Plenary session highlights potentially practice-changing advances in radiation therapy

BY LAURA WILLIAMSON, SCIENCE WRITER

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

Dr. Ng introduced the first presenter, Vinai Gondi, MD, as one of two recipients of the 2023 Leibel Memorial Award, given to early- to mid-career American Board of Radiology-certified or board-eligible principal investigators. Dr. Gondi presented his study, “Primary endpoint results of NRG CC003: Phase IIR/III trial of prophylactic cranial irradiation (PCI) with or without hippocampal avoidance — a common practice in treating people with small cell lung cancer whose cancer has spread to the brain — was non-inferior for overall survival and progression-free survival compared to a standard radiotherapy dose of 45 Gy, a twice-daily, higher dose of 54 Gy improved overall survival and progression-free survival without increasing toxicities in people with limited stage small-cell lung cancer over a median follow-up time of 45 months.

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

“It was a carefully selected patient population,” Dr. Higgins said, “and not representative of most survivors of this popular event! See lineup of topics and mentors.

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

Dr. Michalski's next personal encouragement was to mentor . He advised early career physicians in the involvement in the RTOG and to children's cancer including his commitment to clinical trials and FASTRO, Theresa Vietti, MD, and Carlos A. Perez, MD, FASTRO. Dr. Michalski acknowledged four leading mentors through rigorous quality assurance.

“Pay it Forward: Partnering with Our Patients,” an exhortation from Jeff Michalski, MD, MBA, unwavering commitment to the field, including the Carlos Perez Distinguished Professor and vice-chairman of the Department of Radiation Oncology, and vice-chair of the RTOG.

Dr. Michalski devised this year's meeting theme, “Mentor. Be humble. Be accountable. Have grit. Be curious. Have courage.” – Dr. Jeff Michalski

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

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

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

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

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

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

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

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


Michalski shares personal reflections and words of encouragement during Presidential Address

INDUSTRY-EXPERT THEATER

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

TUESDAY, OCTOBER 3

 Theater 1
12:00 p.m. – 1:00 p.m.
Novartis Pharmaceutical Corporation
Understanding PSMA Imaging

 Theater 2
12:00 p.m. – 1:00 p.m.
Telix Pharmaceuticals
PET/CT Cases in Therapeutic Decision Making

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

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

— Danielle Margalit MD, MPH

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

— Kekoa Taparra, MD, PhD

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

— Catheryn Yashar, MD

ASTRO Daily News 2023
Issue Number 3 | Tuesday Edition

Editorial Director:
Lisa Braverman
Contributing Editors:
Alex Carrigan
Managing Editor:
Jennifer Jang

TUESDAY EDITION • 2023 ASTRO DAILY NEWS 3
Professionalizing compassion, keynote stresses importance of patient well-being for optimal outcomes

BY JENNIFER JANG, ASTRO COMMUNICATIONS

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

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

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

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

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

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

Furthermore, disparities are rampant in oncology including screening and clinical trials. Robert Winn, MD, ASTRO’s 2022 Honorary Member’s notion reinforces that beyond DNA, an individual’s “ZNAC” (zip code) influences their cancer risks, with outcomes varying by zip code. Since disparities exist at the screening level, certainly they will be abundant at the outcomes level.

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

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

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

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

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

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

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

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

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

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

Incoming Chair Jeff Michalski, MD, MBA, FASTRO, will deliver a report focused on ASTRO’s priorities for the future, which include:
• Analyses of Match data
• Medical student outreach
• Supporting the radiation oncologist of the future
• Prioritizing radiopharmaceuticals
• DEI cultural audit

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

Any new business will be discussed at the conclusion of the meeting. The luncheon is an efficient way to learn about ASTRO’s goals and future directions. All feedback is welcome, and we hope for high attendance! ☀️
ASTRO is pleased to present the 2023 Class of ASTRO Fellows (FASTRO). This distinguished honor is conferred on the following ASTRO members in recognition of their outstanding leadership and significant service to ASTRO and contributions to the field of radiation oncology.

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<thead>
<tr>
<th>Name</th>
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<td>Thomas Boike, MD</td>
<td>Michigan Healthcare Professionals</td>
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<td>Kristy K. Brock, PhD</td>
<td>The University of Texas MD Anderson Cancer Center</td>
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<td>David J. Carlson, PhD</td>
<td>Yale University</td>
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<td>Samuel T. Chao, MD</td>
<td>Cleveland Clinic</td>
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<td>Christopher T. Chen, MD</td>
<td>The University of Kansas Health System</td>
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<td>Natia Esiashvili, MD</td>
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<td>Dwight E. Heron, MD, MBA</td>
<td>Bon Secours Mercy Health System</td>
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<td>Bradford Hoppe, MD, MPH</td>
<td>Mayo Clinic, Florida</td>
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<td>Ellen Jones, MD, PhD</td>
<td>University of North Carolina</td>
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<td>Percy Lee, MD</td>
<td>City of Hope National Medical Center</td>
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<td>Join Yang Luh, MD</td>
<td>Providence Health St. Joseph Hospital Eureka</td>
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<td>Harvey Mamon, MD, PhD</td>
<td>Dana Farber Cancer Institute / Brigham Cancer Center</td>
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<td>Loren K. Mell, MD</td>
<td>University of California San Diego</td>
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<td>Moyed Miftan, PhD</td>
<td>University of Colorado Anschutz Medical Campus</td>
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<td>Laeton J. Pang, MD, MPH</td>
<td>The Cancer Center of Hawaii</td>
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<td>Joshua Petit, MD</td>
<td>University of Colorado Health</td>
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<td>Matthew Poppe, MD</td>
<td>Huntsman Cancer Institute, University of Utah</td>
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<td>Bradley R. Prestidge, MD, MS</td>
<td>Bradley R. Prestidge, MD, PA</td>
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<td>Charles B. Simone, II, MD</td>
<td>New York Proton Center, Memorial Sloan Kettering Cancer Center</td>
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<td>Anurag K. Singh, MD</td>
<td>Roswell Park Comprehensive Cancer Center</td>
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<td>Jon F. Strasser, MD</td>
<td>Helen F. Graham Cancer Center, CCHS</td>
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<td>Rahul Tendulkar, MD</td>
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<td>Tony Wang, MD</td>
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<td>Henning Willers, MD</td>
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<td>Karen Winkfield, MD, PhD</td>
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<td>Jean L. Wright, MD</td>
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<td>Lei Xing, PhD</td>
<td>Stanford University</td>
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<td>James B. Yu, MD, MHS</td>
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*Visible on CT, when compared to non-radiopaque perirectal spacers. Data on file with Boston Scientific.
ASTRO/ESTRO Joint Session to provide overview of oligometastatic NSCLC clinical practice guideline with a case-based interactive discussion

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

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

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

To conclude the session, Suresh Senan, PhD, MBBS, Amsterdam University Medical Centers, will lead a discussion on future directions on how to define the OM NSCLC disease state for local therapy. Both the guideline and an associated podcast are available at practicalradonc.org.

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

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

Press Highlights

Accelerated radiation treatment could reduce head and neck cancer patient burden in low- and middle-income countries
Soren Bentzen, PhD, DMSc, University of Maryland School of Medicine, Baltimore, MD, et al.

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

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

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

Liquid biopsy may help identify which patients with non-small cell lung cancer will benefit most from radiation
Aadel Chaudhuri, MD, PhD, Washington University School of Medicine, St. Louis, MO, et al.

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

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

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

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

Using recent diagnostic scans can substantially cut time to treatment for patients needing urgent palliation
Melissa O’Neil, MRT(T), Department of Radiation Oncology, London Health Sciences Centre, London, ON, Canada, et al.

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

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

dCT planning could reduce patients’ time at the cancer center and cut time to treatment for patients needing urgent palliation.

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

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

Program satisfaction survey results

99% of respondents were satisfied or very satisfied with the overall accreditation process.

97% of respondents reported being likely to recommend APEx to a colleague.

95% of respondents implemented at least one new quality improvement initiative after completing APEx.

100% of respondents were satisfied with the customer service they received from ASTRO staff.

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

—Program satisfaction survey response

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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<td>Neha Vapiwala, MD, FASTRO, University of Pennsylvania</td>
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<td>Career Development in Academic Radiation Oncology</td>
<td>Charles Thomas Jr., MD, FASTRO, Dartmouth Cancer Center</td>
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<td>Contract Negotiation</td>
<td>Reshma Jagsi, MD, DPhil, FASTRO, Emory University</td>
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<td>Developing a Successful Academic Interdisciplinary Translational Research Program</td>
<td>John Buatti, MD, FASTRO, University of Iowa Carver College of Medicine</td>
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<td>Establish and Expand your Radiopharmaceuticals Services</td>
<td>Thomas Boike, MD, FASTRO, GenesisCare/MPH Radiation Oncology Institute</td>
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<td>How Best to Prepare for the Next Decade in Radiation Oncology</td>
<td>Sameer Keole, MD, FASTRO, Mayo Clinic Phoenix</td>
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<td>How to Find a Job in Private Practice</td>
<td>Anna Paulsson, MD, St. Joseph Health Medical Group</td>
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<td>How to Get Involved in ASTRO Advocacy</td>
<td>Catheryn Yashar, MD, FASTRO, UC San Diego Health</td>
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<td>Ana Kiess, MD, PhD, Johns Hopkins University</td>
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<td>Understanding Parental Leave</td>
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**Session 2 | 2:00 p.m. - 3:00 p.m.**

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<td>Balancing Personal Life Transitions with your Career</td>
<td>Jessica Schuster, MD, University of Wisconsin-Madison</td>
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<td>Building a Successful Private Practice</td>
<td>David Beyer, MD, FASTRO, Cancer Centers of Northern Arizona Healthcare</td>
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<td>Building Next-Level Relationships within your Treatment Team</td>
<td>J. Ben Wilkinson, MD, Coastal Radiation Oncology</td>
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<td>Building Professional Networks</td>
<td>Anna Lee, MD, MD Anderson Cancer Center</td>
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<td>Elevating Radiation Oncology Through Local and Regional</td>
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<td>Leadership Opportunities - Why and How to Get Involved in your Local Cancer Communities</td>
<td>Join Luh, MD, FASTRO, Providence St. Joseph Hospital</td>
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<td>How to Ace the Interview</td>
<td>Nicholas Zatorsky, MD, University Hospitals Case Medical Center</td>
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<td>How to be a Leader as You Establish Your Clinical Practice</td>
<td>Charles Simone MD, FASTRO, New York Proton Center</td>
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<td>How to Engage with the NRG</td>
<td>Kristin Higgins, MD, Winship Cancer Institute of Emory University</td>
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<td>Jared R. Robbins, MD, University of Arizona College of Medicine</td>
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<td>Making the Leap from Trainee to Attending</td>
<td>Austin Sim, MD, The Ohio State University Comprehensive Cancer Center</td>
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<td>Parul Barry, MD, UPMC Radiation Oncology</td>
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<td>Women’s Career Development in Radiation Oncology</td>
<td>Maria Kelly, MD, FASTRO, Veterans Affairs Central Office</td>
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PET/CT CASES IN THERAPEUTIC DECISION MAKING

ASTRO Annual Meeting 2023

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

Presenter: Amir Lavaf, MD - Radiation Oncologist
Desert Regional Medical Center, Palm Springs, California
**ASTRO Seminar Helps You Tackle Radonc Coding**

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

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

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

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

Coding Seminar attendees will receive an advance printed and electronic copy of the ASTRO 2024 Radiation Oncology Coding Resource, an essential coding reference tool for all radiation oncology practices. ASTRO’s Radiation Oncology Coding Resource includes information on the most up-to-date CPT and HCPCS codes, as well as critical coding, billing and documentation guidance for all relevant radiation oncology codes. The 2024 edition will include new information on coding guidance related to evaluation and management, image guidance, IMRT billing and more! The 2024 resource will be available for sale to the public starting January 2, 2024.

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

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

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**Make plans for ASTRO 2024!**

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

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

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

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

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

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

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

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

Mitchell Machtay, MD, FASTRO, Penn State Hershey Medical Center in Hershey, PA next presented “Randomized phase III trial of postoperative radiotherapy with or without cetuximab for intermediate-risk squamous cell carcinoma of the head and neck (SCCHN): NRG/RTOG 0920.” While the study did not reach statistical significance for its primary endpoint of overall survival, it did show radiation plus cetuximab increased disease-free survival after five years for people with intermediate-risk head and neck cancer. Acute toxicity was worse with this treatment but there were no differences in late toxicities. “It may therefore be considered an appropriate treatment for this patient population,” Dr. Machtay said, “but only after a very careful, thorough discussion of the benefits and risks. And we believe that the absolute magnitude of this benefit is likely to be greater for the HPV negative population.”

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

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

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

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

Xinglei Shen, MD
University of Kansas Medical Center

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

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

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

James Yu, MD, FASTRO
Yale School of Medicine

Research proposal: “Phase III SUGAR study: SBRT and Ultrashort GnRH Antagonist-Relugolix for clinically unfavorable intermediate risk prostate cancer”
2023 ASTRO Grant and Fellowship Program Recipients

ASTRO IS PLEASED TO SUPPORT the careers and research of residents, fellows and junior faculty in alignment with our strategic goal to retain and foster the intellectual research talent currently entering the field of radiation oncology. Additionally, through the ASTRO-Industry Radiation Oncology Research Training Fellowship Program, ASTRO offers unique one-year training opportunities within the industry settings. ASTRO and our funding partners stay committed to supporting the career development of junior researchers in radiation oncology, advancing science for improved patient outcomes. Please join us in congratulating the 2023 ASTRO Grant and Fellowship recipients!

**ASTRO SEED GRANT**
Gustav Cederquist, MD, PhD
Memorial Sloan Kettering Cancer Center

**ASTRO BIOLOGY SEED GRANT**
Lauren Pedersen, PhD
Washington University in St. Louis, School of Medicine

**ASTRO-LUNGevity SEED GRANT**
Kailin Yang, MD, PhD
Cleveland Clinic

**ASTRO AAPM PHYSICS SEED GRANT**
Brigid McDonald, PhD
MD Anderson Cancer Center

**ASTRO AAPM PHYSICS SEED GRANT**
Ryan Oglesby, PhD
Johns Hopkins University

**ASTRO-BCRF EMERGING INVESTIGATOR AWARD TO BUILD A DIVERSE SCIENTIFIC WORKFORCE**
Rebecca Shulman, MD
The Research Institute of Fox Chase Cancer Center

**ASTRO-ACS CLINICIAN SCIENTIST DEVELOPMENT GRANT**
Nam Woo Cho, MD, PhD
University of California, San Francisco

**ASTRO-MRA YOUNG INVESTIGATOR AWARD IN RADIATION ONCOLOGY**
Chris Tichacek, PhD
H. Lee Moffitt Cancer Center & Research Institute

**ASTRO-RTOG NRG ONCOLOGY FELLOWSHIP IN HEALTH EQUITY**
Idalid Franco, MD, MPH
The Brigham and Women’s Hospital, Dana-Farber Cancer Institute

**ASTRO-ASTRAZENECA RADIATION ONCOLOGY RESEARCH TRAINING FELLOWSHIP**
Kristin Hsieh, MD
Icahn School of Medicine at Mount Sinai

**ASTRO-NANOBIOTIX RADIATION ONCOLOGY RESEARCH TRAINING FELLOWSHIP**
Benjin Facer, MD
Ohio State University Medical Center

**ASTRO-VARIAN RADIATION ONCOLOGY RESEARCH TRAINING FELLOWSHIP**
Jonathan Sackett, MD
University of Cincinnati – College of Medicine
AMERICAN SOCIETY FOR RADIATION ONCOLOGY

UPCOMING MEETINGS

MULTIDISCIPLINARY THORACIC CANCERS SYMPOSIUM
November 30 – December 2, 2023
Sheraton New Orleans
Co-sponsored by: ASCO, ASTRO, SITC, STS
IN-PERSON | LIVE VIRTUAL MEETING

ASTRO 2023 CODING AND COVERAGE SEMINAR
Saturday, December 9, 2023
VIRTUAL

MULTIDISCIPLINARY HEAD AND NECK CANCERS SYMPOSIUM
February 29 – March 2, 2024
JW Marriott Desert Ridge • Phoenix
Co-sponsored by: AHNS, ASCO, ASTRO, SITC
IN-PERSON | LIVE VIRTUAL MEETING

2024 VIRTUAL ASTRO ANNUAL REFRESHER COURSE
April 17 – 19, 2024
VIRTUAL

2024 ADVOCACY DAY
May 2024
Washington, DC

2024 ASTRO ANNUAL MEETING
“Targeting Provider Wellness for Exceptional Patient Care”
September 29 – October 2, 2024
Walter E. Washington Convention Center
Washington, DC

www.astro.org