Doctors, scholars, patient advocates explore artificial intelligence and emotional intelligence in Presidential Symposium

BY JENNIFER JANG, ASTRO COMMUNICATIONS AND LISA BRAVERMAN, ASTRO JOURNALS

ATTENDEES OF THE PRESIDENTIAL SYMPOSIUM enjoyed a full afternoon of programming Sunday. Geraldine M. Jacobson, MD, MBA, MPH, FASTRO, introduced the Presidential Symposium by noting that the “genie” is out of the bottle: artificial intelligence (AI) is here and will only continue to expand. While the core values of our practice have not changed, thanks to AI, how we practice has. As such, Dr. Jacobson posed some key questions about AI’s growing role: “What does AI mean for us as doctors taking care of patients? Will we begin to think of our patients as a collection of data, rather than people who come to us for care? With AI, how will we apply our unique human capacity to listen to our patients, to provide explanation, encouragement and care during their treatment?”

Kicking off the afternoon, Sanjay Aneja, MD, moderated the first session “AI Opportunities in Today’s Patient’s Journey – Cutting-Edge AI in Radiation Oncology,” providing a look at the ways in which AI will soon be impacting their clinical practice. While ASTRO Annual Meetings have had numerous aspirational conversations around AI, yesterday’s session focused on practical AI that clinicians may see in practices sooner rather than later. Also importantly, this first session laid the groundwork for discussing the fundamentals of various areas of AI that were discussed in subsequent sessions, distinguishing between practical AI (e.g., automatic contouring) versus aspirational AI (robot doctors). One example Dr. Aneja gave was the potential of image classification AI could play in radiation oncology clinical practice, “first helping to delineate the extent of disease, then identifying microscopic areas of disease and better plan treatment, and lastly, to help objectively evaluate the treatment.” Alejandro Berlin, MD, MS, captured adoption challenges well: “The algorithms are mostly predictable, but humans are not, so we have to understand that better … Sometimes the human in the loop allows us to maximize the benefit of both and promote this collaboration between these aspects and take the best of each. And I think radiation oncology is uniquely poised to lead this field not only obviously in our specialty, but in medicine.”

Rebecca Howell, PhD, facilitated the second session on “Prevention and Mitigation of Radiation Toxicity.” The success of cancer treatment options, quality of life and treatment duration.

To our attendees celebrating... may the festival of lights bring peace, prosperity, happiness and good health to all.
UPCOMING MEETINGS

**ASTRO Coding and Coverage Seminar**
Virtual
December 10, 2022

**ASTRO Annual Refresher Course**
Virtual
April 26–28, 2023

**Advocacy Day**
May 22–23, 2023
Washington, DC

**ASTRO 65th Annual Meeting**
October 1–4, 2023
San Diego Convention Center • San Diego

**Multidisciplinary Thoracic Cancers Symposium**
November 30–December 2, 2023
Sheraton New Orleans • New Orleans

**Multidisciplinary Head and Neck Cancers Symposium**
February 29–March 2, 2024
JW Marriott Desert Ridge • Phoenix

www.astro.org
<table>
<thead>
<tr>
<th>Time</th>
<th>Event Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 a.m.</td>
<td>Luncheon 01 - The Women of ASTRO Luncheon - Sponsored by AAWR-ASTRO-SWRO-ROWPG</td>
</tr>
<tr>
<td>12:00 p.m.</td>
<td>12:00 p.m. - 3:00 p.m.</td>
</tr>
<tr>
<td>1:00 p.m.</td>
<td>1:00 p.m. - 1:30 p.m.             Presidential Address - Presidential Address - Presidential Address - How Artificial Intelligence Can Transform Big Data Research: Taking Our Databases to the Next Level</td>
</tr>
<tr>
<td>2:00 p.m.</td>
<td>2:00 p.m. - 3:00 p.m.             CT 01 - Plenary Session  Stars at Night Ballroom</td>
</tr>
<tr>
<td>3:00 p.m.</td>
<td>3:00 p.m. - 4:00 p.m.             Room 214</td>
</tr>
<tr>
<td>4:00 p.m.</td>
<td>4:00 p.m. - 5:00 p.m.             Exhibit Hall Networking Reception Exhibit Halls 2-4</td>
</tr>
<tr>
<td>5:00 p.m.</td>
<td>5:00 p.m. - 6:00 p.m.             Room 007 C/D</td>
</tr>
<tr>
<td>6:00 p.m.</td>
<td>6:00 p.m. - 7:00 p.m.             Room 007 C/D</td>
</tr>
<tr>
<td>7:00 p.m.</td>
<td>7:00 p.m. - 8:00 p.m.             Room 007 C/D</td>
</tr>
</tbody>
</table>

**ASTRO Daily News 2022**

**Issue Number 2 | Monday Edition**

**Publisher:** Laura I. Thevenot  
Design/Production: Jaimie Hernandez

**Editorial Director:** Anna M. Arnone  
Contributing Editors: Lisa Braverman, Carolyn Brown-Kaiser, Alex Carrigan, Natanya Gayle, Jennifer Jang

**Managing Editor:** Diane Kean
Clinical Trials session highlights changing treatment options, quality of life and treatment duration

BY LISA BRAVERMAN, SENIOR MANAGING EDITOR, ASTRO JOURNALS; LIZ GARDNER, SENIOR MEDIA RELATIONS MANAGER, ASTRO PRESS; AND LAURA WILLIAMSON, SCIENCE WRITER

THE CUTTING-EDGE CONTENT of this year’s Annual Meeting began Sunday with the Clinical Trials Session.

To begin the session, Chelsea Pinnix, MD, PhD, and one of the 2022 Steven A. Leibel Memorial award winners, presented “Response Adapted Ultra Low Dose Radiation Therapy for the Definitive Management of Orbital Indolent B-Cell Lymphoma.” Investigators were looking to develop a response adapted strategy that maintained excellent disease outcomes but reduced orbital morbidity.

“We conducted a phase II trial examining the efficacy of an innovative response adapted ultra-low dose radiation therapy strategy among 50 patients with indolent B-cell lymphoma involving the orbit. In our study all patients received 4 Gy in 2 fractions and were observed in three-month intervals. We reserved additional radiation to the orbit of 20 Gy to complete the standard dose for those who did not respond completely to the initial 4 Gy,” Dr. Pinnix said. “With this approach, 90% of patients experienced a complete response, 88% were spared the additional RT dose and toxicity was limited. Given that some clinicians elect to observe patients with indolent orbital b-cell lymphoma out of concern for radiation related ocular morbidity, we are excited about this new treatment paradigm that was efficacious and can reduce orbital toxicity for patients.”

“Conventional vs. Hypofractionated Radiotherapy for High-Risk Prostate Cancer: 7-Year Outcomes of the Randomized, Non-Inferiority, Phase 3 PCS5 Trial” was presented by the study’s lead author Tamim M. Niazi, MD. This randomized study confirmed that men with high-risk prostate cancer can be treated with five versus eight weeks of radiation therapy. The phase III clinical trial is the first to confirm the safety and efficacy of a moderately shortened course of radiation exclusively for patients with high-risk disease. “Many of these patients are still offered eight weeks of radiation therapy, but our trial found no benefit to the three extra weeks,” said Dr. Niazi.

Nikitha Moideen, MD, presented “Randomized Phase III Trial Comparing Health-Related Quality of Life after Low Dose Rate (LDR) or High Dose Rate (HDR) Prostate Brachytherapy Boost Combined with External Beam Pelvic Radiotherapy (EBRT).” This trial compared health-related quality of life in urinary, bowel, and sexual domains in men with intermediate and high-risk prostate cancer treated with combined EBRT and prostate brachytherapy using either low or high dose rates (LDR and HDR). Patients who received HDR brachytherapy had better urinary and bowel domain scores at three and six months than patients who had received LDR brachytherapy, and bowel scores were sustained through 48 months. HDR patients, however, did have worse urinary domain scores at one month — though no difference was observed at 12-60 months. There was no statistically significant difference between the two arms in the sexual domain.

Sophia Kamran, MD, served as the discussant for Dr. Niazi’s and Dr. Moideen’s presentations. Placing the trials in conversation with one another, Dr. Kamran explored how these studies may improve cancer treatment and reduce toxicity. Practitioners now have seven-year data supporting the notion that moderate hypofractionation is non-inferior to...
standardized fractionation in the treatment of high-risk prostate cancer. In terms of prostate brachytherapy boost, there is now data that directly compares LDR and HDR. Dr. Kamran emphasized that HDR was associated with improved GI and GU toxicity profiles. "So, what have we learned from this? This trial tells us that in men with intermediate or high-risk disease who received combination therapy, HDR is associated with improved quality of life compared to LDR," Dr. Kamran said.

The landscape of proton FLASH RT is rapidly evolving, and the results of the first-in-human trial were presented Sunday. "Our study shows FLASH radiotherapy with protons is a practical modality to reduce pain," said lead author Emily C. Daugherty, MD. "It deserves further exploration because of its potential to decrease the side effects associated with conventional radiation treatments." In this trial, ultra-high-dose rate radiation was delivered to 10 patients, ages 27-81 years, each with one to three painful bone metastases in their extremities. Following FLASH RT, seven of the 10 patients experienced complete or partial pain relief. Of the 12 treated sites, pain was relieved completely for six sites and partially for two additional sites. Temporary pain flares occurred in four of the 12 sites treated. "These results are certainly very exciting, and it’s an exciting time for our field," said Dr. Daugherty. "FAST-01 is just the first step in accessing toxicity to bone muscles and nerves. FAST-02 escalates to include thoracic bony metastases in the ribs, sternum, scapula and clavicle, and that will extend to assess toxicity in the lung as well as the heart for systematic approach to flash in humans."

From the physicists’ perspective, Todd F. Atwood, PhD, presented “Examining the Impact of Direct Patient Care for Medical Physicists: A Randomized Prospective Phase III Trial.” The investigators found that meeting with a medical physicist who can explain how radiation therapy is planned and delivered reduces patient anxiety, improves technical satisfaction and increases patient satisfaction throughout the treatment process. "This study is a wake-up call for medical physicists that there are new ways we can add value to patient care. It illustrates how our teams can partner more effectively with patients as they make their treatment decisions and navigate the radiation therapy process," said Dr. Atwood. "We think that this research shows us that expanding the scope of the medical physics profession to include these new patient facing responsibilities allows us to add more value to the field and provide better care for our patients."

Benjamin Movsas, MD, FASTRO, discussed the study Dr. Atwood presented. Dr. Movsas noted that importantly, the physicists completed

Continued on page 12
Best™ Cyclotron Systems

**NEW! Best Model 150p Cyclotron**—Variable Energy Proton Beam for Radiation Therapy (Patent Pending)

**Best Model 200 Sub-Compact Self-Shielded Cyclotron**

**Best Model B35ADP Alpha/Deuteron/Proton Cyclotron**

**Best Model 70p Cyclotron for Radioisotopes Production and Research**

**Best Model 6-15 MeV Compact High Current/Variable Energy Proton Cyclotron**

**Best Model 1–9 MeV Low energy, self-shielded compact system capable of producing: \( ^{18} \text{FDG}, \text{Na}^{18} \text{F}, \text{F}^{18} \text{MISO}, \text{F}^{18} \text{PET}, \text{F}^{18} \text{Choline}, \text{F}^{18} \text{DOPA, F}^{18} \text{PSMA, C}^{11}, \text{N}^{13}, \text{Ga}^{68} \text{and more!} \)**

**Best Cyclotrons**

- **1–3 MeV** Deuterons for materials analysis (Patent Pending)
- **70–150 MeV** For Proton Therapy (Patent Pending)
- **3–90 MeV** High current proton beams for neutron production and delivery (Patent Pending)
- **1–15 MeV** Proton only, capable of high current up to 1000 Micro Amps, for medical radioisotopes
- **20, 15–25 MeV** Proton only, capable of high current up to 1000 Micro Amps, for medical radioisotopes
- **15–35 MeV** Proton or alpha/deuteron/proton, capable of high current up to 1000 Micro Amps, for medical radioisotopes
- **35–70 MeV** Proton only, capable of high current up to 1000 Micro Amps, for medical radioisotopes
- **From 70 MeV up to 150 MeV** For all Medical Treatments including Benign and Malignant Tumors, Neurological, Eye, Head/Neck, Pediatric, Lung Cancers, Vascular/Cardiac/Stenosis/Ablation, etc. (Patent Pending)

Best Medical International, Inc. 7643 Fullerton Road, Springfield, VA 22153 USA

* Certain products shown are not available for sale currently.

Copyright © 2022 TeamBest Global Companies
screening combined with effective multimodal therapies has improved cancer outcomes. Sarah Kerns, PhD, MPH, noted that with this growing number, “late toxicity is a clinically significant problem as the population of cancer survivors increases and over half of whom will have received radiotherapy. Late toxicities are dose limiting, which is particularly concerning for patients with aggressive cancer.” Along with the science of the prevention and mitigation of radiation toxicity, the session covered normal tissue injury in the cardiovascular system, radiation damage to the central nervous system and potential countermeasures, clinical trials of radiation response, and genetic factors associated with increased risk of developing late effects. Authors presented findings from studies such as “Inherited Susceptibility to Normal Tissue Toxicity: Toward Personalized Radiotherapy and Radioprotection,” focused on prostate cancer patients. The incidence, mechanisms and prevention of normal tissue injury in the cardiovascular system were discussed. Catherine Davis-Takacs, PhD, investigated radiation-induced CNS injury and strategies to prevent cognitive dysfunction, and shared: “Radiation delivery methods continue to evolve and provide novel tools for limiting CNS toxicity associated with radiotherapy … significant strides have been made in understanding the early changes to the CNS following radiation exposure, which will lead to more effective models.” Finally, Ryan Hughes, MD, raised a key point in his presentation on radiation toxicities in clinical trials: “Through thoughtful measure selection and study design, we also have the opportunity to promote equity across diverse patient populations with regard to the measurement analysis and study, and ultimately management of radiation toxicity across our diverse patient population.”

Session III, “The ‘Meta’ Vision—How Can AI Help Solve Issues of Equity/Access/Value in Radiation Oncology?” was moderated by Julian Hong, MD, MS. AI and machine learning (ML) have received significant enthusiasm due to their yet unrealized potential to transform patient care. The speakers discussed AI’s increasing role in radiation oncology, including capturing and leveraging social determinants of health; sharing medical knowledge via online communities; applying AI to improve clinical trials; and when provider offices are diverse and inclusive, patients are likely to feel more comfortable discussing sexual side effects when providers start the conversation and when provider offices are diverse and transparent. Sarah Hoffe, MD, focused on emotional intelligence competencies to help physicians convey digital empathy in a telemedicine environment. A role play session dramatized how cognitive biases of physicians and patients can distort decision making and lead to miscommunication for both parties. “Patients really are animated by their fears,” Dr. Corn said. To conclude, Dr. Corn spoke about how we may become more hopeful and combat our biases, and how patients may be encouraged to do the same.

Gender disparity in how frequently doctors and clinical trials assess sexual side effects of treatment

Jamie Takayesu, MD, University of Michigan Rogel Cancer Center in Ann Arbor, Mich., et al.

A new study finds that sexual side effects of cancer treatment are discussed far less frequently with female patients than with male patients, even when the treatment directly affects sex organs. Among patients receiving brachytherapy for prostate or cervical cancer at a high-volume cancer center, nine in 10 men were asked about their sexual health, compared to one in 10 women.

Findings point to an opportunity for physicians to gain a better understanding of their patients’ experiences with cancer treatment.

Medical physicist consults with patients can help reduce anxiety and increase satisfaction with radiation care

Todd Atwood, PhD, University of California, San Diego, in San Diego, et al.

In this study, researchers randomized 66 patients seeking external beam radiation therapy into two treatment arms: one that would receive Physics Direct Patient Care (PDPC) prior to – and throughout – radiation treatment, and one that did not receive PDPC radiation therapy.

Patients who received medical physicist consults had significant improvements in anxiety and satisfaction metrics, compared to those who received treatment without the additional consultations. The study reinforces physicists’ unique value to patient care and demonstrates the importance of partnerships among treatment team members.

Radiation therapy for high-risk, asymptomatic bone metastases may prevent pain and prolong life

Erin Gillespie, MD, Memorial Sloan Kettering Cancer Center, in New York, et al.

Many patients are hospitalized for painful bone metastases but evidence of these lesions on imaging scans appeared several months earlier. Although external beam radiation therapy is standard-of-care for painful lesions, it has not been used for asymptomatic ones outside of the oligometastatic setting. Researchers found that treating the asymptomatic lesions with radiation reduced the number SREs and SRE-related hospitalizations and extended overall survival, compared to people who received no radiation. The overall findings suggest radiation could ward off complications of bone lesions and extend overall survival for patients with advanced cancers.

FLASH radiation therapy shows potential for safe and effective pain relief in small first-in-human trial of patients with metastatic cancer

Emily Daugherty, MD, University of Cincinnati Cancer Center, in Cincinnati, et al.

In this study, ultra-high-dose rate radiation was delivered to 10 patients each with one to three painful bone metastases in their extremities. Patients were given 8 Gy of radiation in a single fraction, delivered at >40 Gy per second via a FLASH-enabled proton therapy system. Following FLASH RT, seven of the 10 patients experienced complete or partial pain relief. Of the 12 treated sites, pain was relieved completely for six sites and partially for two additional sites. Temporary pain flares occurred in four of the 12 sites treated. Side effects from treatment were mild. Next, the research team will test the safety and efficacy of FLASH RT with patients who have metastases closer to the lungs and heart. The FAST-02 trial (NCT05524064) is currently enrolling adult patients with thoracic bone metastases.
PHOTOS OF ASTRO 2022
ASTRO’s APEX — Accreditation Program for Excellence continues to see growth. Recently, ASTRO’s Assistant Director of Quality Improvement, Randi Kudner, discussed APEX with a multidisciplinary panel.

- Jeff Michalski, MD, MBA, FASTRO, ASTRO President, Siteman Cancer Center
- Charles Conduah, MS, Medical Physicist, University of Minnesota
- Summer Del Mundo, RTT - Manager of Operations - Scripps MD Anderson Cancer Center
- Sarah Seiler, RTT - Manager of Radiation Oncology - Aurora West Allis Medical Center

Randi Kudner: What was your practice’s discussion around accreditation and why did you choose APEX, specifically?
Jeff Michalski: We’ve always felt that accreditation was an important measure of quality for our practice. Having an external review and endorsement of our approach was very helpful and our departmental and hospital leadership agreed. I felt then, and still do, that it was important to have a radiation oncology society provide accreditation for radiation oncology practices. We felt that ASTRO would provide a stronger relationship. APEX is less prescriptive of exactly how to do things and is willing to accommodate various approaches, because not every practice is the same.

Summer Del Mundo: Having Dr. [Prabhakar] Tripuraneni here obviously led us to APEX because he was so instrumental in the program’s development. We wanted to continue the culture that he’s created here and make him proud. We’ve always felt that accreditation holds us to the highest of standards.

Kudner: How did your team approach the work involved with APEX Self-Assessment?
Conduah: We had a team member ensuring that we met the APEX Evidence Indicators (EI). It was great because I’ve noticed, as an APEX Surveyor, that practices that have a dedicated accreditation facilitator tend to be better prepared. So, in physics, for example, we had a team that was responsible for ensuring that we were meeting the requirements and then we provided the information to the lead.

Del Mundo: [APEX] is not a one person show. I used the word ‘we’ all the time because I wanted the team to understand that this is work for all of us. No one is going to put in more work than the other.

Kudner: What impact has APEX accreditation had on your staff?
Del Mundo: We are more proactive when it comes to reviewing our policies and procedures which helps when we initiate a new process. APEX made us open our eyes on things that we weren’t doing or needed more effort.

Seiler: Radiation oncology is not stagnant; we are always changing and evolving. APEX allows us to understand how our evolution impacts other areas and ensures we’re doing it safely. It helps teams grow and bond together. Everyone needs a broad understanding of the process, which helps each discipline have a more in-depth understanding of their part of that puzzle. APEX showed us that you have to use a wider view than just your own.

Kudner: What impact does APEX have on the patients?
Michalski: I think it’s reassuring to them that they’re being treated in an environment that passed a peer review. Patients are starting to see record growth.

Conduah: APEX standardizes and streamlines the care that each patient receives. We go through the process for each patient, knowing that no one is going to drop the ball.

Kudner: What would you say to practices considering APEX Accreditation?
Seiler: There’s benefit in every part of it. You go through the motions in other programs and don’t realize the change, but with APEX you see the change in real time. I always recommend it to people. It makes us better teams, better providers to patients and all of that is reflected tangibly in our outcomes. Other accreditations feel like there’s a trick, right? But with ASTRO, they’re not trying to catch you. It is truly your own self-reflection and journey.

Del Mundo: We’ve had other practices reach out about whether it’s something that they should consider. We told them absolutely because APEX is a radiation-specific program that makes your practice better. It strengthened our processes and made us feel safer.

Conduah: I have seen both sides of the program, as a surveyor and as part of an accredited practice. It’s time intensive, but once you get the process set up and get all of that streamlined, it really helps with the workflow, and it helps keep the standard at a high bar. Physicians like quantitative things, which is part of the reason APEX has received such good feedback. APEX is quantitative.

Michalski: I’m proud to be at an ASTRO APEX-accredited center. I am proud of our faculty and staff who’ve come together and helped us become accredited. It’s a source of pride to have successfully met our accreditation.

Survivor Circle was created in 2003 to honor cancer survivors by recognizing organizations that further the fight for survivorship. ASTRO has raised well over $400,000 since the inception of the program, almost wholly from the generous support of our exhibitors, 100% of which has gone to grant recipients. Each year, ASTRO awards two grants of $10,000 to support organizations located in the state that hosts the Annual Meeting.

Yesterday morning, ASTRO awarded this year’s recipients, Austin-based Breast Cancer Resource Center and San Antonio-based ThriveWell Cancer Foundation, with Survivor Circle grants for the services they provide to cancer patients, their families and caregivers. Learn more about each organization at www.astro.org/SCgrant.
Early Career Committee to lay groundwork for dedicated support for early career members

ASTRO’S NEWEST COMMITTEE, Early Career, launched over the summer. The ASTRO Board of Directors approved the creation of this committee to help the Society better understand and fulfill the needs of early career radiation oncologists and physicists. At the Board meeting this past Friday, we sat down with the committee chair, Austin Sim, MD, JD, to learn more about the goals of the committee and initiatives underway. As chair, Dr. Sim will be attending ASTRO Board of Directors meetings as an ex officio member.

Where are we with the Early Career Committee? Earlier this summer, ASTRO sent out the official call for volunteers. We received 46 volunteers! Of those, 16 volunteers were selected based on various factors, especially including diversity of practice setting. We held our kick-off meeting in September, where we talked about upcoming opportunities and initiatives. As a committee, we laid out the vision and determined focus areas. We met in San Antonio yesterday where we started assigning focus area ‘champions’ and discussing how to engage all early career physician and physicists — members and non-members.

As chair of this committee what is your hope/vision? I hope to start laying the groundwork for robust infrastructure and dedicated support for early career members. ARRO [Association for Residents in Radiation Oncology] provides fantastic resources for trainees, and other programs like the HEDI Leadership Pathway Program fulfill specific needs, but dedicated support for all early career members across the specialty was lacking. Recent ASTRO member surveys have shown that early career members are more likely to be dissatisfied with ASTRO, so I would like to work with the committee to address these areas and determine and how we at ASTRO can best support all early career radiation oncologists and physicists. To that end, we determined four key focus areas. Mentorship/Community: many are in solo or smaller practices and may lack resources of larger centers, so we aim to develop a robust community for peer/near-peer support. Education: excellent clinical training is not sufficient to ensure success as an early career member, we aim to focus on education related to other areas, including practice building, referral cultivation, hiring/training new staff/running a clinic, navigating parental/family leave. Liaisonship: embedding early career voices and perspectives within the greater organization of ASTRO Councils and Committees, as well as partnering with similarly situated organizations to avoid reinventing the wheel. Representation/Inclusion: in addition to racial, ethnic, and gender diversity, we aim to provide a community and relevant resources for members in diverse practice settings and geographic areas.

What are some of the initiatives that the ECC is considering? The first step will be to canvas the early career membership in an environmental scan to determine what resources would be most helpful. Rather than a survey, we intend to conduct focus groups to fully engage and obtain more granular feedback and suggestions in an iterative process. We are also considering implementing a job satisfaction survey as a follow-up companion to the popular ARRO Graduating Resident survey to capture transitions and determine how job satisfaction evolves.

We aim to develop tailored and relevant educational sessions for early career members both at future Annual Meetings and throughout the year, as well as highlighting current sessions relevant to early career members through a Journey Map. We recognize many other organizations are doing great work in this space and are looking forward to liaising and collaborating. Long term, we would like to explore adding an early career track to the Annual Meeting offerings.

Why are early career physicians and physicists more likely to be dissatisfied? Analysis of the ASTRO Membership Survey data revealed a few common themes. Dissatisfied early career respondents noted a perceived lack of diversity of perspective within leadership and lack of representation, especially among practitioners in community-based and/or rural settings. Additional concerns related to residency expansion and the job market.

ASTRO offers a graduating resident membership discount, but only about half of graduating residents take advantage of this benefit. Why do you think that is? This is not an issue I’ve heard much about personally, so this is just speculation, but part of it may be related to lack of awareness. Some graduating residents may be waiting for new attending positions to start in order to use CME or other funding but may forget in the chaos of starting a new position. It’s a fantastic opportunity to maintain access to resources, and I would encourage everyone to take advantage of it. I think it’s incumbent on ASTRO and us as early career members to create resources and other benefits to balance the value proposition of ASTRO membership.

How do you plan to keep early career physicians apprised of the Early Career Committee’s activities? We plan to use established mechanisms through ASTRO channels and social media, including the ASTROgram, ROhub, Twitter, and Instagram to start. However, we will use the focus groups to determine other alternatives channels that will be useful.

Thank you Dr. Sim for taking the time to speak with us about plans for this new committee.

ASTRO Workforce Study: An Interim Report

ASTRO commissioned a study to perform a U.S. radiation oncology workforce analysis to better understand the supply of radiation oncologists, the demand for radiation oncology services and how the supply-demand balance has changed over time and five- and 10-year supply-demand projections. Join this session to learn more about the methodology undertaken to date.

Monday, October 24, 5:00 p.m.
Room 007 C/D
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 2022 Virtual Coding and Coverage Seminar is set to take place on Saturday, December 10.

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 walkthroughs of clinical case studies with step-by-step coding guidance.

A previous seminar attendee said “This meeting is extremely valuable by aligning coding practices with current and ever-changing guidelines. It verified and addressed questions we were not 100% sure about in our practice”. Another stated that the seminar provided “tons of information related to billing, edits and practices used. I would highly recommend this seminar for all billers, coders and staff in radiation oncology settings.”

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

Coding Seminar attendees will also receive an advanced print and electronic copy of the ASTRO 2023 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 2023 edition will include new information on coding guidance related to social determinants of health, artificial intelligence, radiopharmaceuticals, image guidance and more! The 2023 resource will be available for sale to the public starting January 2, 2023.

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

CLINICAL TRIALS SESSION HIGHLIGHTS CONTINUED

patient communication training prior to their consultations. The study presented by Dr. Atwood used a validated tool to examine patient anxiety and was the first randomized trial to explore the impact of physicists’ roles. Despite the study’s many strengths, Dr. Movsas noted that explaining the technical aspects of RT should not be the only step taken to reduce patient anxiety. Real-time patient-reported outcomes (PROs) should also be used as much as possible to improve the patient experience.

To conclude this important session, another Leibel award winner, Erin F. Gillespie, MD, presented “Prophylactic Radiation Therapy vs. Standard-of-Care for Patients with High-Risk, Asymptomatic Bone Metastases: A Multicenter, Randomized Phase II Trial.” The investigators in this study found that treating high-risk, asymptomatic bone metastases with radiation may reduce painful complications and hospitalizations and possibly extend overall survival in patients whose cancer has spread to multiple sites. There was low treatment-related toxicity. “This indicates a promising new indication for radiation, though more work is needed to optimize the appropriate use to avoid overtreatment, but also to identify these patients from clinics, since we may not always see them,” said Dr. Gillespie. “In conclusion, this is the first randomized study of prophylactic radiation for symptomatic bone metastases compared to standard of care alone radiation significantly reduced skeletal related events with a 30% down to 2% at one year, as well as subsequent pain and hospitalizations.”
A clinical trial for people with head and neck cancer.

TrilynX Clinical Trial is studying an investigational option for previously untreated patients with locally advanced squamous cell carcinoma of the head and neck.

To learn more, please visit ClinicalTrials.gov
https://clinicaltrials.gov/ct2/show/NCT04459715

The TrilynX study is using an investigational compound that has not been proven to be safe or effective by any health authority.

Instead of simply presenting the guideline recommendations, panelists Daniel Brat, MD, PhD; Katherine Peters, MD, PhD; Debra Nana Yeboa, MD; and Helen Shih, MD, MS, MPH, FASTRO, will first explain the practice-changing 2021 WHO guidelines for classification of glioma. This is important for understanding how the approach to patients with adult diffuse glioma has changed significantly in recent years. The session will then use case-based scenarios on how the guidelines can be implemented.

Attend this afternoon’s session to hear the key recommendations.

Key Questions
• KQ1: What are the indications and optimal timing for RT in adult patients with newly diagnosed or previously unirradiated IDH-mutant grade 2 and grade 3 diffuse glioma based on risk stratification?
• KQ2: What is the optimal dose of RT and target volume for adult patients with IDH-mutant grade 2 and grade 3 diffuse glioma based on risk stratification?
• KQ3: What are the optimal RT techniques and field design for adult patients with IDH-mutant grade 2 and grade 3 diffuse glioma?
• KQ4: What are the adverse effects of RT and subsequent clinical management for adult patients with IDH-mutant grade 2 and grade 3 diffuse glioma?
ROI celebrates excellence in publications

BY EMILY CONNOLLY, ROI

YESTERDAY EVENING, the Radiation Oncology Institute (ROI) honored two early career researchers for excellence in publications that are likely to have a significant impact on radiation oncology. Ryan T. Hughes, MD, of the Wake Forest School of Medicine, was presented with the 2022 ROI Publication Award. ROI selected Dr. Hughes for his exceptional work as the lead author of the manuscript, “Virtual Radiation Oncology Peer Review is Associated with Decreased Engagement and Limited Case Discussion: Analysis of a Prospective Database Before and During the COVID-19 Pandemic.” The article was first published online by the International Journal of Radiation Oncology • Biology • Physics on April 27, 2022.

In this study, Dr. Hughes and his team investigated trends in radiation oncology peer review of treatment plans that resulted from changes in clinic operations due to the COVID-19 pandemic. The authors analyzed their prospectively maintained departmental database to examine the impact of holding in-person versus virtual peer review conferences and found that virtual peer review had a significantly lower rate of deviation and a lower rate of discussion. They raised concerns that virtual peer review is less rigorous because participants are less engaged, which could increase the chances of critical errors going unidentified. Dr. Hughes and his team acknowledged that virtual peer review has its benefits and is likely to continue and provided suggestions for how to improve the process.

ROI chose Dr. Hughes’ manuscript for the 2022 Publication Award because its very timely topic highlights important concerns about the safety and quality of radiotherapy when peer review of treatment plans is conducted virtually rather than in person. Given that virtual peer review is likely to persist for many radiation oncology practices, this is a potentially critical safety issue that requires additional attention and merits further investigation. Dr. Hughes’ research provides new insights that have the potential to change practice by ensuring that the rigorous peer review that distinguishes radiation oncology from other disciplines continues to meet high standards of quality assurance and patient safety whether it is conducted in person or virtually.

ROI also recognized Chad Tang, MD, of the University of Texas MD Anderson Cancer Center, with an Honorable Mention. Dr. Tang is the lead author of the manuscript, “Definitive Radiotherapy in Lien of Systemic Therapy for Oligometastatic Renal Cell Carcinoma: A Single-arm, Single-centre, Feasibility, Phase 2 Trial,” that was published online in The Lancet Oncology on October 27, 2021. This study was the first publication to investigate the use of radiotherapy alone for the treatment of oligometastatic renal cell carcinoma (RCC) as a definitive treatment strategy without systemic therapy. This is notable because RCC is historically considered to be extremely radiation resistant and the current standard of care for metastatic disease is a costly and toxic systemic treatment.

The celebration of Dr. Hughes and Dr. Tang and their outstanding publications was a highlight of the annual Friends of the Foundation reception for ROI researchers, leadership donors, volunteers and special guests.
Controversies and Myths about Prostate Cancer Rectal Spacing

Monday, Oct. 24, 2022
12:00 – 1:00 pm CT
Room 216, Meeting Level
Lunch will be provided*

MODERATOR

Sean P. Collins, MD, PhD
Associate Professor of Radiation Medicine at Georgetown University School of Medicine, Washington, D.C.
Director of the CyberKnife Prostate Program at MedStar Georgetown University Hospital, Washington, D.C.

PRESENTERS

Top Five Myths of Prostate Cancer Rectal Spacing
Brian J. Davis, MD, PhD
Professor of Radiation Oncology, Rochester, MN

Who Benefits the Most from Hydrogel Rectal Spacing?
Neil K. Taunk, MD, MSCTS
Director, Brachytherapy at PennMedicine
Director, Imaging Sciences, Asst Professor of Radiation Oncology and Radiology, Hospital of the University of Pennsylvania

Optimizing the Safety, Quality and Reproducibility of Rectal Spacing
Michael J. Zelefsky, MD
Professor of Radiation Oncology, Chief, Brachytherapy Service, Director of GU Radiation Oncology, Memorial Sloan Kettering Cancer Center, New York, NY

*This invitation is extended only to Healthcare Providers. Spouses and other guests are not permitted to attend. Vermont licensed physicians are not permitted to attend. Additionally, Government employees should consult with their agency’s or institution’s ethics officer or ethics committee to confirm your attendance is permitted.

The Industry-Expert Theater content and views expressed therein are those of the Exhibitor and not of ASTRO.

All trademarks are the property of their respective owners. ©2022 Boston Scientific Corporation or its affiliates. All rights reserved. URO-1368409-AA SEP 2022
Best GammaBeam™ 100/300 Equinox™ Teletherapy System
with Avanza™ 6D Patient Positioning Table

With **NEW** Multi-Leaf Collimator for 80 and 100 cm SAD units — IMRT, IGRT, SRS, SBRT and Tomotherapy capable with ActiveRx

**GammaBeam™ 100/300 Equinox™**

**6D Patient Positioning Table**

- +/- 3º Roll
- +/- 3º Pitch
- +/- 24 cm
- +/- 110º
- 80 cm
- 70 cm

---

Best® Iodine-125 Seed

Best® Palladium-103 Seed

Best™ Localisation Needles with I-125 Seeds

---

Best™ Treatment Planning System

---

Best Medical International, Inc. 7643 Fullerton Road, Springfield, VA 22153 USA

* Certain products shown are not available for sale currently.