentees can join for one or two 10-minute session or stay for the whole event. See the lineup of mentors and topics:

Session 1 | 1:00 p.m. - 2:00 p.m.

A Career in Radiation Oncology: Things to Consider

Neha Vapiwala, MD, FASTRO, University of Pennsylvania

Career Development in Academic Radiation Oncology

Charles Thomas Jr., MD, FASTRO, Dartmouth Cancer Center

Contract Negotiation

Reshma Jaggi, MD, DPhil, FASTRO, Emory University

Developing a Successful Academic Interdisciplinary Translational Research Program

John Buatti, MD, FASTRO, University of Iowa Carver College of Medicine

Establish and Expand your Radiopharmaceuticals Services

Thomas Boike, MD, FASTRO, GenesisCare/MPH Radiation Oncology Institute

How Best to Prepare for the Next Decade in Radiation Oncology

Sameer Keole, MD, FASTRO, Mayo Clinic Phoenix

How to Find a Job in Private Practice

Anna Paulsson, MD, St. Joseph Health Medical Group

How to Get Involved in ASTRO Advocacy

Catheryn Yashar, MD, FASTRO, UC San Diego Health

How to Get Involved with ASTRO

Thomas Eichler, MD, FASTRO, VCU Health/Massey Cancer Center

Navigating Bias

Iris Gibbs, MD, FASTRO, Stanford University

Research, Education and Clinical Practice in Academic Radiation Oncology

Ana Kiess, MD, PhD, Johns Hopkins University

Transitioning to a New Job

Anna Brown, MD, Aspirus Regional Cancer Care

Understanding Parental Leave

Hina Saeed, MD, Baptist Health South Florida: Lynn Cancer Institute

Session 2 | 2:00 p.m. - 3:00 p.m.

Balancing Personal Life Transitions with your Career

Jessica Schuster, MD, University of Wisconsin-Madison

Building a Successful Private Practice

David Beyer, MD, FASTRO, Cancer Centers of Northern Arizona Healthcare

Building Next-Level Relationships within your Treatment Team

J. Ben Wilkinson, MD, Coastal Radiation Oncology

Building Professional Networks

Anna Lee, MD, MD Anderson Cancer Center

Elevating Radiation Oncology Through Local and Regional Leadership Opportunities - Why and How to Get Involved in your Local Cancer Communities

Join Luh, MD, FASTRO, Providence St. Joseph Hospital

How to Ace the Interview

Nicholas Zaorsky, MD, University Hospitals Case Medical Center

How to be a Leader as You Establish Your Clinical Practice

Charles Simone MD, FASTRO, New York Proton Center

How to Engage with the NRG

Kristin Higgins, MD, Winship Cancer Institute of Emory University

Maintain Work-Life Balance

Jared R. Robbins, MD, University of Arizona College of Medicine

Making the Leap from Trainee to Attending

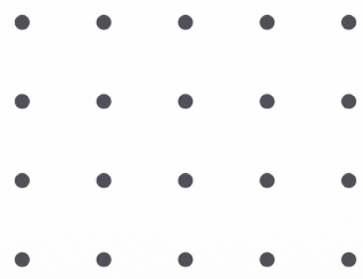
Austin Sim, MD, The Ohio State University Comprehensive Cancer Center

Navigating Bias

Parul Barry, MD, UPMC Radiation Oncology

Women's Career Development in Radiation Oncology

Maria Kelly, MD, FASTRO, Veterans Affairs Central Office



PET/CT CASES

IN THERAPEUTIC DECISION MAKING

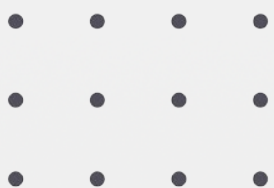


ASTRO Annual Meeting 2023

October 3, 2023 | 12:00 pm - 1:00 pm
San Diego Convention Center
Industry Expert Theater 2



Presenter: Amir Lavaf, MD - Radiation Oncologist
Desert Regional Medical Center, Palm Springs, California



ASTRO Seminar Helps You Tackle Radonc Coding

INTERESTED IN ENSURING that your practice is accurately coding and billing for radiation therapy services? Worried that you may not be getting reimbursed properly? Or just want to freshen up on your radiation oncology coding knowledge? You are in luck! The ASTRO 2023 Virtual Coding and Coverage Seminar is set to take place on Saturday, December 9.

The seminar is the perfect opportunity for radiation oncologists and their coding and billing teams to gain a better understanding of coding and coverage policies specific to the field of radiation oncology. Key learning opportunities include how to apply coding based on modality, ongoing changes in health care policy that can affect coverage, and a walk-through of clinical case studies with step-by-step coding guidance.


A previous seminar attendee said that “Hearing that other clinics have the same questions and concerns about how to charge correctly for the different types of treatments was extremely helpful. It was also great to hear that the prior authorization issues are being addressed. The meeting for me acts as a resource and with the Q/A it really helps answer questions as radiation can be very complex.”

“The meeting for me acts as a resource and with the Q/A it really helps answer questions as radiation can be very complex.”

With expanded case studies and personalized Q+A sessions with our expert panel of radiation oncologists throughout the country, do not miss the chance to attend the most comprehensive radiation oncology coding and coverage seminar to date!

Coding Seminar attendees will receive an advance printed and electronic copy of the ASTRO 2024 Radiation Oncology Coding Resource, an essential coding reference tool for all radiation oncology practices. ASTRO’s Radiation Oncology Coding Resource includes information on the most up-to-date

CPT and HCPCS codes, as well as critical coding, billing and documentation guidance for all relevant radiation oncology codes. The 2024 edition will include new information on coding guidance related to evaluation and management, image guidance, IMRT billing and more! The 2024 resource will be available for sale to the public starting January 2, 2024.

Please visit www.astro.org/Coding-Seminar for additional information on seminar registration, program agenda, continuing education credits and other available coding/billing resources. 



Make plans for ASTRO 2024!

BY HOWARD SANDLER, MD, MS, FASTRO, 2023-2024 ASTRO PRESIDENT



ASTRO 2024


Targeting Provider Wellness FOR EXCEPTIONAL PATIENT CARE

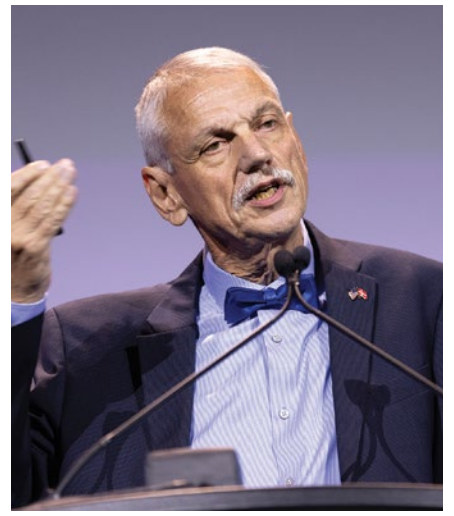
September 29 – October 2, 2024

**Walter E. Washington Convention Center
Washington, DC**

WE ARE ALL LOOKING FORWARD to the 2024 Annual Meeting being held from September 29 to October 2, 2024, in our nation’s capital, the vibrant city of Washington, DC. I’m especially excited to share that the theme for next year’s meeting is “Targeting Provider Wellness for Exceptional Patient Care.” The meeting’s theme takes a step in a direction that is often overlooked in the daily rush to treat patients. Provider wellness is an important aspect that deserves equal playtime and consideration. Being well, treating your physical and mental health as a priority, and living to achieve work-life balance — all go a long way toward helping us to serve as a role model for our patients. When health care providers are at their best, we are able to provide optimal care for patients.

During the meeting, we will highlight various aspects of provider wellness and correlate with how that impacts patient care. As such, the meeting will include an engaging program with the latest breaking research presented in educational and scientific sessions and dynamic networking events around this theme. Popular offerings from past years — such as the Cancer Breakthroughs session, Presidential Symposium and Science Highlights — will continue to be featured, along with deeper dives into timely topics through our popular Master Class series. And we’ve developed a dynamic list of keynote speakers to approach in the coming months.

Similar to the past few years, ASTRO will offer an in-person conference along with a virtual registration option to fit the needs of our members and provide flexibility for the radiation oncology community. I invite you to mark your calendar to join us for the 2024 ASTRO Annual Meeting, the premier event for radiation oncology. Thank you for all you do to provide exceptional patient care. 



PLENARY CONTINUED

further data emerges, integration of 54 Gy will be important, but we need more details and it may not be applicable to all patients.”

Next, Nicholas van As, MD, MBBS, The Royal Marsden NHS Foundation Trust in London, presented “5-year outcomes from PACE B: An International phase III randomised controlled trial comparing stereotactic body radiotherapy (SBRT) vs conventionally fractionated or moderately hypo fractionated external beam radiotherapy for localised prostate cancer.” This study found people with intermediate-risk, localized prostate cancer can be treated as effectively using fewer and higher doses of radiation delivered over five days as they can with lower doses delivered over several weeks. Not only was SBRT non-inferior, it demonstrated a five-year 96% disease control rate, compared to 95% for conventional radiation without significantly higher toxicity.

“The outcomes for patients in both study arms were better than we expected,” said the study’s principal investigator, Dr. van As. “To be able to sit with a patient and say, ‘We can treat you with a low toxicity treatment in five days and your chance of keeping the cancer at bay for five years is 96%,’ it’s a positive conversation to have.”

Discussant Alejandro Berlin, MD, MS, Princess Margaret Cancer Center in Toronto, said he agreed that SBRT should be considered the standard of care for localized, intermediate-risk prostate cancers. “SBRT is better, it’s cheaper and it’s faster,” he said.

Mitchell Machtay, MD, FASTRO, Penn State Hershey Medical Center in Hershey, PA next presented “Randomized phase III trial of postoperative radiotherapy with or without cetuximab for intermediate-risk squamous cell carcinoma of the head and neck (SCCHN): NRG/RTOG 0920.” While the study did not reach statistical significance for its primary endpoint of overall survival, it did show radiation plus cetuximab increased disease-free survival

after five years for people with intermediate-risk head and neck cancer. Acute toxicity was worse with this treatment but there were no differences in late toxicities. “It may therefore be considered an appropriate treatment for this patient population,” Dr. Machtay said, “but only after a very careful, thorough discussion of the benefits and risks. And we believe that the absolute magnitude of this benefit is likely to be greater for the HPV negative population.”

The final presentation was delivered by Søren Bentzen, DSc, PhD, FASTRO, University of Maryland School of Medicine in Baltimore, who discussed findings from his study, “Randomized controlled trial of hypofractionated vs. normo-fractionated accelerated radiation therapy with or without cisplatin for locally advanced head and neck squamous cell carcinoma (HYPNO).” The findings suggest an accelerated radiation regimen could reduce the burden in low- and middle-income countries of alcohol and tobacco-related head and neck cancers.

The large, international, phase III study – involving patients from 10 countries across four continents – found delivering a course of radiation in 20 rather than 33 treatment sessions was just as effective for patients with locally advanced disease, without increasing side effects. “This is a trial that directly informs how you can effectively deliver radiation therapy to patients in a resource-scarce environment,” Dr. Bentzen said.

Christina Chapman, MD, MS, Baylor College of Medicine in Houston, Texas, discussed both of the head and neck trials, concluding that together they make an important contribution by bringing attention to “the global burden of head and neck cancer, to the suboptimal outcomes in HPV negative patients, the need for renewed conversation on our endpoints, including whether overall survival versus progression-free and local control should be preferred, and also emphasized the importance of collecting data on toxicity and quality of life.” [▶](#)



Congratulations

to the winners of the **ASTRO-Sumitomo Pharma-Pfizer Alliance New Combination (Relugolix-Radiation) Therapy Challenge**



Xinglei Shen, MD
University of Kansas Medical Center

Research proposal: “Quantifying optimal relugolix duration with radiation in high-risk prostate cancer”



Shang-Jui Wang, MD, PhD
The Ohio State University

Research proposal: “A comparison of Orgovyx (relugolix) vs Eligard (leuprolide) on cardiovascular function and biomarkers during standard of care combined ADT (androgen deprivation therapy)-radiation for prostate cancer”



James Yu, MD, FASTRO
Yale School of Medicine

Research proposal: “Phase III SUGAR study: SBRT and Ultrashort GnRH Antagonist-Relugolix for clinicogenomic unfavorable intermediate risk prostate cancer”



2023 ASTRO Grant and Fellowship Program Recipients

ASTRO IS PLEASED TO SUPPORT the careers and research of residents, fellows and junior faculty in alignment with our strategic goal to retain and foster the intellectual research talent currently entering the field of radiation oncology. Additionally, through the ASTRO-Industry Radiation Oncology Research Training Fellowship Program, ASTRO offers unique one-year

training opportunities within the industry settings. ASTRO and our funding partners stay committed to supporting the career development of junior researchers in radiation oncology, advancing science for improved patient outcomes. Please join us in congratulating the 2023 ASTRO Grant and Fellowship recipients!



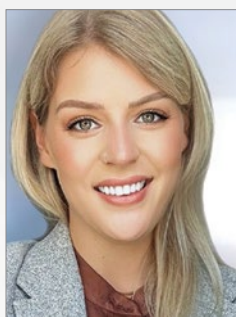
ASTRO SEED GRANT

Gustav Cederquist, MD, PhD
Memorial Sloan Kettering Cancer Center



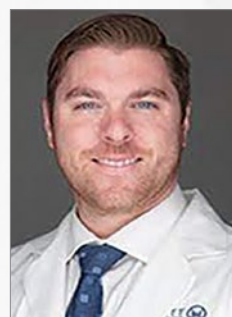
ASTRO-ACS CLINICIAN SCIENTIST DEVELOPMENT GRANT

Nam Woo Cho, MD, PhD
University of California, San Francisco



ASTRO BIOLOGY SEED GRANT

Lauren Pedersen, PhD
Washington University in St. Louis, School of Medicine



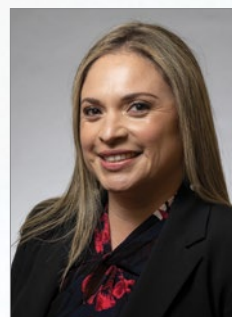
ASTRO-MRA YOUNG INVESTIGATOR AWARD IN RADIATION ONCOLOGY

Chris Tichacek, PhD
H. Lee Moffitt Cancer Center & Research Institute



ASTRO-LUNGEVITY SEED GRANT

Kailin Yang, MD, PhD
Cleveland Clinic



ASTRO-RTOG NRG ONCOLOGY FELLOWSHIP IN HEALTH EQUITY

Idalid Franco, MD, MPH
The Brigham and Women's Hospital,
Dana-Farber Cancer Institute



ASTRO AAPM PHYSICS SEED GRANT

Brigid McDonald, PhD
MD Anderson Cancer Center



ASTRO-ASTRAZENECA RADIATION ONCOLOGY RESEARCH TRAINING FELLOWSHIP

Kristin Hsieh, MD
Icahn School of Medicine at Mount Sinai



ASTRO AAPM PHYSICS SEED GRANT

Ryan Oglesby, PhD
Johns Hopkins University



ASTRO-NANOBIOTIX RADIATION ONCOLOGY RESEARCH TRAINING FELLOWSHIP

Benjin Facer, MD
Ohio State University Medical Center



ASTRO-BCRF EMERGING INVESTIGATOR AWARD TO BUILD A DIVERSE SCIENTIFIC WORKFORCE

Rebecca Shulman, MD
The Research Institute of Fox Chase Cancer Center



ASTRO-VARIAN RADIATION ONCOLOGY RESEARCH TRAINING FELLOWSHIP

Jonathan Sackett, MD
University of Cincinnati – College of Medicine

UPCOMING MEETINGS



MULTIDISCIPLINARY THORACIC CANCERS SYMPOSIUM

November 30 – December 2, 2023

Sheraton New Orleans

Co-sponsored by: ASCO, ASTRO, SITC, STS

IN-PERSON | LIVE VIRTUAL MEETING



ASTRO 2023 CODING AND COVERAGE SEMINAR

Saturday, December 9, 2023

VIRTUAL



MULTIDISCIPLINARY HEAD AND NECK CANCERS SYMPOSIUM

February 29 – March 2, 2024

JW Marriott Desert Ridge • Phoenix

Co-sponsored by: AHNS, ASCO, ASTRO, SITC

IN-PERSON | LIVE VIRTUAL MEETING



2024 VIRTUAL ASTRO ANNUAL REFRESHER COURSE

April 17 – 19, 2024

VIRTUAL



2024 ADVOCACY DAY

May 2024

Washington, DC



2024 ASTRO ANNUAL MEETING

"Targeting Provider Wellness for Exceptional Patient Care"

September 29 – October 2, 2024

Walter E. Washington Convention Center

Washington, DC