

## SCHEDULE AT A GLANCE

Tuesday, October 25

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

**EDU 14 - LIVE SA-CME** Managing Challenging Cases: Bladder Cancer  
Room 217

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

**EDU 15** - Integrating Radiation and Immunotherapy for the Treatment of Oligometastatic Disease  
Room 007 C/D

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

**EDU 16** - Radiation and the Vasculature  
Room 214

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

**EDU 17** - Multidisciplinary Management of Mesothelioma - New Combinations, New Hope  
Room 304

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

**Joint 03** - ASTRO/ESTRO Joint Session - Personalized Care-Learning from the Patient  
Room 206

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

**Panel 14** - Management of Radiation-Induced CNS Toxicities  
Hemisfair Ballroom C1

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

**SH 03** - Science Highlights 3 - Head & Neck Cancer  
Room 302

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

**SH 04** - Science Highlights 4 - Hematologic Malignancies  
Room 207

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

**SS 15** - DHI 3 - Leveraging AI to Strengthen Clinical Decision Frameworks  
Room 008

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

**SS 16** - Phys 5 - Imaging for Response Assessment  
Room 006

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

**ST 03** - Storytelling - A Survival Kit in Time of Burnout  
Room 007 A/B

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

**Keynote Address 02** - Keynote 02 - Above and Beyond Cancer: Optimal Living in Survivorship  
Stars at Night Ballroom

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

**Awards Ceremony**  
Stars at Night Ballroom

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

**Business Meeting and Luncheon**  
Hemisfair Ballroom C2/C3

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

**EDU 18** - Quality Payment Program (QPP) Update  
Room 006

*Continued on next page*



## Plenary session studies explore artificial intelligence, radiation in combination with other therapies across five major disease sites

BY LISA BRAVERMAN, ASTRO JOURNALS; LIZ GARDNER, ASTRO PRESS; AND LAURA WILLIAMSON, SCIENCE WRITER

**THIS YEAR'S PLENARY SESSION** included five impactful presentations; each study featured its own discussant to add perspective to the research. Frank A. Vicini, MD, FASTRO presented the first abstract, “NRG RTOG 1005: A Phase III Trial of Hypofractionated Whole Breast Irradiation with Concurrent Boost vs. Conventional Whole Breast Irradiation Plus Sequential Boost Following Lumpectomy for High Risk Early-Stage Breast Cancer.” This study found that a three-week course of radiation therapy is as safe and effective as four to six weeks of treatment for patients with early-stage breast cancer who have a higher risk of tumor recurrence. Delivering fewer, but higher, doses of radiation following lumpectomy, while concurrently delivering a radiation boost to the surgical site, led to similar outcomes as a longer course of treatment. “This approach cuts treatment time for these patients in half,” said Dr. Vicini. “Now the comfort level is there to say to higher-risk patients, ‘I can offer you this option, and it works just as well.’”

Lori Pierce, MD, FASTRO served as the discussant for Dr. Vicini’s paper. Dr. Pierce looked back to 2011, when there was a lack of consensus regarding boosts for whole breast irradiation. This

trial is crucially important for confirming non-inferiority of hypofractionation with a concurrent boost when compared with conventional treatment. “I think this was the right trial at the right time,” Dr. Pierce said. This discussion concluded with a reminder to ensure diversity in clinical trials research to support populations having the same access to the very best cancer care.

Next, Jonathan D. Tward, MD, FASTRO, presented “Prostate Cancer Risk Stratification in NRG Oncology Phase III Randomized Trials Using Multi-Modal Deep Learning with Digital Histopathology.” Dr. Tward argued there is a need for improved risk stratification tools to increase prognostication accuracy for patients with intermediate- and high-risk localized prostate cancer. They had previously developed and validated multi-modal artificial intelligence models (MMAI) that outperformed NCCN in the prediction of distant metastasis (DM) and other outcomes. The MMAI models, developed from five phase III prostate cancer trials, significantly improved discrimination of distant metastases risk when compared with NCCN risk groups. This study exemplified the importance of this year’s meeting

*Continued on page 5*

Inside This Issue

### SPEED MENTORING

Head to the Mentor Lounge outside Hall 2 by posters at 12:45 p.m. for our Speed Mentoring event featuring 17 mentors and topics!

### KEYNOTE I

Our first Keynote speaker, Ruha Benjamin, PhD, inspired and equipped

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### RO-ILS

Challenges and optimism in analysis of aggregate incident learning data

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### 2022 ASTRO AWARDS

Join your colleagues in honoring leaders of the field at today’s Awards Ceremony

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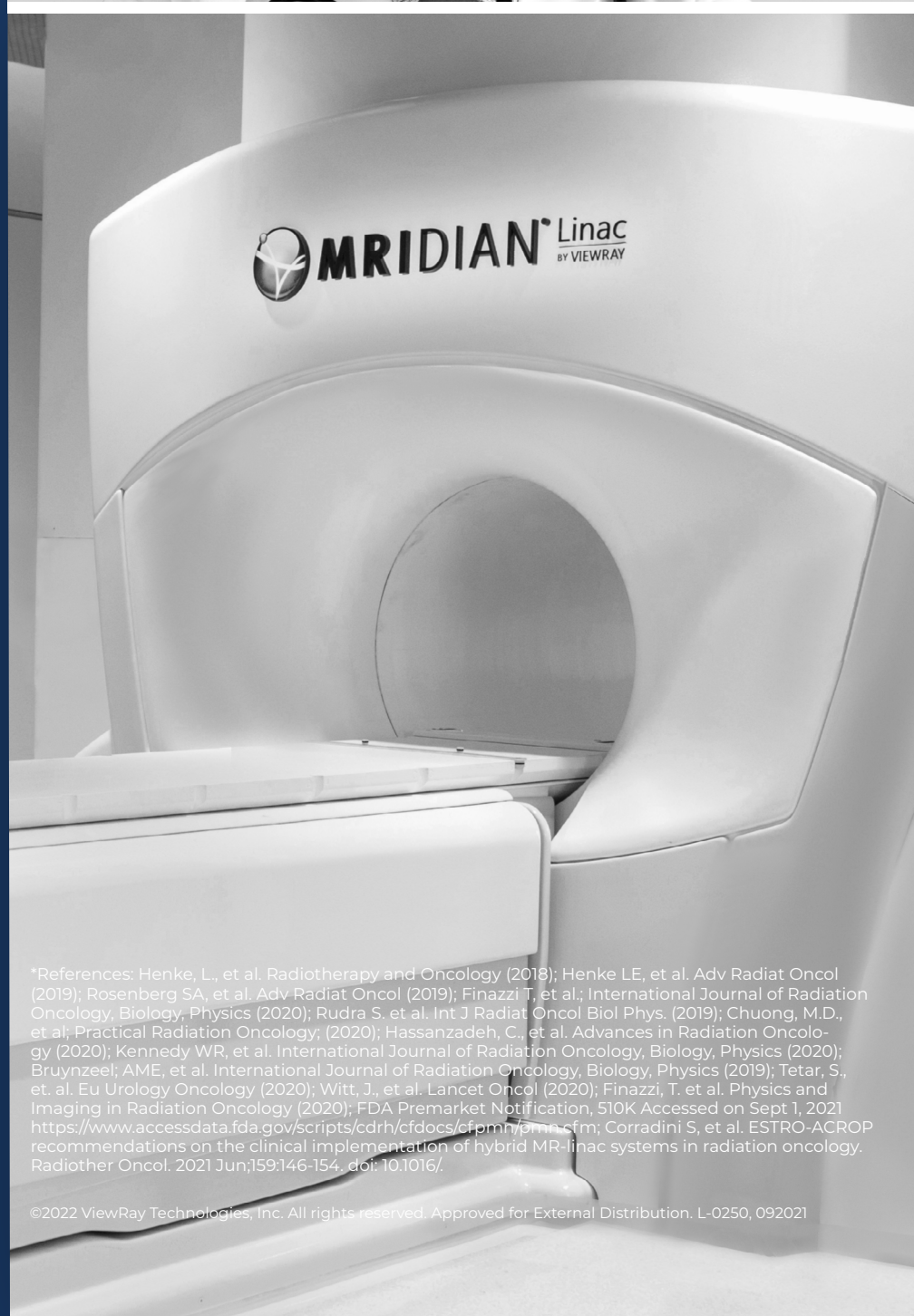
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\*References: Henke, L., et al. Radiotherapy and Oncology (2018); Henke LE, et al. Adv Radiat Oncol (2019); Rosenberg SA, et al. Adv Radiat Oncol (2019); Finazzi T, et al.; International Journal of Radiation Oncology, Biology, Physics (2020); Rudra S. et al. Int J Radiat Oncol Biol Phys. (2019); Chuong, M.D., et al; Practical Radiation Oncology; (2020); Hassanzadeh, C., et al. Advances in Radiation Oncology (2020); Kennedy WR, et al. International Journal of Radiation Oncology, Biology, Physics (2020); Bruynzeel; AME, et al. International Journal of Radiation Oncology, Biology, Physics (2019); Tetar, S., et. al. Eu Urology Oncology (2020); Witt, J., et al. Lancet Oncol (2020); Finazzi, T. et al. Physics and Imaging in Radiation Oncology (2020); FDA Premarket Notification, 510K Accessed on Sept 1, 2021 <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm>; Corradini S, et al. ESTRO-ACROP recommendations on the clinical implementation of hybrid MR-linac systems in radiation oncology. Radiother Oncol. 2021 Jun;159:146-154. doi: 10.1016/.

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## SCHEDULE AT A GLANCE

Tuesday, October 25 and Wednesday, October 26

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

**EDU 19** - Multi-Vendor Environment in the Clinics: What Works, What Doesn't, and What Next  
 Room 206

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

**Joint 04** - ASTRO/PROS Joint Session - Lessons Learned from Treating Children During the COVID-19 Pandemic  
 Room 302

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

**Panel 15** - **LIVE SA-CME** Challenging Cases in Breast Cancer: Rare Breast Cancer Histologies and Presentation  
 Room 217

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

**Panel 16** - Improving Patient Outcomes Through Employee Engagement  
 Room 207

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

**PQA 05** - Poster Q&A 05 - Gastrointestinal Cancer and Sarcoma  
 Exhibit Hall 1

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

**QP 11** - GYN 1 - Driving Clinical Innovation and Decisions in Gynecological Cancers  
 Room 304

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

**QP 12** - Phys 6 - Delivery and Dose Assessment Techniques  
 Room 303

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

**Speed Mentoring**  
 Front of Hall 2

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

**SS 17** - PRO 1 - Incorporating the Patient Voice: A Session Focused on PROs and Survivorship  
 Room 007 C/D

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

**SS 18** - Heme 2 - Biology May be King, but Selection is Still Queen: Crushing Stubborn B-cell Lymphomas  
 Room 214

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

**SS 19** - Lung 2 - Optimizing Thoracic RT Planning and Reducing Treatment Toxicity  
 Hemisfair Ballroom C1

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

**ET 04** - Text Mining and Processing in Radiation Oncology: An Untapped Resource  
 Industry Expert Theater 1

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

**EDU 20** - The Clinic & Beyond: Innovation in Telemedicine and Data-Driven Care  
 Room 007 A/B

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

**EDU 21** - Challenging Cases in Lymphoma - Modern RT for the CAR-T and Advanced Imaging Era  
 Room 302

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

**EDU 22** - Patient Selection and Radiation Techniques in the Management of Cutaneous Malignancies  
 Room 006

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

**LBA 01** - Special Session - Late-Breaking Abstracts  
 Hemisfair Ballroom C2/C3

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

**Panel 17** - **LIVE SA-CME** Challenging Cases in Palliation  
 Hemisfair Ballroom C1

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

**Panel 18** - Integrating Radiotherapy with Theranostics and the Critical Role of In Vivo Micro-Dosimetry  
 Room 214

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

**PQA 06** - Poster Q&A 06 - Genitourinary Cancer, Patient Safety, and Nursing  
 Exhibit Hall 1

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

**QP 13** - H&N 2 - New Directions for HPV Associated (and HPV Negative) SCCA  
 Room 304

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

**QP 14** - Breast 3 - Breast Quick Pitch  
 Room 303

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

**SS 20** - CNS 2 - Gliomas & and Neurocognitive Effects of Brain Irradiation  
 Room 217

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

**SS 21** - Bio 5 - Normal Tissue Injury and Dose Rate Effects  
 Room 206

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

**ST 04** - Storytelling - Using AI & EI to Improve Pediatric Cancer Care: Strategies to Work Through Challenging Cases  
 Room 007 C/D

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

**EDU 23** - Considerations for Risk-Stratified, Multidisciplinary Management of the Axilla in Breast Cancer  
 Hemisfair Ballroom C2/C3

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

**EDU 24** - Case-Based Discussion of Challenging Patients with Uterine Cancer  
 Room 217

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

**EDU 25** - Clinical Implementation and Translation of AI in Radiation Oncology: Challenges, Pitfalls, and Promises  
 Room 214

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

**Panel 19** - The Good, the Bad and the Ugly - Natural Language Processing in the Clinic  
 Room 302

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

**Panel 20** - Emerging Concepts and Therapeutic Opportunities in Late Toxicity of Normal Tissues  
 Room 007 A/B

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

**PQA 07** - Poster Q&A 07 - Hematologic Malignancies and Digital Health Innovation  
 Exhibit Hall 1

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

**QP 15** - Palliative 2 - Honing the SABR for Oligometastatic Disease and Beyond  
 Room 304

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

**QP 16** - GI 3 - Colorectal Cancers: Choosing Wisely, Predicting Intelligently, Monitoring Toxicity Objectively  
 Room 303

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

**SS 22** - GU 4 - Improving Outcome for High-Risk Prostate Cancer  
 Hemisfair Ballroom C1

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

**SS 23** - Peds 2 - Providing Comprehensive Care in Pediatric Radiation Oncology - Novel Applications and Key Outcomes from Recent Investigations  
 Room 007 C/D

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

**SS 24** - DEIH 1 - Advancing Health Equity Along the Cancer Care Continuum  
 Room 206

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

**ST 05** - Storytelling - Zooming Ahead: The Virtual Education Revolution  
 Room 207

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

**EDU 26** - Challenging Cases in GI Malignancies - Caring for GI Cancer Patients Across All Practice Settings  
 Room 217

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

**EDU 27** - A Toolkit for Promoting Diversity, Equity and Inclusion in Your Practice  
 Room 302

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

**EDU 28** - The Radiation Oncologist's Role in Locally Recurrent Prostate Cancer: "Never Gonna Give You Up"  
 Hemisfair Ballroom C2/C3

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

**Panel 21** - Cybersecurity and Radiation Oncology  
 Room 207

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

**PQA 08** - Poster Q&A 08 - Gynecological Cancer, Pediatric Cancer, and Professional Development  
 Exhibit Hall 1

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

**QP 17** - Nursing 1 - Looking at the Future: Nursing in the 21st Century and Beyond  
 Room 304

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

**QP 18** - Bio 6 - Radiation and Cancer Biology  
 Room 303

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

**SS 25** - GU 5 - Bladder and Kidney Preservation  
 Hemisfair Ballroom C1

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

**SS 26** - Phys 7 - Response Monitoring and Adaptation  
 Room 214

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

**SS 27** - Sarcoma 1 - Sarcoma and Cutaneous Tumors: Advanced Radiotherapy and Altered Fractionation in the Management of the Disease Spectrum  
 Room 206

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

**ST 06** - Storytelling - Why EQ is More Important Than IQ in Establishing a Culture of Safety  
 Room 301

# STREET TALK

What events and exhibits have you enjoyed so far or are looking forward to in the Annual Meeting?

"I'm a young medical physician student, and I'm excited to meet people. I'm interested in what oncologists are doing and what companies like Varian are manufacturing for therapy treatment. I'm also excited to make connections for future employment opportunities."



**BLESSING CHINELE AKAH, MS**  
 University of Rhode Island

"I went to the ASPP [Aspiring Scientists and Physicians Program] event. I like to hear about the stories from residents and fellows and attendings. They made all of us feel very included. I think it's a session you should have every year, especially for younger medical students and undergraduates. It's a very inspiring session."



**VALENCIA HENRY, MS**  
 Edward Via College of Osteopathic Medicine

"This is my first time attending the Annual Meeting, and I am new to the industry, so I am here to learn about the terminology, different methods and practices. It's very impressive."



**M. ROBERT GILLESPIE, RGD LLC**  
 Edward Via College of Osteopathic Medicine

### ASTRO Daily News 2022

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## PRESS HIGHLIGHTS

### Lower prostate cancer screening rates associated with subsequent increase in advanced cancers

Alex K. Bryant, MD, University of Michigan Rogel Cancer Center in Ann Arbor, Mich., et al.

A large, longitudinal analysis found VA medical centers with lower prostate screening rates had higher rates of metastatic prostate cancer cases in subsequent years than centers with higher screening rates.

The team analyzed data from 128 facilities from 2005 to 2019, ending with a cohort of 5.4 million men. From 2008 to 2019, PSA screening rates declined, and long-term non-screening rates increased. Lower facility-level PSA screening rates were associated with higher subsequent rates of mPCa.

The team will continue to analyze VA records to gauge whether screening rates are associated with prostate cancer mortality. Further analyses will also include racial and ethnic differences in PSA screening rates and potential disparities in how screening affects long-term outcomes among high-risk groups.

### AI model/machine-learning method uses daily step counts to predict the need for additional care and unplanned hospitalizations during cancer therapy

Julian Hong, MD, University of California, San Francisco, in San Francisco, et al.

An estimated 10-20% of patients who receive outpatient radiation or chemoradiation therapy will need acute care in the form of an emergency department visit or hospital admission during their treatment. Early identification and intervention for patients at higher risk of complications can prevent these events. In response, the research team collaborated to apply machine learning approaches to data from wearable consumer devices for the purposes of identification and intervention. Step counts and other data from these patients' records were used to develop and test an elastic net-regularized logistic regression model to predict the likelihood that a patient would be hospitalized in the next week, based on their previous two weeks of data.

Based on the information derived, additional support can be critical to reducing hospitalizations, whether scheduling more frequent follow-ups, changing something about the patient's treatment plan or another personalized approach.

### Radiation-hormone therapy combination may slow growth of oligometastatic prostate cancer

Chad Tang, MD, The University of Texas MD Anderson Cancer Center, in Houston, et al.

This study is the first randomized trial to evaluate the impact of adding radiation to hormone therapy for patients with oligometastatic prostate cancer. The study enrolled 87 participants who were on intermittent hormone therapy for prostate cancer. The patients were randomized to receive hormone therapy either with or without local therapy. The findings suggest a new option to patients with oligometastatic prostate cancer who want relief from hormone therapy without compromising the risk of their disease spreading. Patients who received radiation in addition to intermittent hormone therapy lived longer without their disease progressing, and they were able to take longer breaks from the drug treatments. They also experienced normal testosterone levels longer than those who did not receive local therapy. The "potent synergy" between radiation and hormone therapy may be key to the combined treatment's promise. This study introduces a new paradigm of definitive radiation therapy to all of a patients' oligometastases in tandem with de-escalated, intermittent hormone therapy as a means to preserve quality of life while still maintaining disease control.

## SCHEDULE AT A GLANCE

### Wednesday, October 26

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

**EDU 29** - Artificial Intelligence in Head and Neck Cancer Management: Current Applications and Future Directions  
📍 Room 302

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

**EDU 30** - Non-Invasive Ablation of Ventricular Tachycardia: Experiences and Challenges from Emerging Preclinical and Clinical Studies in Photon and Particle Therapy  
📍 Room 206

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

**Panel 22** - Incorporating Imaging Findings into Personalized Treatment Recommendations for Prostate Cancer: A Case-Based Discussion  
📍 Room 301

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

**Panel 23** - Deciding Between Nothing and Everything: Boost, Bolus and Fraction Numbers in Breast Radiotherapy  
📍 Room 217

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

**Panel 24** - Data-Driven Approaches to Promoting Enrollment of Women, Racial, Ethnic, Sexual and Gender Minorities and Elderly Patients in Clinical Trials: Pathways for Future Success  
📍 Room 007 C/D

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

**QP 19** - Bio 7 - Biomarkers, Tumor Biology and Radiation Response  
📍 Room 304

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

**SH 05** - Science Highlights 5 - Lung Cancer/Thoracic Malignancies  
📍 Room 214

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

**SH 06** - Science Highlights 6 - Gastrointestinal Cancer  
📍 Room 007 A/B

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

**SS 28** - Heme 3 - Facing the Devil and Their Details: Digging Deeper into CART and Radiation  
📍 Room 207

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

**SS 29** - Phys 8 - Treatment Techniques and Quality Assurance  
📍 Room 303

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

**ST 07** - Storytelling - Understanding the New ACGME DEI Standards: Historical Perspectives, Data-Driven Approaches, and Psychological Safety  
📍 Room 216

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

**CB 01** - Cancer Breakthroughs  
📍 Stars at Night Ballroom

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

**EDU 31** - Immunotherapy for Pediatric Malignancies  
📍 Room 207

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

**EDU 32** - Don't Be Afraid of the PARP: Current Clinical Role of PARP Inhibitors  
📍 Room 302

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

**Joint 05** - **LIVE SA-CME** ASTRO/AANS Joint Session - Collaborative Approaches for Challenging CNS Cases: Neurosurgeons & Radiation Oncologists in Practice  
📍 Room 217

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

**Panel 25** - Improving Interoperability to Mitigate Errors: Experiences from RO-ILS and IHE-RO  
📍 Room 007 A/B

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

**Panel 26** - Integrative Oncology: Science and Clinical Trials Data to Promote Evidence-Informed Patient Care During Radiotherapy and in Survivorship  
📍 Room 301

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

**PQA 09** - Poster Q&A 09 - Head & Neck Cancer and Health Services Research  
📍 Exhibit Hall 1

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

**QP 20** - Phys 9 - Adaptive Therapy and Treatment Planning Support  
📍 Room 304

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

**QP 21** - Lung 3 - Optimizing Radiation Dose, Volume, and Concomitant Systemic Agents  
📍 Room 303

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

**SS 30** - GYN 2 - Personalized Care and Novel Advances in Gynecological Cancers  
📍 Room 206

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

**SS 31** - GU 6 - State of the Art Selection and Treatment of Localized Prostate Cancer  
📍 Room 214

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

**SS 32** - Patient Safety 1 - Innovations in Patient Safety and Quality of Care  
📍 Room 007 C/D

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

**EDU 33** - CAR T-Cell Therapy and Radiation Therapy for Hematologic Malignancies: Translating Science from the Lab to the Clinic  
📍 Room 302

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

**EDU 34** - Multidisciplinary Management of Locally Advanced Non-Small Cell Lung Cancer (NSCLC)  
📍 Room 217

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

**EDU 35** - FDA Regulated Products Approved for Medical Counter Measures (MCM) Stemming from Radiological/Nuclear Event  
📍 Room 207

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

**PQA 10** - Poster Q&A 10 - Physics  
📍 Exhibit Hall 1

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

**QP 22** - CNS 3 - CNS Clinical Quick Pitches  
📍 Room 304

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

**SS 33** - H&N 3 - Toxicity Mitigation and HPV-Unrelated Head and Neck Cancer - Life Beyond De-Intensification  
📍 Room 214

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

**SS 34** - HSR 2 - Radiation Oncology Payment Policy and Economics  
📍 Room 206

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

**SS 35** - GI 4 - GI Cancers: In Search of New Standards but also the Devil in the Details  
📍 Room 301



theme, demonstrating how artificial intelligence and machine learning can stratify patients more precisely. This study was discussed by Amar U. Kishan, MD. Dr. Kishan explained why patients must be stratified in the most precise manner: so much of treatment is dependent upon risk prediction. Using improved data from MMAI models, the treatment team may more easily communicate the percentage risk of distant metastases based upon different courses of treatment.

The third study of the session, “NRG/RTOG 1112: Randomized Phase III Study of Sorafenib vs. Stereotactic Body Radiation Therapy (SBRT) Followed by Sorafenib in Hepatocellular Carcinoma (HCC) (NCT01730937),” was presented by Laura A. Dawson, MD, FASTRO. The randomized trial found that adding radiation therapy to systemic therapy for patients with advanced liver cancer can extend overall survival and delay tumor progression without compromising patients’ quality of life. Findings indicated that radiation therapy should be a standard treatment option for patients with liver cancer who are ineligible for resection and other standard local-regional therapies. These findings are especially important as rates of HCC are increasing around the world, including in the United States. “The benefits of SBRT were seen regardless of liver function,” Dr. Dawson said.

Mary Feng, MD, discussing the abstract Dr. Dawson presented, echoed the sentiment that liver cancer is a global problem. In fact, this trial enrolled patients from three continents. RTOG 1112 remains a landmark study, as treatments for HCC have historically been so limited. This is a new standard of care for patients who are on sorafenib and similar drugs, Dr. Feng noted. “[Dr. Dawson] and her colleagues must be congratulated for initiating and completing this really important study, a global study to combat a global problem,” said Dr. Feng.


In “Radiotherapy with Durvalumab vs. Cetuximab in Patients with Locoregionally Advanced Head and Neck Cancer and a Contraindication to Cisplatin: Phase II Results of NRG-HN004,” Loren K. Mell, MD, shared how investigators explored the optimal treatment for patients with locoregionally advanced head and neck squamous cell carcinoma (HNSCC) and contraindication to cisplatin. This trial (NCT03258554) tested the primary hypothesis that radiation therapy with concurrent and adjuvant durvalumab, a PD-L1 inhibitor, improves progression-free survival (PFS) compared to standard RT with cetuximab. Radiation therapy with durvalumab did not show a signal toward improved PFS and led to significantly worse locoregional failure, compared to RT with cetuximab in HNSCC patients with a contraindication to cisplatin. The trial will not move to phase III.

Delving into why durvalumab underperformed, Sana Karam, MD, PhD, explained that the reasons the drug failed are far from clear-cut. Dr. Karam explored the biological aspects of this failure and mentioned a forthcoming paper comparing

elective nodal irradiation (ENI) with tumor-only irradiation, with and without durvalumab. It takes time to prime the immune system, Dr. Karam said, and less may be more in terms of kitchen-sink approaches to treatments with immunotherapy. “The take home message from this is that immune checkpoint blockade needs T-cells and T-cells are primed in the nodes so be careful treating all these elective nodal perhaps the next generation trials we have to focus on that,” said Dr. Karam.

Jyoti Mayadev, MD, presented the final study discussed in the Plenary session, “Durvalumab in Combination with Chemoradiotherapy (CRT) in Locally Advanced Cervical Cancer (LACC): Radiotherapy (RT) Delivery and Subgroup Analyses from CALLA.” CALLA was the first global, placebo-controlled, phase III study evaluating durvalumab (D), in combination with and following chemoradiotherapy, in LACC. CALLA integrated a quality assurance/control strategy to ensure global protocol compliance, showing high-quality RT delivery is achievable with high compliance. Although D+CRT did not significantly improve progression-free survival when compared with a placebo, Dr. Mayadev argued CALLA illustrates the importance of strong multidisciplinary collaboration for optimal CRT delivery in high-risk LACC. “This was truly a global technology trial for cervical cancer,” Dr. Mayadev said, as more than 80% of participants received image-guided therapy.

Cervical cancer remains a global problem, Stephanie Markovina, MD, PhD, said during a discussion of the abstract Dr. Mayadev presented. Cervical cancer remains a leading cause of death worldwide for women. This trial took place in 15 countries, many of which experience a high mortality rate from cervical cancer. Dr. Markovina noted there is a great deal of molecular heterogeneity in this disease, and suggested this study revealed more opportunities for trials in this space.

As with the Clinical Trials session, the Plenary was moderated by Andrea Ng, MD, MPH, FASTRO, and Felix Feng, MD. Dr. Ng reflected on the studies presented, saying, “The favorable results from the long-awaited NRG RTOG 1005 trial will likely bring forth a new standard in the way we deliver tumor bed boost for patients with breast cancer. I think findings from NRG/RTOG 1112 are very exciting for our field, adding to the growing data that improved local control with radiation therapy can translate into overall survival differences. Although the two trials on durvalumab for locally advanced head and neck cancer and cervical cancer, respectively, are negative, they provide vital information guiding future trial designs in incorporating immune check-point blockade with anticancer therapy. I’m also highly intrigued by the study from our GU colleagues on the MMAI model and its superior performance over standard prognostic tools for patients with prostate cancer, giving us a glimpse into how artificial intelligence may transform future health care.” 



# PHILIPS

## Oncology

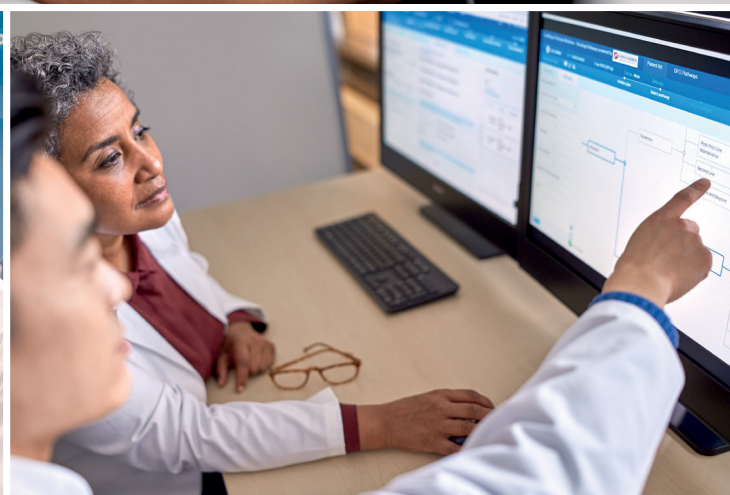
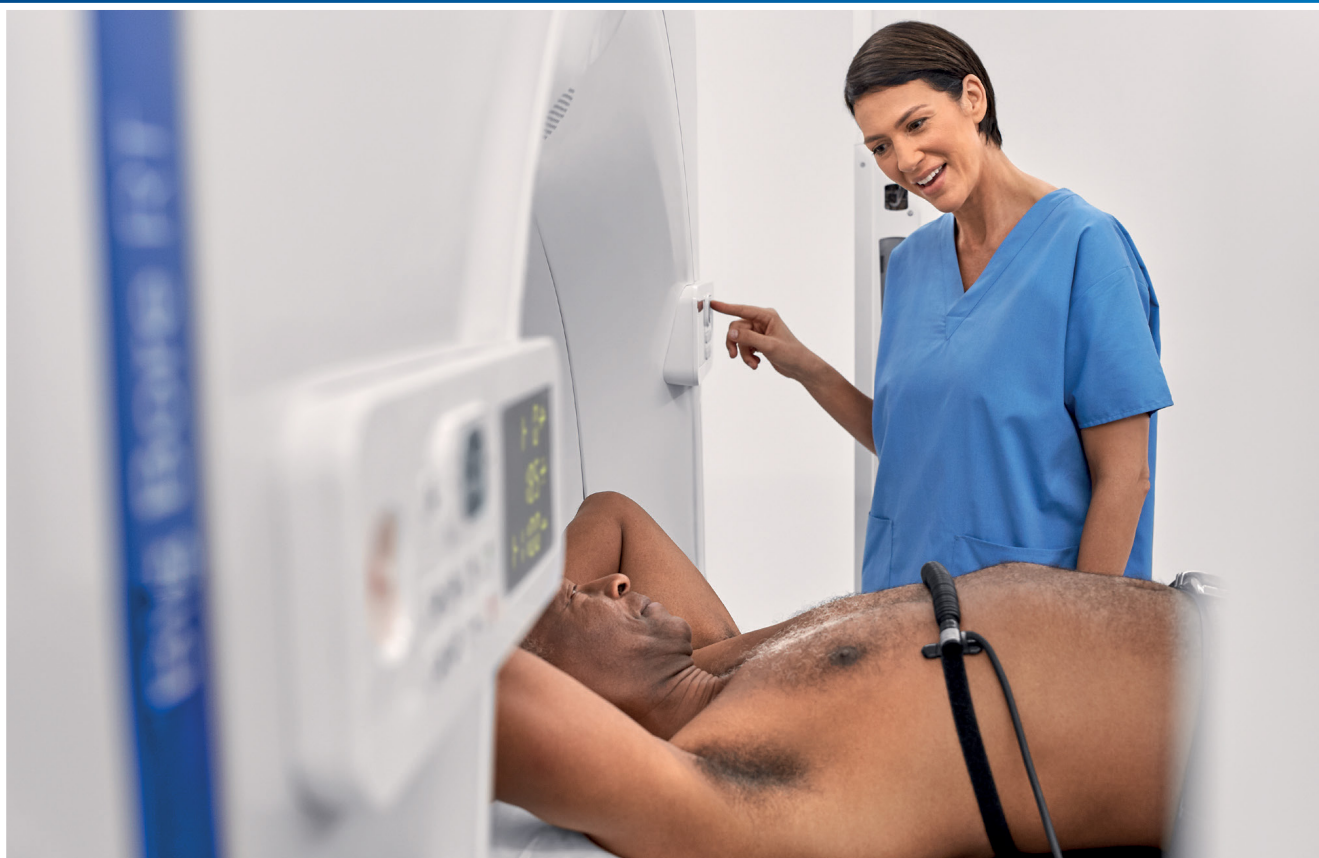
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## Keynote speaker

Ruha Benjamin, PhD,

inspires and equips

BY JENNIFER JANG, ASTRO COMMUNICATIONS

MONDAY MORNING, Ruha Benjamin, PhD, Professor of African American Studies at Princeton University, gave a timely and thought-provoking keynote: Race to the Future? Reimagining the Default Settings of Technology and Society. Thomas Dilling, MD, FASTRO, set the stage for her session, noting that at the center of Dr. Benjamin's work is the invitation to "craft the worlds we cannot live without just as we dismantle the ones we cannot live within."

To start, Dr. Benjamin highlighted the two main stories we are told about technology and artificial intelligence: 1) The dystopian narrative, that technology is going to slay us, and naturally, the one that Hollywood loves to sell. 2) Conversely, the Utopian narrative, that technology will save us, eradicate human bias and inequality. Here, the promises are a mile high, and this is the story that Silicon Valley sells us, the hopeful and compelling one.

Both stories are wrong in fundamental ways, and share an underlying logic, that is, the "technological deterministic logic," the assumption that technology is in the driver's seat. But the human values, assumptions, world views, that animate our sociological and technological systems are hidden behind the screen. We must peel back the screen, open the black box of technological design and look at it soberly.

What are the patterns of inequality that shape our world? The first step is to redress it, as science and medicine have played a key role in creating this architecture of inequality that we all inhabit. Racism has distorted our vision, to which none of us are immune, and we must read our social reality with greater precision. The individual, internal and institutional layers are all connected.

To highlight the role of science in these distortions, Dr. Benjamin gave the example of French naturalist Georges Cuvier, who blatantly pitted whites and Blacks against each other, using words like "genius" and "courage" to identify the former and "barbarism" for the latter. He mapped these hierarchies onto the concrete body, perpetuating an incorrect idea to the point where it threatened to become static, unquestioned. How do we de-naturalize these assumptions?

Thankfully, Friedrich Tiedemann, Cuvier's own student exemplified how to challenge Cuvier and his modern-day counterparts, contributing effectively to an anti-racist tradition of science. First, in order to counter an incorrect idea, we have to know about it first. Then we can see the forms of the solution, the advocacy and insight we can build upon. Which brings us to our present moment, one in which we are being sold a technological utopian perspective. Dr. Benjamin proposed that when it comes to artificial intelligence (AI), machine learning, deep

learning, "computational depth without historical or sociological depth is superficial learning."

An analog example illustrates this notion powerfully. With the harsh image of a park bench cast with spikes, Dr. Benjamin shared the concepts of "hostile architecture" and "discriminatory design." German artist Fabian Brunsing created this bench as a critical commentary on the metering of areas like education and health care, where the design has harms and exclusion built into it. Regarding technology and medicine, the question was raised, "What are the spikes that we're building into our work?" Or, looking back, "What are the spikes that we inherited?"

As ASTRO 2022 gives insights into the promises of AI, we must also be mindful of "spikes" in our field's "benches," such as, less accurate diagnosing of dark skin — where racism has led to Black patients being underdiagnosed or misdiagnosed.

The temptation is to think that a computer-mediated decision is neutral, and yet a combination of coded bias and imagined objectivity has led to the opposite. We assume that while we can identify racism in a doctor's treatment, that a computer-mediated decision is free of biases and history. It may be true that a sign may not be telling a Black patient to find their medical services elsewhere, but the same impact can be had when a doctor tells them they don't need to return, or they are referred to a general service rather than a specialty.

Thankfully, these issues are coming to light. Most recently, in February, the Algorithmic Accountability Act was introduced, requiring new transparency and accountability for automated decision systems. And resources are increasingly available to equip us to aid our understanding, such as Advancing Racial Literacy in Tech by Jessie Daniels. This resource covers how structural racism operates in algorithms and calls for a commitment to take action to reduce harms to communities of color.

So, how do we engage in racism correction in our daily practice? Dr. Benjamin shared three actions that focus on how to halt damaging behaviors:

1. Challenge biological determinism
2. Refute cultural determinism (the assumption that an action is intrinsic to certain cultural groups, for example when we associate distrust with certain groups)
3. Resist technological determinism

She followed with two capacities that we need to cultivate more:

1. Structural competency (structuralcompetency.org)
2. Cultural humility (developed by Melanie Turvalon)

Continued on page 10

# STREET TALK

## Why is attending the ASTRO Annual Meeting in-person important to you?

"It is so critical for our community to come together regularly for in-person interaction. To give our all to patients, collaboration, connection and encouragement between ASTRO members helps elevate the high-tech, compassionate care we provide each day. Being here at the Annual Meeting reminds us of the reasons we chose radiation oncology as a career path."



J. BENJAMIN WILKINSON, MD  
GenesisCare U.S.

"It's been a wonderful experience. This is the second in person [Annual Meeting] I've been to, but there's definitely more attendance than last year. It's a great way to network and meet people that you've collaborated with in person and learn from each other."



WILLIAM CHENG CHEN, MD  
UCSF Radiation Oncology

"There's nothing like running into a colleague that you haven't seen in a few years and talking about what you're working on and sparking new ideas for a collaboration. There's nothing like being in person together. You can't replace it."

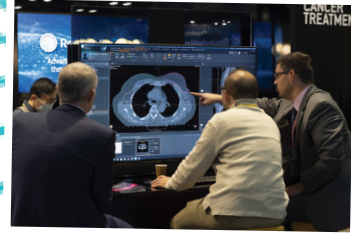


JEAN WRIGHT, MD  
Johns Hopkins University

"For me, it's important to sustain connections that you have and continue to build new ones. Doing this in person is the best way to do this. There's no substitute for in person interactions with people, and I'm grateful to have this opportunity for that."



HALEY K. PERLOW, MD  
Ohio State University James  
Cancer Hospital



PHOTOS OF

# ASTRO 2022







## You're invited... Annual Business Meeting and Luncheon

THE ANNUAL BUSINESS MEETING AND LUNCHEON will be held today from 11:30 a.m. to 1:00 p.m., in the Hemisfair C2/C3. ASTRO voting members — Active, Affiliate and International members — are encouraged to attend.

ASTRO Chair Laura Dawson, MD, FASTRO, will open the meeting by recognizing the volunteers who are rotating off their respective councils and committees.

Following, Gita Suneja, MD, MSHP, vice president of the Radiation Oncology Institute (ROI) Board of Trustees will give a report on ROI-funded research and activities. Chief Executive Officer Laura Thevenot will follow with important updates on successful advocacy efforts to gain congressional support on prior authorization reform.

Dr. Dawson will return to the podium to provide an update on the many activities overseen in her year as chair, and following this presentation, Dr. Dawson will officially pass the gavel to Geraldine Jacobson, MD, MPH, MBA, FASTRO, who will assume the role as ASTRO Chair. Dr. Jacobson will then present her priorities for the year ahead.

The Business Meeting will end with the newly promoted ASTRO President Jeff Michalski, MD, MBA, FASTRO, who will preview next year's Annual Meeting in San Diego, California. Dr. Michalski will provide a sneak peek on the focus of the meeting, which is themed Pay it Forward: Partnering with our Patients, and share plans for what's in store for attendees.

The Annual Business Meeting and Luncheon is a prime opportunity for you to stay in touch with your Society and leadership. We invite you to attend the meeting, enjoy lunch and the camaraderie of your fellow members and participate in the conversation. 🗺️

## KEYNOTE SPEAKER RUHA BENJAMIN, PHD, INSPIRES AND EQUIPS (CONTINUED)

Dr. Benjamin shared an example of a study done at Brigham and Women's Hospital, revealing the disparity in Black and Latinx patients being recommended for cardiology services much less than white patients, attributed to white patients asking for the referral more. Furthermore, physicians admitted that they were more apt to respond to their white patients asking for the referrals.

In response, a Healing ARC framework was implemented. One outcome of this was a prompt built into a patient's EMR, where a pop-up note reminds a physician seeing Latinx and Black patients about the history of inequity. After all, she posed: "It's not about their distrust, it's about our trustworthiness. How do we cultivate trustworthiness rather than pathologizing the patients' tendencies?"

"If inequity is woven into the very fabric of society, then each twist, coil and code is a chance for us to weave new patterns, practices and politics... Because the problem is so vast, we need to figure out what our area of influence is. What are the spikes and patterns that have been passed down to us? We can resist and reimagine them."

Dr. Benjamin armed the audience with the following response to the natural question, now what?

1. IDENTIFY forms of coded inequity ("spikes") in your work, draw on the scholarship that has long been reviewed and study what is actually going on rather than rely on common sense.
2. IMAGINE new patterns of thought and action in the fine print, build back the social fabric of our society and the relationship between the hospital and community.
3. ENACT just alternatives with those most impacted by the harmful status quo. We need to believe and listen to those most harmed, and trust that patients can communicate what is going on in their own bodies.

Dr. Benjamin's practical and principled approach to transforming our communities made for a memorable keynote, equipping us to return to our practices to help build a more just and joyful world. 🗺️

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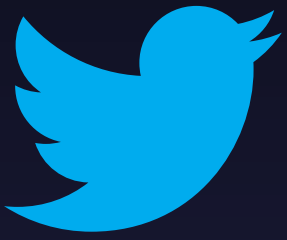
<https://clinicaltrials.gov/ct2/show/NCT04459715>

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



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October 2022



# THANK YOU

## TO OUR SOCIAL CHAMPIONS FOR SHARING THE EXPERIENCE.

Shankar Siva @ShankarSiva  
These are the amazing #womenwhocurie at #ASTRO22! Hats off! 🎓 @OncoAlert #radonc



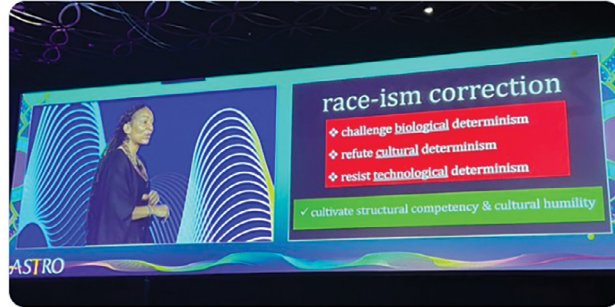
OncoAlert @OncoAlert

Dear Colleagues  
The OncoAlert 🇺🇸 WrapUp for DAY 1 of #ASTRO22  
Best,  
@weoncologists 🐼

@ErinGillespieMD @HenningWillers @ShankarSiv  
@fumikochino @DrLesterColl  
@TylerSbrt @DrewMoghanaki @CJTsayMDPhD  
@DianaLinMed @fabimoraesmd @UrviShahMD  
@subatomicdoc @IBCradiation @ASTRO\_org



Shannon Offerman, MD @shannonofferman  
We must: challenge biological determinism, refute cultural determinism and resist technological determinism. We must cultivate structural competency and cultural humility. @ruha9 shows us a path to bring this into our practices. #ASTRO22 #DEinRO



Dr. Leah M. Lowy-Katz, MD/MPH @leah\_minnie  
Ditto!!!! 🌟🌟🌟 Thank you to @S\_W\_R\_O for matching us. Forever grateful 🙏  
Sara Beltrán Ponce, MD @SaraBelPonMD · 5h @leah\_minnie! I can't wait to keep working together for years to come. #WeWhoCurie

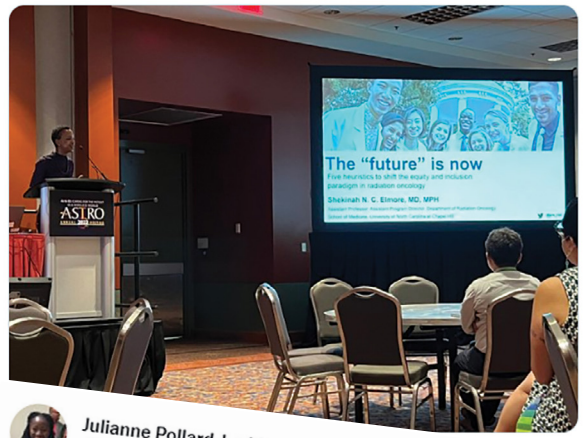


Jie Deng, MD PhD @JieDengMDPhD  
Great day with my UCLA co-residents at #ASTRO22 @Trudywu2 @claysmithmd @MartinMaMDPhD @mattfarrellmd @cecilb2 @bethneilsen John Nikitas @rickysavjani

Looking forward to Day 3! (Including my talk at Bio 4, Room 302, 5pm)



Zachary B. White II, MD, MS @ZacharyBWhitell  
🌟 Retention is more important than recruitment 🌟  
"As we build this new house of radiation oncology, once we bring them there how do we keep them there?"  
Amazing talk by Dr. Shekinah Elmore! @pre\_rad #ASTRO22 #DEinRadOnc



alexis schutz @alexisschutz\_md  
When your bestie shows up to #ASTRO22 @AnnaLaVigneMD #womenwhocurie



Idalid "Ivy" Franco MD MPH @IvyRadOncMD  
Inspiring stories by each of the panels discussing our #Why #Purpose path to #RadOnc #WeBelongHere 🙌  
@AmandaRiveraMD @RachelJimenezMD @raymailhotvega @JulieLarkin305 @KekoaMDPhD @MalcolmMattesMD @KarinaNietoMD @LeCompteMD @ZacharyBWhitell @crodriguezrusso Dr Phylicia Gawu



Julianne Pollard-Larkin, PhD @JulieLarkin305  
Nothing beats meeting all of the members of ABRO @ASTRO\_org!! @DrWinkfield 🙌🙌🙌



# 2022 ASTRO Grant and Fellowship Program Recipients

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

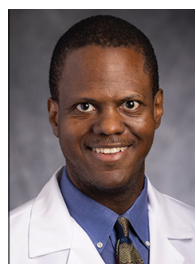
and our funding partners stay committed to supporting the career development of junior researchers in radiation oncology, advancing science for improved patient outcomes.

Please join us in congratulating the 2022 ASTRO Grant and Fellowship recipients!\*



## ASTRO-ACS Clinician Scientist Development Grant

**Principal Investigator:** Adam Mueller, MD, PhD  
**Mentors:** Scott Waldman, MD, PhD, Sana Karam, MD, PhD  
**Institution:** Thomas Jefferson University  
**Project Title:** *Investigating ADAM10 Mediated Radiation Resistance and EMT through Notch*



## ASTRO Emerging Investigator Award

**Principal Investigator:** Shearwood McClelland III, MD  
**Mentors:** Eleanor Harris, MD, Janice Lyons, MD  
**Institution:** University Hospitals Cleveland Medical Center  
**Project Title:** *Navigator-Assisted Hypofractionation (NAVAH) to Address Radiation Therapy Access Disparities Facing African Americans with Breast Cancer*



## ASTRO-AAPM Physics Residents/Postdoctoral Fellows Seed Grant

**Principal Investigator:** Muhammad Ramish Ashraf, PhD  
**Mentor:** Billy Loo Jr., MD, PhD  
**Institution:** Stanford University  
**Project Title:** *Methods for Accurate Beam Monitoring and Safe Dose Delivery for FLASH-RT*



## ASTRO-BCRF Residents/Fellows in Radiation Oncology Seed Grant

**Principal Investigator:** Rohini Bhatia, MD  
**Mentors:** Wilfred Ngwa, PhD, Surbhi Grover, MD, MPH, Katharine Rendle, PhD, MPH  
**Institution:** Johns Hopkins University School of Medicine  
**Project Title:** *Hypofractionation in Sub-Saharan Africa: Utilization Trends and Identifying Barriers and Facilitators to Uptake, A Mixed Methods Study*



## ASTRO-BCRF Residents/Fellows in Radiation Oncology Seed Grant

**Principal Investigator:** Juhi Purswani, MD  
**Mentors:** Naamit Gerber, MD, Erik Sulman, MD, PhD  
**Institution:** NYU Grossman School of Medicine  
**Project Title:** *Objective Color Analysis during and after Breast and Chest Wall Radiotherapy and Correlation with Radiation-Induced Skin Toxicity*



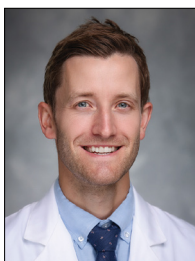
## ASTRO-LUNGeity Residents/Fellows in Radiation Oncology Seed

**Principal Investigator:** Noah Kastelowitz, MD, PhD  
**Mentor:** Maximilian Diehn, MD, PhD  
**Institution:** Stanford University  
**Project Title:** *Circulating Cell-Free RNA as a Biomarker of Treatment Toxicity During Radiation Therapy for Locally Advanced Non-Small Cell Lung Cancer*



## ASTRO Residents/Fellows in Radiation Oncology Biology Seed Grant

**Principal Investigator:** Morgan Freret, MD, PhD  
**Mentors:** Adrienne Boire, MD, PhD, Jonathan Yang, MD, PhD  
**Institution:** Sloan-Kettering Institute for Cancer Research  
**Project Title:** *Hypoxia and the Cancer Stem Cell Niche in Leptomeningeal Metastasis*



## ASTRO Residents/Fellows in Radiation Oncology Seed Grant

**Principal Investigator:** Peter Hendrickson, MD, PhD  
**Mentor:** David Kirsch, MD, PhD  
**Institution:** Duke University  
**Project Title:** *Ewing-Like Sarcoma: Targeting the CIC-DUX4 Oncogene through Epigenetic Regulators*



## ASTRO Residents/Fellows in Radiation Oncology Seed Grant

**Principal Investigator:** Nayan Lamba, MD  
**Mentors:** Daphne Haas-Kogan, MD, Nikhil Wagle, MD, Ayal Aizer, MD  
**Institution:** The Brigham and Women's Hospital, Inc  
**Project Title:** *Genomic Correlates of Radiation Necrosis following Radiotherapeutic Management of Brain Metastases*



## ASTRO Residents/Fellows in Radiation Oncology Seed Grant

**Principal Investigator:** Gohar Manzar, MD, PhD  
**Mentors:** Bouthaina Dabaja, MD, Katy Rezvani, MD, PhD  
**Institution:** The University of Texas MD Anderson Cancer Center  
**Project Title:** *Evaluating and Optimizing CAR-NK Cell Therapy for Head and Neck Cancer with Preconditioning Radiotherapy*



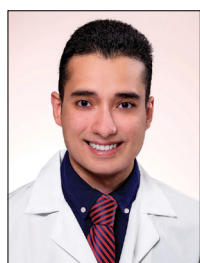
## ASTRO-AstraZeneca Radiation Oncology Research Training Fellowship

**Principal Investigator:** Omoruyi Credit Irabor, MD, MPH  
**Mentor:** Maria Werner-Wasik, MD  
**Institution:** Thomas Jefferson University



## ASTRO-AstraZeneca Radiation Oncology Research Training Fellowship

**Principal Investigator:** Kim Ohaegbulam, MD, PhD  
**Mentor:** Timur Mitin, MD, PhD  
**Institution:** Oregon Health & Science University



## ASTRO-Varian Radiation Oncology Research Training Fellowship

**Principal Investigator:** Kareem Rayn, MD  
**Mentor:** David Horowitz, MD  
**Institution:** Columbia University Vagelos College of Physicians and Surgeons

\*Conditional upon institutional agreement with the Terms of Award.



## ASTRO President Geraldine Jacobson, MD, MPH, MBA, FASTRO, shares the importance of our field's EI to optimize the impact of AI

BY JENNIFER JANG AND MICHELE SANTIAGO, ASTRO COMMUNICATIONS

Monday afternoon, ASTRO President Geraldine Jacobson, MD, MPH, MBA, FASTRO, gave her Presidential Address, offering a forward-looking message on how artificial intelligence (AI) and emotional intelligence (EI) can shape the future of radiation oncology.

Dr. Jacobson began by sharing an “aha” moment that she had as a third-year medical student, hearing about radiation oncology for the first time. She realized that entering this field would give her the opportunity to help patients with serious but treatable disease, across all genders, ages and disease sites. What she couldn't possibly grasp then is how the field would be transformed by innovation. Between then and now, she noted the two biggest differences: 1) the speed and volume of communication and 2) the exponential pace of technological change.

Dr. Jacobson shared that there have been times when she felt like the technology was changing her. What does this mean for us as doctors in how we treat our patients? As curators and communicators of data, how do we interact with our patients?

Clearly, the accelerating developments of computer power and AI offer tremendous opportunities for advancement and treatment breakthroughs. RO is uniquely situated to embrace and optimize these opportunities, and Dr. Jacobson shared words from Virginia Eubanks, PhD: “The future is already here. It's just not evenly distributed.”

AI endeavors to replicate or simulate human intelligence in machines, a concept that reaches back into millennia and fast forwards to advances in computer power and the creation of massive data sets. The volume and accessibility of this data has led to the development of learning algorithms designed to take advantage of large data sets. However, technology can have positive or negative effects and applications.

Dr. Jacobson said, “We need to maintain our empathy as human doctors helping human patients who need our care” and not look at patients as collections of data. Furthermore, a balance between our enthusiasm for AI and Big Data with an awareness of their limitations and potential misuse is critical. “It's up to us as health professionals to influence the way AI is used in our field.”

Thus, Dr. Jacobson embarked on the importance of emotional intelligence, the ability to recognize one's emotions and to understand and influence the emotions of others. For health care in particular, patients value practitioners

who are confident, empathetic, compassionate, good communicators, collaborative and advocates. Patients' assessments of where their team falls regarding these traits could contribute to their health outcomes.

When the 2021 ASTRO member survey asked ROs and resident members about the future of the field, nearly two-thirds of both U.S. and international respondents identified a lack of influence of radiation oncologists as leaders in cancer care. Mindful of this, Dr. Jacobson selected this year's theme, as AI is an area that ASTRO members can directly influence.

The areas of authorization, documentation, ensuring safety precision and quality all lead to an increased requirement for resources. Shorter courses of treatment care are beneficial for patients but limit interaction between the physician and patient. Furthermore, the ease and brevity of treatments may cause patients to underestimate the true extent of time and expertise required to deliver the treatments. They might become less likely to consider the radiation oncologist “Their Doctor,” translating into less appreciation of our specialty by the public.

Of course, advancing our technology is a worthy goal, but the meta issues such as public perception can only be improved by using our EI skills. Some recent developments on how the field has and will use their EI to multiply impact, include the International Atomic Energy Agency (IAEA) and the International Radiation Oncology Network (IRON). In 2020, IAEA sponsored a technical meeting on cancer care to promote global collaboration in radiation oncology. Regarding IRON, its purposes are to share information and connections in the field in the interest of patients and the specialty and provide a framework to pursue identified common interests. ASTRO is a founding member of IRON. A presentation of the newly formed network will be presented at the joint ASTRO-ESTRO session today.

To close, Dr. Jacobson shared, “In my imagined future, ROs will continue to use science and technology to deliver optimal care. We will employ our human powers of empathy and connection to develop healing relationships with our patients and influence health policy. It is our human skills that will determine the future of our specialty.”

Dr. Jacobson concluded with Abraham Lincoln's words, “The best way to predict the future is to create it.” And indeed, while ASTRO 2022 is future-oriented, it is the past that brought us here. 🌟

### CANCER

### BREAKTHROUGHS

The Cancer Breakthroughs session brings together several medical societies in a collaborative effort to provide a summary of this year's groundbreaking cancer studies. Join us Wednesday morning to hear from **ASCO** and **AAPM** as they present top research from their meetings.

**Wednesday, October 26 • 9:15 a.m. – 10:15 a.m.**  
**Stars at Night Ballroom**

### INDUSTRY-EXPERT THEATERS

**TUESDAY, OCTOBER 25**

#### 📍 Theater 1

**12:00 p.m. – 1:00 p.m.**

**Seagen Inc.**

*TUKYSA® (tucatinib): Clinical Trial Data*

#### 📍 Room 216, Meeting Level

**12:00 p.m. – 1:00 p.m.**

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# Challenges and optimism in analysis of aggregate incident learning data

BY SUZANNE EVANS, MD, FASTRO, AND SHERI WEINTRAUB, PHD

WITH OVER 25,500 SAFETY EVENTS in the RO-ILS: Radiation Oncology Incident Learning System® database, there is a lot of data to work with. However, that volume doesn't make aggregate analysis of safety data trends easy.

In April, RO-ILS released an ASTRO blogpost titled "2021 Safety Error Reporting Trends. Noise or Cause for Concern?" ([www.astro.org/roilsblog](http://www.astro.org/roilsblog)), which focused on where in the radiation therapy workflow RO-ILS events occurred. Between 2017 and 2020, event occurrence during treatment delivery (including imaging) has traditionally comprised an average of 26%. This increased to 41% in 2021.

In an initial analysis, the RO-ILS patient safety organization (PSO) and Radiation Oncology Healthcare Advisory Council (RO-HAC) tried to answer one of the many questions posed in the blog: "Did changes in reporting patterns among RO-ILS enrolled practices impact the overall national trends?" In reviewing the top 10 contributing practices from 2019-2021, changes occurred in the number of submitted reports from these practices. A couple of practices reduced overall engagement while the remainder actually increased event reporting in that time period.

In the United States, incident learning is voluntary, a crux of the legal protections afforded by the Patient Safety and Quality Improvement Act

of 2005 and participation in a PSO. The reasons for why practice-level participation changes may occur are endless. Changes in staffing and/or clinical priorities, which would have been impacted by the pandemic, could have diverted attention and resources away from incident learning. Each practice has its own patient volume, separate mandatory reporting expectations (e.g., for hospital level programs), and safety culture, which can also impact event volume. Additionally, there are variations in individuals' and practices' threshold for reporting. RO-ILS encourages practices to report any error that passed through the first checkpoint where it could/should have been caught. However, reporting is likely not done by all practices. Published data demonstrates stark differences in the volume of events collected by institution-specific incident learning systems, with safety events per patient ranging from 0.7% (reporting only actual incidents) to 11.2% (more comprehensive reporting).<sup>1</sup>

The challenge of varying participation levels highlights the importance of detailed investigative work before drawing conclusions on safety data trends. By working with a PSO, RO-ILS has tools at its disposal to explore separate hypotheses while working in a protected space with the sensitive information. RO-ILS continues to produce a variety of educational materials, including case

studies, themed reports and presentations to disseminate information to the radiation oncology community. RO-ILS users also have access to members-only user meetings to share experiences and best practices among RO-ILS users and the RO-HAC.

Interestingly, in the first half of 2022, another shift has taken place in the workflow step of occurrence, with a return to more historical norms. Could this be a settling of COVID-related issues? Could there be more reports of care coordination being reported to RO-ILS, hence the increase in events outside of the radiation therapy workflow? More work for RO-ILS remains.

## REFERENCES

1. Ford EC, Evans SB. Incident learning in radiation oncology: A Review. *Medical Physics*. 2018;45(5).

Attend Panel 25 - Improving Interoperability to Mitigate Errors: Experiences from RO-ILS and IHE-RO

Wednesday, October 26  
10:30 a.m. – 11:45 a.m.  
Room 007 A/B

## 2023 ASTRO ANNUAL MEETING

# PAY IT FORWARD

PARTNERING WITH OUR PATIENTS

## PREVIEW THE 65TH ASTRO ANNUAL MEETING

BY JEFF MICHALSKI, MD, MBA, FASTRO, 2022-2023 ASTRO PRESIDENT

**GREETINGS AND WARM WISHES** to all. I look forward to welcoming you to the 65th Annual Meeting in 2023 in San Diego!

The meeting will include an engaging program on October 1-4, 2023, with the latest breaking research presented in educational and scientific sessions and dynamic networking events. Popular offerings from past years — such as Cancer Breakthroughs sessions and Storytelling — will continue to be featured, along with deeper dives into timely topics with our Master Class series.

I am excited to share the meeting's theme: "Pay it forward: Patients as our partners." I decided on this theme as it's intended to keep at the meeting's forefront the central role of human interaction and

generosity toward building a better future. After all, this meeting is one where the emergent discoveries from clinical trials — only made possible by patients who very much believe in "paying it forward" — are shared and pushed further through productive conversations. This holds true whether the participant is acting as investigator, colleague and/or vendor, with clinical trials providing one of the highest levels of evidence to guide clinical care.

Many findings discovered in the past decade and tested in clinical trials could be practice-changing and practice-defining, elevating treatments to the next level. We look forward to welcoming many exhibitors and vendors to our Exhibit Hall, as they have a critical role to play by sharing cutting-edge

technologies and therapies with attendees. We also look forward to the groundbreaking research to be presented and shared at the meeting as well as the opportunity to gather, network and reunite with colleagues from across the world.

Similar to the past few years, we plan on holding an in-person conference with a virtual component to fit the needs of our attendees and provide flexibility for the radiation oncology community.

I encourage all of you to save the date for next year's meeting and plan to join us in beautiful San Diego for the 2023 ASTRO Annual Meeting, the premier event for radiation oncology!

# Awards

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



**Wendell Lutz, PhD**  
*Retired  
Tucson, Arizona*



**Tim R. Williams, MD, FASTRO**  
*South Florida Proton Therapy  
Institute, Delray Beach, Florida*

## 2022 ASTRO MENTORSHIP AWARD RECIPIENTS



**Reshma Jagsi, MD, DPhil, FASTRO**  
*University of Michigan,  
Ann Arbor, Michigan*



**Charles Thomas Jr., MD, FASTRO**  
*Geisel School of Medicine at Dartmouth,  
Lebanon, New Hampshire*

## 2022 HONORARY MEMBER



**Robert A. Winn, MD**  
*Virginia Commonwealth University,  
Richmond, Virginia*

## 2022 ASTRO *Fellows*

ASTRO is pleased to present the 2022 Class of ASTRO Fellows (FASTRO). This distinguished honor is conferred on the following ASTRO members in recognition of their outstanding leadership and significant service to ASTRO and contributions to the field of radiation oncology.

**Mark K. Buyyounouski, MD, MS**  
Stanford University

**Daniel T. Chang, MD**  
University of Michigan

**Bhishamjit S. Chera, MD**  
Medical University of South Carolina

**Deborah E. Citrin, MD**  
National Cancer Institute

**Thomas J. Dilling, MD, MS**  
Moffitt Cancer Center

**Suzanne B. Evans, MD, MPH**  
Yale University School of Medicine

**Steven J. Frank, MD**  
The University of Texas MD Anderson Cancer  
Center

**Alan C. Hartford, MD, PhD**  
Geisel School of Medicine, Dartmouth Health

**Karen E. Hoffman, MD, MHSc, MPH**  
The University of Texas MD Anderson Cancer  
Center

**Randall J. Kimple, MD, PhD**  
University of Wisconsin, Madison

**Bridget F. Koontz, MD**  
GenesisCare US

**Alexander Lin, MD**  
University of Pennsylvania

**Douglas Martin, MD**  
The Ohio State University Wexner Medical  
Center

**Charles Mayo, PhD**  
University of Michigan

**Michael T. Milano, MD, PhD**  
University of Rochester

**Eduardo G. Moros, PhD**  
Moffitt Cancer Center

**Firas Mourtada, PhD**  
Sidney Kimmel Medical College at Thomas  
Jefferson University

**Paul Nguyen, MD**  
Dana-Farber Cancer Institute

**Peter F. Orio III, DO, MS**  
Dana-Farber Brigham Cancer Center

**William F. Regine, MD**  
University of Maryland School of Medicine

**Peter J. Rossi, MD**  
Calaway Young Cancer Center at Valley View  
Hospital

**Scott Soltys, MD**  
Stanford University

**Roy B. Tishler, MD, PhD**  
Dana-Farber Cancer Institute/Brigham and  
Women's Hospital

**Minh-Tam Truong, MD, MBBS**  
Boston University School of Medicine

**Richard W. C. Tsang, MD**  
Princess Margaret Cancer Centre

**Jonathan Tward, MD, PhD**  
Huntsman Cancer Institute at the University of  
Utah

**Fen Xia, MD, PhD**  
University of Arkansas for Medical Sciences



# Vice Chair & Director of the Radiation and Molecular Oncology Section

The Department of Radiation Oncology at the University of Texas Southwestern Medical Center is recruiting a senior biology faculty member and/or physician-scientist in biology to join, build, and lead the department's Radiation and Molecular Oncology section. The section has existing strengths within mechanistic studies of DNA damage/repair and radiotherapy translation in combination with novel systemic therapies, and there is a strong desire to expand/enhance research into realms of immune and metabolic modulation of cancer behavior and therapy responsiveness.

The director will provide section leadership and oversee research investigators and day-to-day operations of a large research infrastructure, including existing core facilities and 25,000 sq. ft. of laboratory space assigned to multiple researchers in the department. Candidate will report directly to the department Chair. The section currently has 18 faculty, including 10 principal investigators. Successful candidate will be provided resources to develop integrated programs with both the Clinical and Medical Physics and Engineering divisions of the department as well as the ability to pursue novel investigations and treatments. Candidates should have an interest in initiating new translational projects and collaborative research both within and outside the department, as well as those associated with the Harold C. Simmons Comprehensive Cancer Center. If close to promotion timeline, associate professor candidates may be taken.

## Skills & Qualifications:

- Required record of excellence in research accompanied by a strong publication and funding history.
- Interest in some of the following topics that include but are not limited to radiation biology/oncology, cancer biology, immunology, metabolic study, DNA repair, combination therapies, and the development of biomarkers.
- Open to initiating translational projects and collaborative research with clinicians and scientists across disciplines.
- Strong interpersonal skills and motivation for program building, as well as interests in basic and translational science training.
- Must have a Ph.D., M.D., or M.D./Ph.D. degree or equivalent. Candidates who intend to maintain a clinical practice must have a medical degree from an ACGME-approved medical school or equivalent and have completed a radiation oncology residency program from an approved institution.

To learn more about this position or to apply:



**UT Southwestern**  
Harold C. Simmons  
Comprehensive Cancer Center  
Department of Radiation Oncology

