

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

Continued on page 7



SCHEDULE AT A GLANCE

Monday, October 24, 2022

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

International Breakfast
📍 Hemisfair Ballroom C2/C3

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

EDU 05 - Examining our Past and Present Diversity to Achieve a More Equitable and Inclusive Future for Radiation Oncology
📍 Room 007 A/B

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

EDU 06 - **LIVE SA-CME** Rectal Cancer Nonoperative Management: Tools for the Clinician to Enable Patient-Centered Decisions
📍 Room 006

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

EDU 07 - All About Dose: From 400cGy to 5000cGy - What Influences Dose and Schedule Across the Spectrum of Lymphomas?
📍 Room 206

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

EDU 08 - Advances in Thoracic Re-Irradiation: Optimal Management and Dose Constraints for Recurrent Tumors and New Primary Malignancies
📍 Room 302

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

International 04 - International Efforts in Radiation Oncology AI: Lessons Learned from Around the Globe
📍 Room 301

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

Panel 05 - The Impact of Molecular/Genomic Signatures on the Therapeutic Decision-Making in Personalizing Oncological Care of Breast Cancer Patients
📍 Room 217

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

QP 04 - Phys 2 - PET and Novel Techniques for Treatment
📍 Room 304

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

SH 01 - Science Highlights 1 - Central Nervous System
📍 Hemisfair Ballroom C1

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

SH 02 - Science Highlights 2 - Genitourinary Cancer
📍 Room 214

Continued on next page

Inside This Issue

CLINICAL TRIALS SESSION HIGHLIGHTS

Changing treatment options, quality of life and treatment duration

Page 4

EARLY CAREER COMMITTEE

to lay groundwork for dedicated support for early career members

Page 11

GLIOMA GUIDELINE

Multidisciplinary panel to discuss new ASTRO glioma guideline

Page 13

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

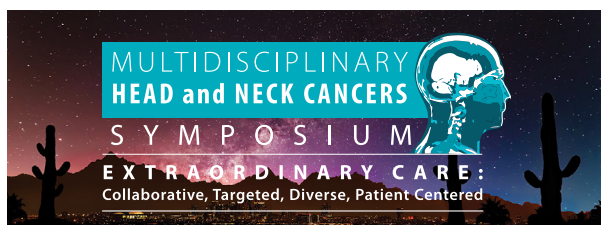
San Diego Convention Center • San Diego



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

SCHEDULE AT A GLANCE

Monday, October 24, 2022

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

SS 06 - DHI 2 - Exploring Multiple and Evolving Trajectories of AI into Health Care
📍 Room 007 C/D

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

SS 07 - Bio 2 - Genomics and Molecular Biomarkers
📍 Room 008

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

Keynote Address 01 - Keynote 01 - Race to the Future? Reimagining the Default Settings of Technology and Society
📍 Stars at Night Ballroom

10:30 a.m. - 11:00 a.m.

Art Talk from the Red Journal
📍 ASTRO Resource Center

10:45 a.m. - 12:00 p.m.

Joint 02 - ASTRO/ECOG-ACRIN Joint Session - Addressing LGBTQ+ Health Equity and Disparities in Cancer Care
📍 Room 206

10:45 a.m. - 12:00 p.m.

Panel 06 - AI Enhances Gyn Cancer Patient Care
📍 Hemisfair Ballroom C1

10:45 a.m. - 12:00 p.m.

Panel 08 - Sarcoma Tumor Board: Real-Time Management of Challenging Cases in Adult Sarcoma
📍 Room 302

10:45 a.m. - 12:00 p.m.

PQA 02 - Poster Q&A 02 - Central Nervous System and Palliative Care
📍 Exhibit Hall 1

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

QP 05 - GI 2 - GI Cancers: ReSPECTing Liver Function and a Deep Dive into Esophageal Cancer Outcomes
📍 Room 304

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

QP 06 - Peds 1 - Refining the Therapeutic Ratio in Pediatric Radiation Oncology - Minimizing Toxicity and Maximizing Disease Control
📍 Room 303

10:45 a.m. - 12:00 p.m.

SS 08 - H&N 1 - Variations on a Theme: De-Intensification Strategies for HPV+ Oropharynx Cancer
📍 Hemisfair Ballroom C2/C3

10:45 a.m. - 12:00 p.m.

SS 09 - Lung 1 - Novel Prospective Radiation/Immunotherapy Combinations and Oligometastasis
📍 Room 217

10:45 a.m. - 12:00 p.m.

SS 10 - Phys 3 - Best of Physics
📍 Room 006

11:00 a.m. - 12:00 p.m.

ST 01 - Storytelling - Creating an Anti-Harassment Culture in Radiation Oncology
📍 Room 007 C/D

12:00 p.m. - 1:00 p.m. **TICKETED EVENT**

Luncheon 01 - The Women of ASTRO Luncheon - Sponsored by AAWR-ASTRO-SWRO-ROWPG
📍 Room 008

1:00 p.m. - 1:30 p.m.

Presidential Address - Presidential Address - How Artificial Intelligence Can Transform Big Data Research: Taking Our Databases to the Next Level
📍 Stars at Night Ballroom

1:30 p.m. - 3:00 p.m.

PL 01 - Plenary Session
📍 Stars at Night Ballroom

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

ET 02 - Digital Twins for Radiation Oncology: Concepts, Methods and Applications
📍 Industry Expert Theater 1

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

ET 03 - Critical Appraisal of Data-Driven Studies: How Do We Evaluate the Cutting Edge in Artificial Intelligence, Real-World Data, Biomarkers and Comparative Effectiveness Studies?
📍 Industry Expert Theater 2

3:00 p.m. - 4:00 p.m.

EDU 09 - Treating the Toxicity: Survivorship Following Head and Neck Cancer Radiotherapy
📍 Room 006

3:00 p.m. - 4:00 p.m.

EDU 10 - Going from Good to Great: Tips for Enhancing Serious Illness Communication in Radiation Oncology
📍 Room 302

3:00 p.m. - 4:00 p.m.

International 05 - Human Microbiome Project and Radiation: Rationale, Clinical Implications, and Future Perspective
📍 Room 206

3:00 p.m. - 4:00 p.m.

Panel 09 - ASTRO Evidence-Based Guideline on IDH-Mutant Diffuse Glioma: Case-Based Implementation of Recommendation
📍 Room 217

3:00 p.m. - 4:00 p.m.

Panel 10 - Boosting High-Risk Prostate Cancer: What Are the Options? Live SA-CME
📍 Hemisfair Ballroom C1

3:00 p.m. - 4:00 p.m.

Panel 11 - The Application of Artificial Intelligence in the National Cancer Institute's Clinical Trials Network (NCTN)
📍 Room 008

3:00 p.m. - 4:00 p.m.

PQA 03 - Poster Q&A 03 - Breast Cancer and Nonmalignant Disease
📍 Exhibit Hall 1

3:00 p.m. - 4:00 p.m.

QP 07 - Bio 3 - Radionuclides, Immunotherapy and Immune Response
📍 Room 304

3:00 p.m. - 4:00 p.m.

QP 08 - HSR 1 - Global Oncology and Global Impacts
📍 Room 303

3:00 p.m. - 4:00 p.m.

SS 11 - GU 2 - New Insights into Post-Prostatectomy Radiotherapy
📍 Room 214

3:00 p.m. - 4:00 p.m.

SS 12 - Phys 4 - Treatment Planning and Dose Response Assessment
📍 Room 301

3:00 p.m. - 4:00 p.m.

ST 02 - Storytelling - Approaches to Overcoming Barriers to Providing High-Quality Radiation Therapy in Rural Communities
📍 Room 007 C/D

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

Exhibit Hall Networking Reception
📍 Exhibit Halls 2-4

5:00 p.m. - 6:00 p.m.

ASTRO Workforce Study: An Interim Report
📍 Room 007 C/D

5:00 p.m. - 6:00 p.m.

EDU 11 - Radiation Immunotherapy Trial Design: From Bench to FDA Approval
📍 Room 007 A/B

5:00 p.m. - 6:00 p.m.

EDU 12 - 2022 Coding and Coverage Update
📍 Room 214

5:00 p.m. - 6:00 p.m.

EDU 13 - Difficult Cases in Lung SBRT Live SA-CME
📍 Hemisfair Ballroom C1

5:00 p.m. - 6:00 p.m.

Panel 12 - PENTEC: Pediatric Normal Tissue Effects in the Clinic: An International Collaboration —Modeling Normal-Tissue Dose-Response Data in Developing Children, Knowledge Gaps and the Path Forward
📍 Room 008

5:00 p.m. - 6:00 p.m.

Panel 13 - Recent Advances in the Physics of FLASH Radiotherapy
📍 Room 006

5:00 p.m. - 6:00 p.m.

PQA 04 - Poster Q&A 04 - Biology and PRO
📍 Exhibit Hall 1

5:00 p.m. - 6:00 p.m.

QP 09 - GU 3 - Salvage, SABR and Protons for Prostate Cancer
📍 Room 304

5:00 p.m. - 6:00 p.m.

QP 10 - Heme 1 - What's the Wordle with Lymphoma?: DLBCL, VMTBI, NKTCL, RTCART
📍 Room 303

5:00 p.m. - 6:00 p.m.

SS 13 - Breast 2 - Biology and Outcomes
📍 Room 217

5:00 p.m. - 6:00 p.m.

SS 14 - Bio 4 - Radiation-Induced Changes in Macrophage Biology
📍 Room 302

STREET TALK

Why do you attend the Annual Meeting?

“The ASTRO Annual Meeting is a great opportunity to learn about the latest advances in radiation oncology and to connect with old friends. I'm super excited to be back in person this year!”



JENNIFER R. BELLON, MD
Department of Radiation Oncology, Dana-Farber Cancer Institute, Harvard Medical School

“I'm really looking forward to catching up face-to-face with many colleagues who I haven't seen since prior to the pandemic, and equally eager to learn more about the many advances currently in the pipeline that promise to transform the way we diagnose, treat, and evaluate therapeutic response in our patients — FLASH-RT, novel AI tools, radiopharmaceuticals, adaptive-RT, and more. I'm also personally quite excited to have the opportunity to present and receive feedback about a new AI tool we've developed, which assists with the detection of small, challenging brain metastases. More than anything, though, I'm just very thankful to finally be able to enjoy ASTRO in person again!”



DEVON GODFREY, PHD
Associate Professor, Duke University

“I am looking forward to the glioma treatment event. I'm a neuropathologist in the department of radiation pathology at OSU, so I am interested in neuro oncology.”



ALINE BECKER, MBBS, PHD
The Ohio State University Wexner Medical Center

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

Managing Editor:

Diane Kean

Alex Carrigan

Natanya Gayle

Jennifer Jang



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."



Erin F. Gillespie, MD

"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

“It's thought-provoking that radiation to prevent pain could potentially prolong life. It suggests that treating to cure the cancer is not the only thing that can help people live longer.”



Benjamin Movsas, MD, FASTRO, discussant for Dr. Atwood's study

“All too often, patients’ families and even the broader medical community may perceive radiation as a quote-unquote ‘black box.’ And this challenge has only been heightened by the use of more abbreviated radiation regimens, which are cost effective and convenient, but do shorten the time available for our interactions with our patients. So, I think it’s really critical that we, the radiation oncology team, keep in the front of our minds that we are cancer providers first and foremost, who provide expert and compassionate care that improves both the quantity and the quality of life for cancer patients.”

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.

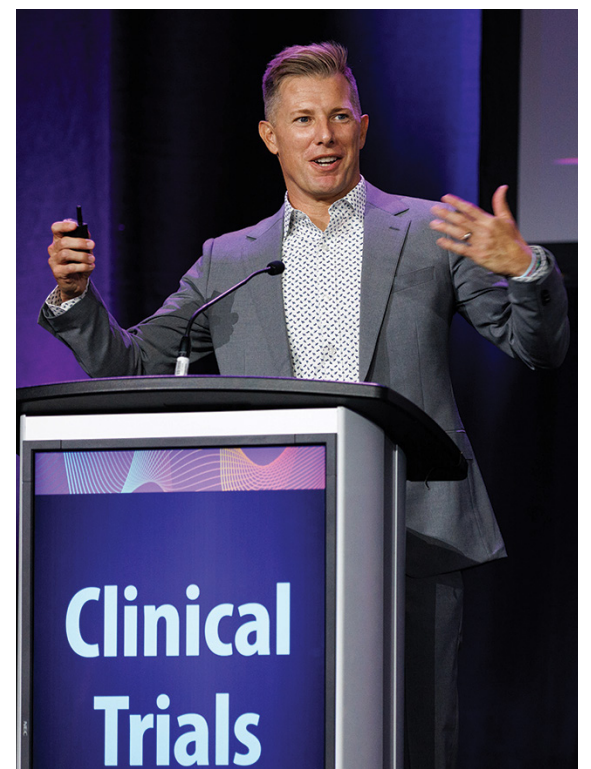
The landscape of proton FLASH RT is rapidly evolving, and the results of the first-in-human trial were presented Sunday. “Our study shows FLASH radiotherapy with protons is a practical modality to reduce pain,” said lead author Emily C. Daugherty, MD. “It deserves further exploration because of its potential 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

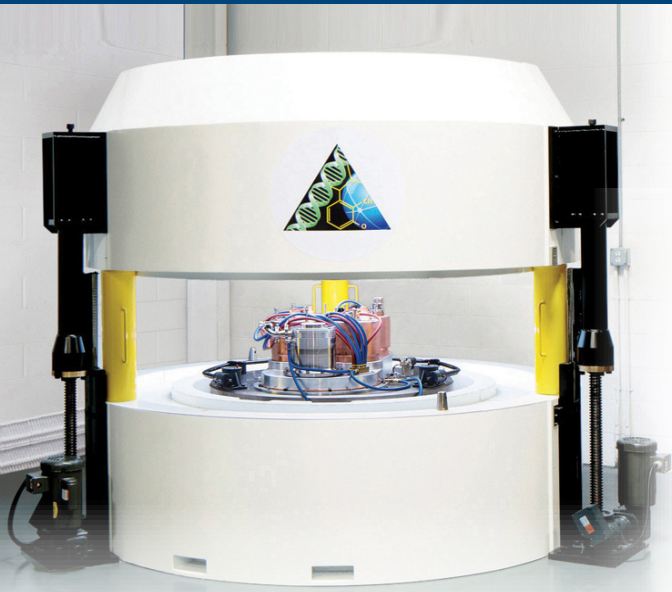
is planned and delivered reduces patient anxiety, improves technical satisfaction and increases patient satisfaction throughout the treatment process. “This study is a wake-up call for medical physicists that there are new ways we can add value to patient care. It illustrates how care teams can partner 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

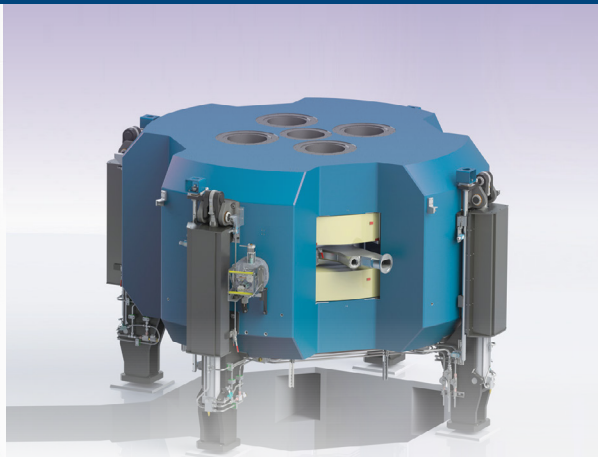
Continued on page 12



Best™ Cyclotron Systems

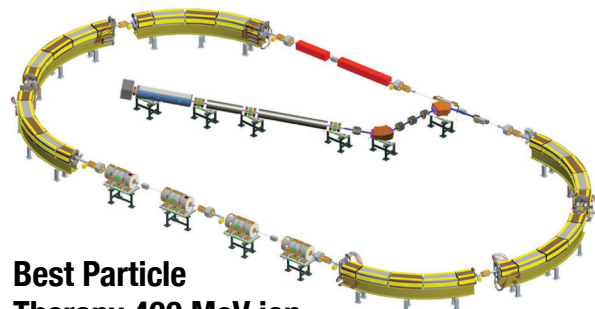
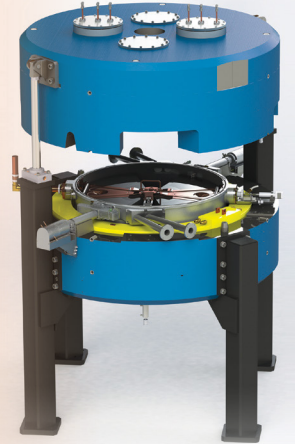


Best Model 200 Sub-Compact Self-Shielded Cyclotron

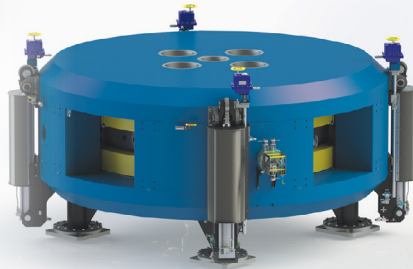


Best Model B35ADP Alpha/Deuteron/Proton Cyclotron

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



Best Particle Therapy 400 MeV ion Rapid Cycling Medical Synchrotron (iRCMS)

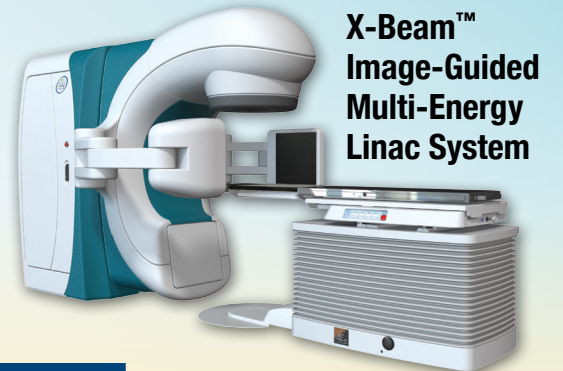
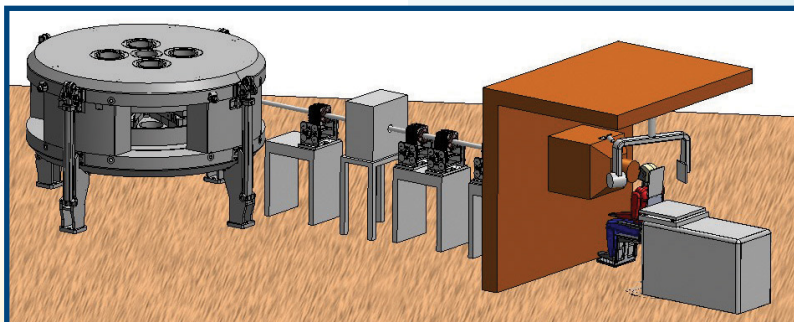


Best Model 70p Cyclotron for Radioisotopes Production and Research



X-Beam™ Robotic Radiosurgery System

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



X-Beam™ Image-Guided Multi-Energy Linac System

NEW Best Model 200	1–9 MeV	Low energy, self-shielded compact system capable of producing: ^{18}F FDG, Na^{18}F , ^{18}F -MISO, ^{18}F -FLT, ^{18}F -Choline, ^{18}F -DOPA, ^{18}F -PSMA, ^{11}C , ^{13}N , ^{68}Ga and more!
NEW 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)
Best 15p Cyclotron	1–15 MeV	Proton only, capable of high current up to 1000 Micro Amps, for medical radioisotopes
Best 20u/25p Cyclotrons	20, 15–25 MeV	Proton only, capable of high current up to 1000 Micro Amps, for medical radioisotopes
Best 35p/35adp Cyclotrons	15–35 MeV	Proton or alpha/deuteron/proton, capable of high current up to 1000 Micro Amps, for medical radioisotopes
Best 70p Cyclotron	35–70 MeV	Proton only, capable of high current up to 1000 Micro Amps, for medical radioisotopes
Best 150p Cyclotron	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)



E-Beam™ Robotic IORT Linac System




Best Medical International, Inc. 7643 Fullerton Road, Springfield, VA 22153 USA
tel: 703 451 2378 800 336 4970 www.besttotalsolutions.com www.teambest.com

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 improving clinical trials; evaluating and implementing AI in the clinical setting; and the long-term impacts of AI on care quality and practice. Charles Mayo, MD, argued that big data and artificial intelligence are driving the future of cancer care. Statistical-driven models can help direct patient care, but data input is needed from the beginning. These principles strongly relate to DEI efforts

and social determinants of health. Nadine Housri, MD, delved into how AI enhances medical knowledge, and how medicine is undergoing another information-sharing revolution. Clinicians have both too much and too little information to treat their patients. Dr. Housri spoke about The Mednet, a physician-only question and answer platform doctors can use to assist in patient treatment. Computer scientist James Zhou, PhD, spoke about AI’s ability to help diversify clinical trials and simplify CT eligibility criteria. AI may be used to identify patients who were ineligible for a particular trial but who could have benefited from it, and if/when trial eligibility is expanded, if more adverse events occur. The session’s moderator Dr. Hong took the stage to delve into the notion of usefulness in AI — what it means to be useful, and how AI can be harnessed to be more useful to the specialty. To conclude the presentations of this session, Erin Gillespie, MD, explored what AI can do to support clinical practice improvement and innovation. “We know that simulation is important, but how do we encourage its use in medicine?” Dr. Gillespie asked.

The fourth and final session, “Human Doctors, Human Patients,” facilitated by Dr. Jacobson, highlighted the fundamental role of the physician-patient relationship, communication and empathy, and attention to quality of life. Rachel Abrams Rabinovitch, MD, shared how their experience as a patient has impacted their practice of oncology. For example, Dr. Rabinovitch explained how patients should be instructed before their first treatment that they will not feel the beam, and that doctors routinely consult one another to determine the optimal course of treatment. “Patients make intelligent but incorrect decisions based on what you say and don’t say,” Dr. Rabinovitch said. Sage Bolte, PhD, LCSW, CST talked about quality of life and the sexual self in cancer patients, an important but rarely discussed topic. Regardless of whether cancer occurs in a sex organ or not, treatment may affect any facet of the sexual self; 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 consults. 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.

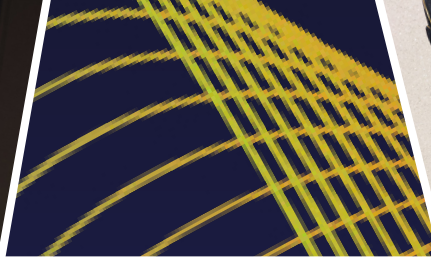
Next, the research team will test the safety and efficacy of FLASH RT with patients who have metastases closer to the lungs and heart. The FAST-02 trial (NCT05524064) is currently enrolling adult patients with thoracic bone metastases.



PHOTOS OF

ASTRO 2022







Multidisciplinary panel shares 'Why APEX'



ASTRO'S APEX – ACCREDITATION PROGRAM FOR EXCELLENCE continues to see record 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 done other programs, but APEX is more relevant because it's just for radiation oncology.

Sarah Seiler: What we really loved about APEX is it's specific to what we do and it's by our peers. We loved that concept and really embraced it as something that was holistically about what we do instead of taking something else and modifying it

for our specialty. APEX 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 has passed a peer review. Patients are starting to recognize that accreditation is an endorsement and indicates a high level of quality and safety.

Seiler: When your processes are seamless, you have more time with your patients. Those interactions, the human component of what we do, are allowed to flourish because everything else becomes hard coded. You're more present, whether that's with your patients or with each other. We do a really good job connecting with our patients because we can be present.

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. Physicists 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.



2022 Survivor Circle Grants awarded Sunday

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.

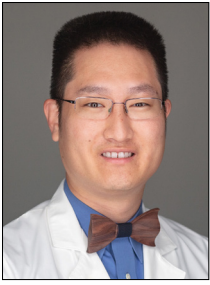
Yesterday morning, ASTRO awarded this year's recipients, Austin-based Breast Cancer Resource Center and San Antonio-based ThriveWell Cancer Foundation, with Survivor Circle grants for the services they provide to cancer patients, their families and caregivers. Learn more about each organization at www.astro.org/SCgrant.



Erin Ercoline, Executive Director, ThriveWell Cancer Foundation



Sharyn Malatok, MPA, Chief Program Officer, Breast Cancer Resource Center



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.

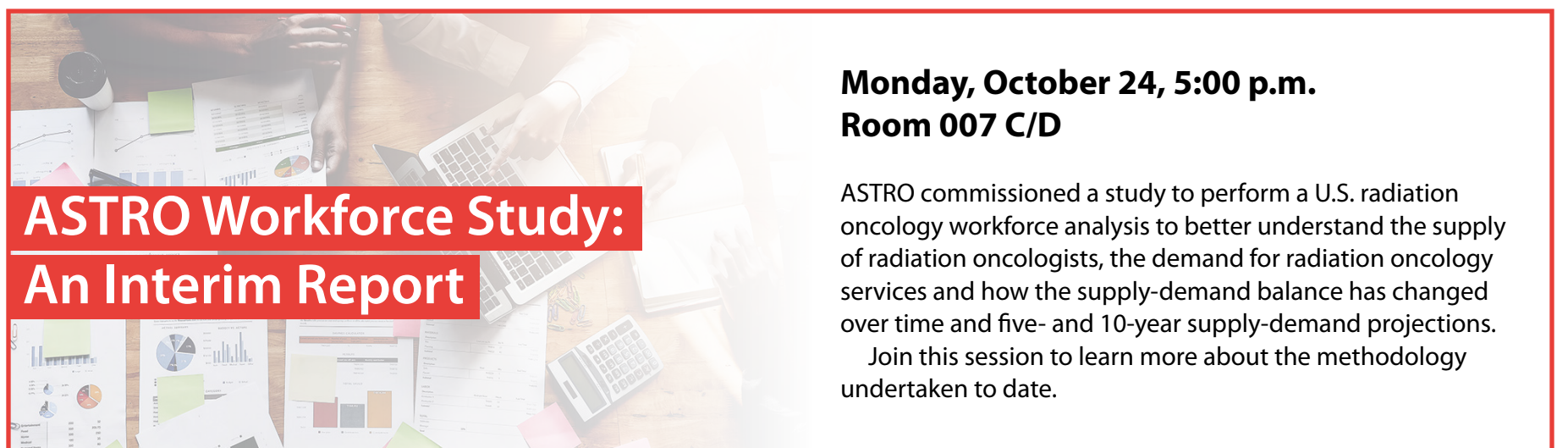
ASTRO offers a graduating resident membership discount, but only about half of graduating residents take advantage of this benefit. Why do you think that is?

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

**Monday, October 24, 5:00 p.m.
Room 007 C/D**

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.

ASTRO Coding Seminar helps you crack radonc coding

BY EMILIO BEATLEY, HEALTH POLICY ANALYST, ASTRO

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 advance 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. 


For a sneak peek of both the Coding Seminar and ASTRO’s Coding Resource, attend the 2022 Coding and Coverage update Monday, 5:00 p.m. - 6:00 p.m. in Room 214.

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 asymptomatic 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.” 

Multidisciplinary panel to discuss ASTRO glioma guideline and new 2021 WHO classifications for glioma

THIS AFTERNOON, LIA HALASZ, MD, of the University of Washington, vice-chair of the task force for ASTRO guidelines on radiation therapy for lower grade gliomas, and chair of the Health Services track for the ASTRO Scientific Committee, will moderate a multidisciplinary panel discussion on the 2022 ASTRO clinical guideline on radiation therapy for isocitrate dehydrogenase (IDH)-mutant grade 2 and grade 3 diffuse glioma. This is ASTRO's first guideline for lower-grade glioma, and the guideline is published in Practical Radiation Oncology .

Gliomas are the most common type of primary malignant brain tumors in adults, accounting for nearly eight in 10 of these tumors. In 2021, the World Health Organization (WHO) reclassified gliomas to reflect the discovery of new biomarkers, including mutations to the genes that encode IDH enzymes. IDH mutations occur in 70-80% of patients with lower-grade diffuse gliomas, and patients with IDH mutations tend to have longer survival than patients without them.

The change in WHO tumor grading raised questions about how best to treat patients who fell into the new classifications and prompted the development of the guideline to provide clear guidance based on the new WHO classifications. This guideline will help providers determine the best multidisciplinary management approaches for their patients, taking into account the various options available and implications for long-term outcomes. The guideline also addresses clinical management of adverse effects and includes an algorithm that summarizes the treatment paths.

This afternoon's session will present the new evidence-based guidelines for IDH-mutant grade 2 and grade 3 diffuse glioma with an emphasis on how to apply the recommendations for individualized person-centered care. The session will feature a multidisciplinary panel and a variety of clinical case scenarios to demonstrate the supporting evidence and clinical nuances for this controversial treatment area.

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?

Panel 09 - ASTRO Evidence-Based Guideline on IDH-Mutant Diffuse Glioma: Case-Based Implementation of Recommendation

Monday, October 24; 3:00 p.m. - 4:00 p.m.
Room 217

TrilynX™
CLINICAL TRIAL

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.



**EMD
SERONO**

US-MULO-00050
October 2022



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 detection 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 Lieu 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. 🎉

INDUSTRY SATELLITE SYMPOSIA

Monday, October 24, 2022

5:30 p.m. - 7:00 p.m.

Innovations in the Treatment of LA SCCHN: Enhancing Antitumor Activity through IAP Antagonism

Location: Grand Hyatt San Antonio
Lone Star Salon A/B
600 E. Market Street
San Antonio, TX 78205

5:30 p.m. – 6:00 p.m.: Registration and Dinner |
6:00 p.m. – 7:00 p.m.: Symposium

► **For more information or to register for our live symposium in San Antonio please visit www.reachmd.com/scchn.**

Accreditation: In support of improving patient care, Global Learning Collaborative (GLC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the health care team.

Provider: AGILE - Academy for Global Interprofessional Learning and Education - designs, develops, and delivers education across a broad spectrum of diseases and clinical conditions. Our mission is to serve as a trusted source of clinical information that helps healthcare professionals improve competence, performance, and patient outcomes.

CME Credits: Global Learning Collaborative designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Target Audience: Medical oncologists, pathologists, radiation oncologists and other healthcare professionals treating patients with head and neck cancers.

Learning Objectives:

1. Describe factors that contribute to patients with locally advanced SCCHN experiencing disease progression/recurrence
2. Assess the risks, benefits, and limitations of currently available as treatment options for the management of locally advanced SCCHN
3. Differentiate the mechanisms of action of agents currently being investigated for the treatment of locally advanced SCCHN from those of currently available treatment options
4. Assess the therapeutic potential of agents being investigated for the management of locally advanced SCCHN

This activity is supported by an independent educational grant from Healthcare business of Merck KGaA, Darmstadt, Germany.

INDUSTRY-EXPERT THEATERS

MONDAY, OCTOBER 24

<p>♥ Theater 1 12:00 p.m. – 1:00 p.m. Myovant Sciences, Inc. & Pfizer, Inc. <i>A GnRH Antagonist Treatment Option for Advanced Prostate Cancer</i></p>	<p>♥ Theater 2 12:00 p.m. – 1:00 p.m. GT Medical Technologies, Inc. <i>GammaTile® Therapy: Brain Brachytherapy Powerfully Reimagined</i></p>	<p>♥ Room 216, Meeting Level 12:00 p.m. – 1:00 p.m. Boston Scientific <i>Controversies and Myths about Prostate Cancer Rectal Spacing</i></p>
<p>♥ Theater 1 4:00 p.m. – 5:00 p.m. ViewRay, Inc. <i>MRIdian A3i – Newest Innovation of MRgRT for Prostate, Pancreas, and Brain</i></p>	<p>♥ Theater 2 4:00 p.m. – 5:00 p.m. Novocure <i>Patient Forward Care: The Multidisciplinary Approach with Tumor Treating Fields</i></p>	<p>♥ Room 216, Meeting Level 4:00 p.m. – 5:00 p.m. Novartis <i>Radioligand Therapy: Open Clinical Trials and Logistics of Administration</i></p>

Industry-Expert Theater



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

ASTRO Annual Meeting 2022 | Visit booth #1361

*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

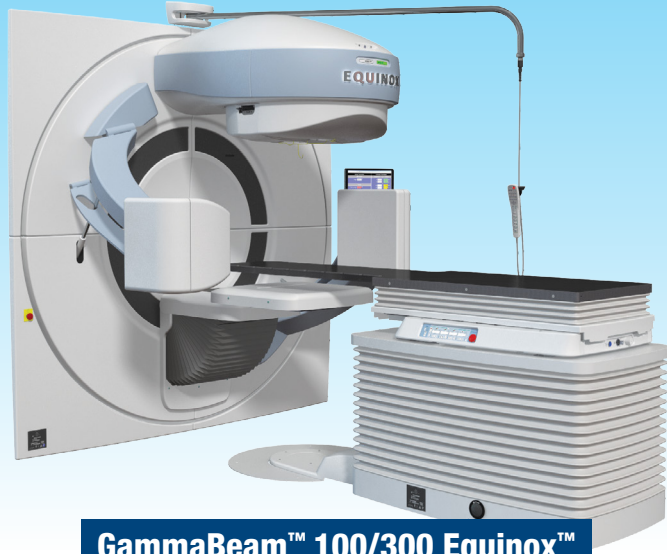


Best GammaBeam™ 100/300 Equinox™ Teletherapy System with Avanza™ 6D Patient Positioning Table

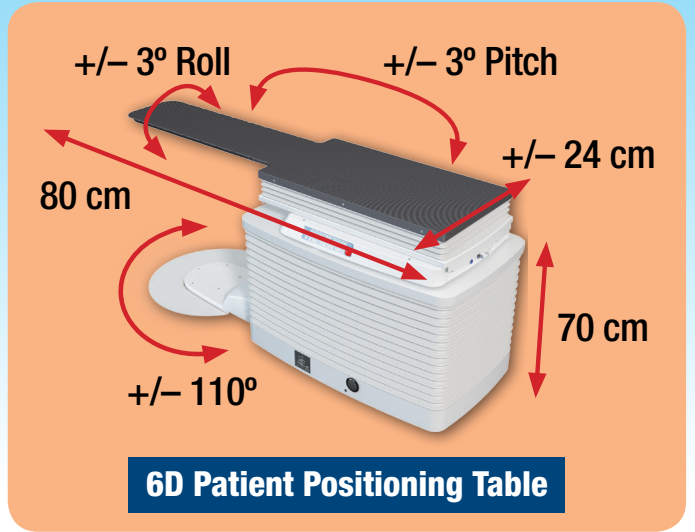
With **NEW** Multi-Leaf Collimator for 80 and 100 cm SAD units — IMRT, IGRT, SRS, SBRT and Tomotherapy capable with ActiveRx



Patent Pending



GammaBeam™ 100/300 Equinox™



6D Patient Positioning Table



Best™ Fiducial Markers

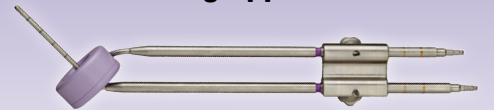
Best® Iodine-125 Seed

Best™ Palladium-103 Seed



Best™ Localization Needles with I-125 Seeds

Best Kobold Tandem & Ring Applicator



Best Kobold Fletcher Tandem & Ovoid Applicator



Best Kobold Henschke Tandem & Ovoid Applicator



Best™ Sonalis™ Ultrasound Imaging System

Best™ HDR Remote Afterloader



Best™ Treatment Planning System



Portable Dosimetry System

mobileMOSFET Wireless Dosimetry System

