



Presidential Symposium Recap

Sunday's symposium explored the messaging and methods of communicating radiotherapy's value

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ASTRO Advocacy Update

ROCR crosses major milestones, momentum continues to build

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Research Honors

Speed of Light – The ASTRO Foundation celebrates 2026 grant and award winners

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Clinical Trials session highlights promising advances in radiation medicine and potential changes to standards of care

How much treatment is enough, who needs more and where might radiotherapy play a new role? Sunday's Clinical Trials session explored those questions through studies aimed at refining how radiation is used and which patients are most likely to benefit. Presentations examined biomarker-guided treatment for prostate cancer and ways to shorten or reduce radiation treatment, while other studies tested MRI surveillance instead of prophylactic cranial irradiation and immunotherapy with SABR. The session also included research on metastatic Ewing sarcoma and low-dose radiation for knee osteoarthritis.

The session was moderated by ASTRO's Annual Meeting Scientific Committee Chair and Vice Chair, Kenneth Rosenzweig, MD, FASTRO, of the Icahn School of Medicine at Mount Sinai in New York, and Farzan Siddiqui, MD, PhD, FASTRO, of Henry Ford Hospital and Wayne State University in Detroit.

The session's first presentation was from **Shuang Zhao, MD, MSE**, of MD Anderson Cancer Center in Houston, who presented Evaluation of PAM50 Molecular Subtypes in Post-Prostatectomy Salvage Radiotherapy: An NRG Oncology-RTOG 0534 Analysis. Dr. Zhao reported prospective-retrospective validation of PAM50 as a predictive biomarker for androgen deprivation

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DAILY SCHEDULE • Monday, September 28

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

Breakfast 01 - International Breakfast

📍 **Room 210**

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

SS 13 - AI Applications in Outcome Prediction

📍 **Room 156**

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

EDU 11 - Challenging Cases in Pediatric/AYA Sarcomas: Contemporary Approaches and Novel Technologies (SBRT/PULSAR, GRID/SFRT, Adaptive Radiotherapy)

📍 **Room 259**

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

EDU 14 - Gen X Cancers: The Rising Incidence and Challenges in Management for Patients Diagnosed with Cancer in their 40s and 50s

📍 **Room 257**

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

SS 11 - Interventions to Advance Healthcare Access in Radiation Oncology

📍 **Room 107**

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

EDU 15 - Management of Sarcoma in Patients with Cancer Predisposition Syndromes

📍 **Room 253**

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

EDU 12 - Measuring and Communicating the Value of Radiation Oncology

📍 **Room 256**

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

EDU 13 - Mechanistic and Clinical Analysis of Tumor Treating Fields

📍 **Room 205**

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

QP 06 - Neurocognition and Novel Therapies in Glioma

📍 **Room 254**

Continued on next page

DAILY SCHEDULE • Monday, September 28

8:00 a.m. - 9:00 a.m. QP 05 - Predicting Outcomes in Breast Cancer: From Multi-Omics to AI-Driven Models 📍 <i>Room 258</i>	10:30 a.m. - 12:15 p.m. Speed Mentoring 03 - International Attendee Session 📍 <i>Room 161</i>	10:45 a.m. - 12:00 p.m. EDU 23 - Functional Imaging Guided Radiation Therapy: Current Status and Future Directions 📍 <i>Room 156</i>
8:00 a.m. - 9:00 a.m. QP 07 - Predicting, Protecting, Preserving, and Pushing Dose in Rectal Cancer 📍 <i>Room 162</i>	10:45 a.m. - 12:00 p.m. EDU 19 - ASTRO GU Guideline Session: Radiation Therapy for Bladder Cancer and Localized Prostate Cancer: A Case-Based Interactive Discussion 📍 <i>Room 253</i>	10:45 a.m. - 12:00 p.m. SS 15 - Immunotherapy Integration and Immuno Biomarkers Across Mucosal and Cutaneous SCC 📍 <i>Room 107</i>
8:00 a.m. - 9:00 a.m. RPT 01 - Radiopharmaceutical Therapies Hands-on Experience for Residents 📍 <i>Room 251</i>	10:45 a.m. - 12:00 p.m. SS 19 - BEST of Physics 📍 <i>Room 205</i>	10:45 a.m. - 12:00 p.m. EDU 21 - Improving Communication to Enhance Patient Care in the Palliative Setting 📍 <i>Room 256</i>
8:00 a.m. - 9:00 a.m. SS 12 - Small Cell Lung Cancer and Thymic Malignancies 📍 <i>Room 157</i>	10:45 a.m. - 12:00 p.m. EDU 24 - Comprehensive eContouring for GI, Head and Neck and Thoracic Cancers 📍 <i>Room 153</i>	10:45 a.m. - 12:00 p.m. EDU 18 - Integrating Postmastectomy Radiotherapy (PMRT) with Breast Reconstruction: Insights from Plastic Reconstructive Surgery and the Role of the Radiation Oncologist 📍 <i>Room 258</i>
8:00 a.m. - 9:00 a.m. EDU 17 - Spatially Fractionated Radiation Therapy (SFRT): Biological Mechanisms and Clinical Translation 📍 <i>Room 204</i>	10:45 a.m. - 12:00 p.m. PQA 03 - Digital Health Innovation and Informatics, Patient Safety & Quality, and Radiation and Cancer Biology 📍 <i>Poster Hall - Exhibit Hall A</i>	10:45 a.m. - 12:00 p.m. SS 14 - Now is a STELLAR Time to TORCH Colorectal Cancer 📍 <i>Room 162</i>
8:00 a.m. - 9:00 a.m. EDU 16 - Strategies for Managing Head/Neck Cancer for the Frail or Elderly Patient 📍 <i>Room 160</i>	10:45 a.m. - 12:00 p.m. SS 16 - Early Stage and Locally Advanced NSCLC 📍 <i>Room 157</i>	10:45 a.m. - 12:00 p.m. SS 18 - Patient Reported Outcomes/QoL/ Survivorship Oral Session 📍 <i>Room 109</i>
8:30 a.m. - 9:00 a.m. Update 02 - Key Policy Issues Impacting Radiation Oncology - General Session 📍 <i>Grand Ballroom</i>	10:45 a.m. - 12:00 p.m. SS 17 - Emerging Data for Use of Radiotherapy in Nonmalignant Conditions 📍 <i>Room 160</i>	10:45 a.m. - 12:00 p.m. SS 22 - Some crHEME with Your Coffee? A Winning Blend of Radiation and Systemic Therapy in Hematologic Malignancies 📍 <i>Room 259</i>
9:00 a.m. - 9:15 a.m. Research 01 - Research Honors 📍 <i>Grand Ballroom</i>	10:45 a.m. - 12:00 p.m. EDU 22 - Endometrial and Cervical Cancer Case Discussion on Utilizing Molecular Data for Treatment Decisions 📍 <i>Room 257</i>	10:45 a.m. - 12:00 p.m. EDU 20 - Updates and Innovations in Multi-Disciplinary Metastatic Spine Oncology 📍 <i>Room 204</i>
9:15 a.m. - 10:15 a.m. Keynote 01 - Keynote I 📍 <i>Grand Ballroom</i>		

INDUSTRY EXPERT THEATERS

MONDAY, SEPTEMBER 28, 2026

12:00 p.m. - 1:00 p.m.	
📍 Green Theater, Exhibit Hall Interventional Oncology at Johnson & Johnson <i>Next Gen Intratumoral Therapy: Defining the Future Role of Radiation Oncology</i>	📍 Blue Theater, Exhibit Hall BioProtect <i>Rethinking Rectal Spacing: How Advances in Spacer Technology Are Expanding Our Understanding of Spacer Quality, Treatment Precision and Patient Outcomes</i>
3:00 p.m. - 4:00 p.m.	
📍 Blue Theater, Exhibit Hall NavDx <i>Leveraging ctHPVDNA Testing to See Through Ambiguous Findings in Anal Cancer</i>	📍 Room 206, Meeting Level 2 Novocure <i>MAXPOINT: The Evolution of Personalized Treatment Planning for TTFields Therapy in Glioblastoma Through Tissue Specific Segmentation</i>

DAILY SCHEDULE • Monday, September 28

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

PZ 02 - Paw Zone II

📍 Exhibit Halls A/B, Booth 1563

12:00 p.m. - 1:00 p.m.

Luncheon 01 - Women of ASTRO Luncheon

📍 Room 210

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

Presidential Address 01 - ASTRO Presidential Address

📍 Grand Ballroom

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

PL 01 - Plenary Session

Grand Ballroom

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

QP 11 - Adaptive Radiation Therapy

📍 Room 156

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

EDU 26 - At a Crossroads: A Multidisciplinary Perspective on the Management of Esophageal Adenocarcinoma

📍 Room 160

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

PQA 04 - Breast Cancer, Patient Reported Outcomes/QoL/Survivorship, Functional Radiation Medicine, Hematologic Malignancies, Palliative Care, and International/Global Oncology

📍 *Poster Hall - Exhibit Hall A*

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

QP 08 - CNS Metastases and LMD: Patient Selection, Treatment Strategy and Outcomes

📍 Room 254

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

EDU 25 - Closing the Safety Loop: Translating RO-ILS Lessons into Practical QA Safeguards, Workflow Guardrails and Safer Software

📍 Room 256

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

EDU 29 - Developing, Activating and Operating Clinical Trials

📍 Room 259

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

SS 23 - Emerging Pathways and Targeted Therapies

📍 Room 153

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

EDU 27 - Fertility Preservation and Family Building across Cancer Care: Practical Strategies for Diverse Patient Needs

📍 Room 109

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

QP 09 - Fewer Fractions, Greater Precision: Innovations in Prostate SBRT

📍 Room 253

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

International 03 - Global SFRT Practice: Mapping Evidence Gaps for Successful Clinical Implementation

📍 Room 258

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

SS 21 - Immuno-Radiotherapy and Liquid Biomarkers in Gynecologic Cancer: Toward Precision Care

📍 Room 204

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

SS 24 - Innovations in Rare Cutaneous and Soft Tissue Malignancies

📍 Room 205

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

QP 10 - Maximizing Therapeutic Techniques in Virally Driven Head and Neck Cancer

📍 Room 107

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

QP 13 - Pixels to Plans: AI-Driven Contouring and Imaging Innovation

📍 Room 162

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

EDU 28 - Redefining Care for Thoracic Neuroendocrine Tumors: A Multidisciplinary Update

📍 Room 157

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

EDU 30 - Reinvigorating and Expanding the Role for Radiotherapy for Hematological Malignancies of the Central Nervous System

📍 Room 257

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

Pres Poster 01 - Presidential Science Poster Session Showcase

📍 *Poster Hall - Exhibit Hall A*

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

CL 06 - ASTRO Communities Reception

📍 Room 106

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

EDU 35 - Biological Insights into Selection of Specific HPV+ Oropharyngeal Cancer Patients Appropriate for Radiation Dose De-escalation

📍 Room 160

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

EDU 32 - Data to Dialogue: Techniques and Outcomes for Optimizing Microboosting in Prostate Cancer

📍 Room 253

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

SS 07 - Don't Get Squeamish about Squams of the GI Tract!

📍 Room 162

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

EDU 33 - Evolving Paradigms in Axillary Nodal Management: Precision Medicine Refining Regional Breast Cancer Care

📍 Room 258

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

SS 25 - From Assessing Gaps to Treatment Delivery: Scaling Safe Radiotherapy in Resource-Limited Settings

📍 Room 109

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

EDU 34 - Generative AI in Radiation Oncology: Moving from Hype to Clinical Implementation

📍 Room 254

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

QP 16 - Lung Quick Pitch: Locally Advanced NSCLC

📍 Room 107

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

QP 14 - Modernizing Definitive Therapy in Cervical Cancer: From Systemic Intensification to Adaptive Radiation

📍 Room 204

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

QP 12 - Molecular Biomarkers and Precision Oncology in CNS Tumors

📍 Room 153

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

QP 18 - Novel Delivery and QA

📍 Room 156

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

QP 17 - Palliative Care Quick Pitch

📍 Room 259

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

EDU 36 - Physics Considerations for RPT Clinical Trials: Identifying Barriers, Evaluating Institutional Readiness and Defining Oversight Frameworks

📍 Room 157

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

QP 22 - Refining Prostate Cancer Care: Integration, Innovation, and Outcomes

📍 Room 205

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

EDU 31 - Therapeutic Updates for Rare Genetically Linked Childhood Tumors: ATRT and Malignant Rhabdoid Tumors

📍 Room 257

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therapy (ADT) benefit in the post-prostatectomy salvage radiotherapy setting. Patients with luminal B prostate cancers derived greater benefit from hormonal intensification with salvage radiotherapy, while the luminal-basal molecular axis emerged as a clinically relevant biomarker across localized, recurrent and metastatic disease. Together with results from NRG-GU006, the findings support further study of tumor biology to personalize treatment decisions rather than relying on a one-size-fits-all approach. The researchers plan to evaluate PAM50 across additional trials to further assess its clinical utility and potentially guide more precise, biomarker-driven care for men with prostate cancer. Dr. Zhao acknowledged that the study is part of the legacy of Felix Feng, MD, FASTRO.

Dr. Zhao was followed by **Mark Buyyounouski, MD, MS, FASTRO**, of Stanford University in Palo Alto, California, who presented Five-Year Results of a Phase 3 Trial of Hypofractionated vs. Conventional Postprostatectomy Radiotherapy: NRG Oncology GU003. At five years, hypofractionated postoperative radiotherapy (HYPOR) remained noninferior to conventionally fractionated radiotherapy (COPORT) for late patient-reported urinary and bowel outcomes, with similar disease control between the approaches. HYPOR shortened treatment from 37 fractions to 25, reducing treatment burden, but was associated with a modest increase in physician-reported Grade 3 urinary toxicity. Dr. Buyyounouski said the results underscore the complexity of choosing a postoperative fractionation schedule, particularly for patients who already face risks from surgery and radiation. Decisions require weighing the reduced treatment burden of a shorter course against the possibility of additional urinary toxicity, he said, with the relative importance of those factors likely to differ from patient to patient.

Discussant **Sophia Kamran, MD**, of Massachusetts General Hospital in Boston, said the GU003 results strengthen the case for moderate hypofractionation as a postoperative treatment option, particularly when reducing time in treatment could improve access or ease the burden of care for patients who have already undergone surgery. Shortening treatment from 37 fractions to 25 can substantially reduce time in treatment, she noted, while the similar five-year patient-reported outcomes support the acceptability of a shorter course. At the same time, the late grade 3 genitourinary toxicity findings should inform shared decision making, particularly for younger patients who may live for many years after treatment. Dr. Kamran said longer follow-up will be important to determine whether the cumulative GU burden changes beyond five years and whether the favorable early patient-reported outcomes persist.

Turning to PAM50, Dr. Kamran said RTOG 0534 strengthens evidence that tumor biology can help predict who benefits from hormonal therapy with salvage radiotherapy. She highlighted the potential value of using tumor biology to identify patients who might avoid hormonal therapy, while cautioning that she would not use PAM50 alone to omit otherwise-indicated treatment. An important remaining question, she said, is whether tumor biology can ultimately identify a group in whom hormonal therapy can be safely omitted with salvage radiotherapy.

Next, **Leslie Ballas, MD, FASTRO**, of Cedars-Sinai in Los Angeles, presented Phase II Multi-Institutional Study of Ultralow-Dose (4Gy) Response-Adapted Radiotherapy for Symptomatic Bone Metastases from Multiple Myeloma. As patients with multiple myeloma live longer and receive more lines of therapy, preserving bone marrow becomes increasingly important. Dr. Ballas said the findings support risk-adapted, low-dose radiation as a palliative option that can limit bone marrow exposure while reducing treatment burden. The regimen can be delivered in just one or two fractions, with minimal adverse events, and allows systemic therapy to continue with little interruption. She said hematologists might therefore consider palliative radiation earlier or more often without the same concern about bone marrow toxicity. Future work will focus on whether some patients could benefit from treatment earlier in the course of bone disease and on identifying which lesions are most likely to respond.

Following Dr. Ballas, **Nadia Laack, MD, MS**, of Mayo Clinic in Rochester, Minnesota, reported on Stereotactic Body Radiation Therapy (SBRT) and Comprehensive Metastasis-Directed Therapy for Ewing Sarcoma Patients Enrolled on AEWS1221: A Report from the Children's Oncology Group (COG). The study found that SBRT to smaller bone metastases was feasible and safe in pediatric patients, with low rates of local relapse after treatment. Comprehensive treatment of metastatic sites also was associated with improved event-free and overall survival in univariate analyses compared with leaving some metastatic sites untreated. Dr. Laack said ongoing work is examining patterns of failure to better understand which metastatic lesions are most likely to recur and which patients may benefit most from comprehensive local therapy. Researchers also are evaluating clinical factors and biomarkers that could help guide more individualized treatment strategies.

Bobby Koneru, MD, FASTRO, of Loyola University and MercyOne Cancer Center in Dubuque, Iowa, spoke on a Randomized Trial of Low-Dose Radiotherapy for Knee Osteoarthritis: Patient-Reported, Structural and Long-Term Clinical Endpoints. In nearly 300 patients followed for almost 12 years, low-dose radiation therapy was associated with sustained improvements in symptoms and quality of life, while MRI showed less structural deterioration and long-term follow-up found lower rates of disability. The apparent benefits were greatest among patients with grade 2 osteoarthritis, who also had fewer knee replacements. Dr. Koneru said the consistency between the patient-reported improvements and objective findings in the integrated analysis raises the possibility that low-dose radiation may do more than relieve symptoms and could influence the longer course of osteoarthritis. He said the next step should be a multicenter, sham-controlled randomized trial with prospectively defined imaging and long-term clinical endpoints. If the results are confirmed, LDRT could offer patients a noninvasive treatment option with the potential to preserve joint function and delay disability or surgery.

Paul Brown, MD, of Mayo Clinic in Rochester, Minnesota, followed with SWOG S1827/MAVERICK: A Randomized Phase III Trial of Brain MRI Surveillance with and without Prophylactic Cranial Irradiation (PCI) for





Small-Cell Lung Cancer (SCLC). In the trial, MRI surveillance alone resulted in superior cognitive failure-free survival compared with MRI surveillance plus PCI, with a similar magnitude of benefit in patients with limited- and extensive-stage SCLC. The cognitive benefit also was seen among patients who received hippocampal-avoidance PCI. Although PCI reduced brain metastases, there was no significant difference in progression-free survival, and preliminary analyses showed no significant difference in overall survival. Patients receiving MRI surveillance alone also experienced fewer adverse events and reported better outcomes. Dr. Brown said the findings support MRI surveillance alone as the standard of care for patients with SCLC, while longer follow-up will further clarify the survival results.

Joe Chang, MD, PhD, MS, FASTRO, of MD Anderson Cancer Center in Houston, concluded the trial presentations with Six-Year Overall Survival of Nivolumab Following Stereotactic Ablative Radiotherapy in Early-Stage Non-Small Cell Lung Cancer: Randomized I-SABR Trial. In this randomized phase II trial, I-SABR produced, to the investigators' knowledge, the first statistically significant overall survival benefit from adding immune checkpoint blockade to SABR in patients with early-stage or isolated, node-negative recurrent NSCLC. The clinical benefit was accompanied by changes in plasma proteins and expansion of activated cytotoxic CD8+ T-cell clonotypes, providing biological support for combining PD-(L)1 blockade with SABR. Dr. Chang said that, given mixed findings from phase III trials, future studies should focus on biologically informed patient selection and

treatment sequencing, with longitudinal immune monitoring helping to clarify who benefits over time. He also pointed to AI-based integration of clinical and biological information as a potential way to further personalize immunotherapy after SABR.

To close out the session, discussant **Ben Slotman, MD, PhD, FASTRO**, of Amsterdam UMC in Amsterdam, said the MAVERICK findings bring MRI surveillance without PCI close to being ready for routine use, although mature overall survival data are still awaited. He noted that omitting PCI comes with a higher risk of brain metastases and potentially greater use of stereotactic radiosurgery or whole-brain radiation therapy, making access to MRI surveillance, treatment burden and patient preference important considerations. A planned pooled analysis of MAVERICK and PRIMALung may help provide a more definitive answer, he said, while PCI remains an alternative for patients who cannot or prefer not to undergo regular MRI surveillance.

Turning to I-SABR, Dr. Slotman said subgroup analyses suggested benefit across patient groups and that adverse events from nivolumab were manageable, with evidence of prolonged immune activation. He cautioned, however, that the trial was small, conducted at only three centers and included a heterogeneous patient population. The findings support a potential role for immunotherapy in selected patients with early-stage NSCLC, he said, but important questions remain about which patients are most likely to benefit and which immunotherapy approach is optimal. 🌐



Presidential Symposium explores the messaging and methods of communicating radiotherapy's value

BY JENNIFER JANG, MHS, AND DIANE KEAN, ASSISTANT DIRECTOR, ASTRO COMMUNICATIONS



ASTRO President Neha Vapiwala, MD, FASTRO, opened this year's four-part Presidential Symposium, a deep dive into the Annual Meeting theme: Data to Dialogue: Communicating Radiotherapy's Value to Advance Care. Speakers collectively tackled the challenges of communicating the unique aspects of the treatment we offer our patients; leveraging the various means of information dissemination in the modern era; appreciating the perspectives of patients and caregivers and how better to communicate the value of radiation therapy; and understanding how various stakeholders view our specialty.

Session I: Organ-Preservation: The Undersung Value of RT

ASTRO CEO Vivek S. Kavadi, MD, MBA, FASTRO, set the stage for the first session to examine the critical role of radiation therapy in organ-sparing treatment paradigms, looking at several disease sites, and how this role can best be communicated to patients. He noted current roles of radiation oncology in cancer care, including as a sole curative modality, a part of combined modality treatment, for oligometastatic disease, employed in combination with surgery, and for palliative use. The panelists then answered, "where does organ preservation fit in these different scenarios?"

To start, Lori Pierce, MD, FASTRO, professor of radiation oncology at the University of Michigan, specializing in breast cancer, spoke on the extensive evidence-based improvements in care when using radiotherapy in early-stage breast cancer treatment. Dr. Pierce cited multiple randomized trials of mastectomy vs. breast conservation surgery (BCS) and radiation therapy that indicated no mortality difference. Dr. Pierce emphasized a quote, shared at the 1990 NIH Consensus Development Conference concluding that "breast-conservation treatment is an appropriate method of primary therapy for the majority of women with stage I and II breast cancer and is preferable because it provides survival equivalent to total mastectomy and axillary dissection while preserving the breast." Almost 40 years later, "...this still serves as a reminder of the important impact radiotherapy serves for women with breast cancer," said Dr. Pierce.

Significantly better outcomes were measured for body image, future perspective and systemic therapy side effects with BCS. Dr. Pierce summarized many trials showing the significant improvements in quality of life in patients with breast cancer when treated with radiotherapy, briefly highlighting FAST-FORWARD, EUROPA, and many others.

Dr. Pierce emphasized that, despite decades of evidence supporting BCS followed by radiotherapy for many patients with early-stage breast cancer, use of mastectomy has increased in some settings. She noted that fear of recurrence, highly visible preventive surgery decisions (citing Angelina Jolie's public journey) and online conversations (social media) can shape patient perceptions, sometimes reinforcing the idea that more extensive surgery is the safer choice even when it is not medically necessary.

She concluded that clinicians must communicate the evidence more clearly and consistently: for many patients, breast-conserving therapy is not a lesser option, and more extensive surgery does not necessarily mean better cancer control.

Tom DeLaney, MD, FASTRO, professor of radiation oncology at Harvard Medical School, Associate Medical Director of the Burr Proton Radiotherapy Center and Co-Director of the Sarcoma Center at Massachusetts General Hospital, spoke on soft tissue sarcomas (STS) and limb preservation.

For STS, the lower extremity is the most common site, and in the 1970s, over 50% were treated by amputation. Currently, 95% are treated with limb preservation. Dr. DeLaney emphasized, however, that limb preservation must be measured not only by whether the limb is saved, but by whether meaningful function is preserved. "A non-functional limb is a functional hindrance," he said, underscoring the importance of multidisciplinary planning, appropriate use of radiation therapy and rehabilitation to optimize quality of life.

Citing well known studies, including those from Princess Margaret Cancer Centre and NCI, as well as several large database studies, Dr. DeLaney summarized that when wide local excision surgery is used for treatment, local recurrence occurs in <10% of those who had surgery and XRT, the preferred treatment for most patients.

In the 1980s, two randomized trials at NCI showed that limb preservation plus radiation therapy served better than amputation or limb preservation surgery alone. Currently, many patients with STS are treated with surgery and radiation therapy. Preoperative radiation therapy is preferred for most deep STS involving or abutting critical structures, while surgery alone may be appropriate for select patients with T1 disease or superficial, low-grade, widely resected tumors. He cited recent 2025 data from Princess Margaret showing improved five-year limb salvage with surgery and radiation therapy compared with surgery alone, reinforcing the importance of tailoring treatment to maximize both disease control and long-term function.

Dr. DeLaney closed by emphasizing that treatment decisions should be made on a case-by-case basis, with attention to anticipated surgical margins, tumor characteristics and functional goals.

Steven Frank, MD, FASTRO, professor of radiation oncology at MD Anderson Cancer Center, presented his perspective on organ preservation for head and neck and prostate cancer. He began by defining the importance of the gateways to quality of life for different areas, such as the larynx (speech) and for the oral cavity (taste, eating and swallowing). For larynx preservation, he looked at varying combinations of treatment, to yield a new paradigm that has emerged, where IMPT improves overall survival by 10% at five years and has a 42% reduction in hazard of death. For orbit (cornea) sparing, a multidisciplinary orbit-sparing treatment approach includes proton therapy for epithelial tumors of the orbit and ocular adnexa.

The question pervading prostate cancer has been: To radiate or resect? “We’re crossing the threshold where radiation is becoming the gold standard in treatment for prostate cancer. We have technology that allows us to be precise...and to achieve curative doses, minimizing dose to [other organs] with high accuracy.”

Dr. Frank emphasized that as a field “we need to be able to communicate the study’s findings to our patients about quality of life after surgery.” For cure, the goal is overall survival, prostate cancer specific survival, and metastasis-free survival and hormone therapy-free survival.

Dr. Frank concluded with a charge: “Advocate and radiate! Prostate cancer is a great opportunity for us to communicate the value of radiotherapy.”

Najjia Mahmoud, MD, professor of surgery and chief of the division of colon and rectal surgery at the Hospital of the University of Pennsylvania, shared insights on organ preservation in rectal cancer. Dr. Mahmoud started by observing the traditional goal has been to cure the cancer by removing the organ, but the price is high to patient quality of life.

She emphasized that while local control and survival are necessary, they are not the only outcomes that matter. She noted that “organ preservation is not one thing,” and could involve a range of approaches including watch-and-wait, local excision and de-escalation, with the common denominator of all being avoidance of TME without compromising oncologic outcomes. “The question is no longer whether ‘watch and wait’ can work — it is how to select patients, optimize response and safely monitor.”

From the 1990s to now, the focus has been from making surgery better to making surgery unnecessary, and the question is now how to select patients, optimize response and safely watch, with organ preservation as an intentional endpoint, with XRT acting as an adjunct to avoid surgery altogether. Organ preservation is not about preserving anatomy. Rather, it is about preserving function. Dr. Mahmoud shared how studies have indicated that it is worth building into the treatment algorithm. Radiation first results in lower “regrowth” and higher rates of rectal preservation.

After briefing the audience on many studies, Dr. Mahmoud posed the question on whether short-course radiation therapy is under-sung or under-used? She determined that short-course radiation therapy is an established oncologic strategy, but its role as an organ-preservation platform remains an evolving question. Finally, organ preservation is not a risk-free priority, as it trades the morbidity of surgery for the burden and uncertainty of surveillance.

“We need to make surveillance easier for our treatment. Coordinating messaging pre-treatment is imperative.”

Concluding, Dr. Mahmoud stated, “The next generation of trials should make organ preservation an explicit endpoint, not just an unexpected bonus.” Dr. Kavadi closed the session with a discussion on communicating these findings with patients. The panelists stressed that radiation oncologists need to enter the conversation earlier, before patient fears or assumptions narrow the perceived treatment options. Organ preservation should be judged by function and quality of life, with tumor boards and direct clinician-to-clinician communication helping patients understand the full range of treatment options.

Session II - Challenges and Opportunities in Scientific Knowledge Creation and Dissemination

Sue Yom, MD, PhD, MAS, FASTRO, University of California San Francisco, introduced speakers, Mandy Hill, Cambridge University Press and Assessment, John Halamka, MD, MS, Mayo Clinic, and Samyukta Mullangi, MD, MBA, of Open Evidence, Inc. Through dialogue, they explored how patients and providers are ingesting information now.

Dr. Yom polled the audience, determining that primary medical information was coming from national guidelines first, followed by PubMed, AI chatbots, and journal websites. Having established current practices, Dr. Yom posed questions around trust in data, and the growing “avalanche of content.” Specifically, she posed the notion of “branding of trust” — that is, how can the publishing field demonstrate what is controlled and reliable, both for public consumption and to dispel misinformation.

The conversation turned to the high-risk reality of an analytic layer being lost, and consequently, editorials may offer the analysis that readers are looking for. Ms. Hill summarized that “There is an added value that can come from editorials and opinion pieces, that can help people navigate through the avalanche of content.”

The changing landscape raises other issues such as how to protect individual thought, how to measure impact and honor author contributions to the scientific and medical communities, and how to reconfigure reward and incentive models to define and support value.

Dr. Halamka pointed out that the large language model (LLM) is the function of the person using it, and that “the LLM is trying to make [you] happy.” This creates questions about who creates the frameworks for data aggregation and related questions of legality. “We can’t all be perfect users of these tools, but we will need AI on top of the AI to navigate the underlying knowledge sources.” Ms. Hill noted that it comes back to the transparency of tools, and users themselves will need training on how to interrogate the tools. Dr. Yom then raised the question: what’s the role of journals in all this? Ms. Hill firmly responded, to provide “the gold standard for the peer-reviewed content, and that’s why the attribution part of these tools really matters.” She suggested that trust is a byproduct of journal attribution.

In closing, Dr. Halamka emphasized that we can no longer rely on the data we were given 40 or 50 years ago, that the future is more of a real-time experience. As such, he advised, “Be agile, be willing to change and be willing to distrust what you’ve been taught in the past.” Ms. Hill followed with: “Be an active agent for change so we end up with a system that we need.” And Dr. Mullangi observed, “You’re not writing just to your peers but to an audience of AI agents. Clarity and simplicity are more important. Having an opinion and editorial articles will carry a lot more weight when everything feels more flat.”

Session III - Patients’ Perceptions of Radiation Therapy

Drew Moghanaki, MD, MPH, FASTRO, David Geffen School of Medicine at UCLA, welcomed speakers Benjamin Corn, MD, FASTRO, Hebrew University Faculty of Medicine, Shelley Fuld Nasso, MPP, Cancer Nation, and Andrea Ferris, MBA, LUNgevity Foundation. Dr. Moghanaki opened

Continued on next page



Session I: Organ-Preservation: The Undersung Value of RT



the session emphasizing how patients receive radiation therapy both in their hearts and their minds, and that the intent of this session was to “Stop, think and reflect on patients, their perceptions of RT, and address their ‘radiophobia.’”

The panel emphasized some important factors to consider for the field: medical students in their first and second years do not receive didactic training on radiation therapy, which leads to them not being well-versed in the most rudimentary aspects of what we do. Other superficial factors add to the stigma, such as the word “radiation” whereas “radiotherapy” is more palatable. Even the colors often used to represent radiation therapy in graphics are yellow and black, which can imply a fearsome entity.

The panelists shared that to close the gaps of misunderstanding, side effects need to be a more substantive part of the conversation, along with the options of rehabilitation available to them.

Ms. Ferris shared that in the past decade alone, 75 more treatment modalities have become available for lung cancer, and that similar paths are also evolving for other cancers. This means that the field needs to anticipate what’s next for patients, their goals, what they want to get out of radiation therapy.

“Science changes medicine, implementation changes lives.” Ms. Ferris gave this reminder that minimum dosing is important to patients, and encouraged a focus on communicating this well, along with the personalization of care. In addition, patients want to know what to expect and how to manage their side effects. As one patient testified, “They told me the truth but not the whole truth.”

Session IV: Stakeholder Perspectives

Back-to-back, Casey Chollet-Lipscomb, MD, FASTRO, Tennessee Oncology and Curtiland Deville, MD, FASTRO, Johns Hopkins University, led panels on various stakeholder perspectives. The first panel included Thomas Hwang, MD, Harvard Medical School and PORTAL, Michael Kolodziej, MD, Canopy, and Fahad Tahir, MAS, MBA, Ascension Saint Thomas.

Dr. Chollet-Lipscomb opened the conversation by presenting what value might mean, for example, in clinical vs. economic vs. system contexts. Some key points emerged, including radiation therapy as a critical service from a comprehensive perspective of cancer care, not as a single service alone. From the health systems context, a key responsibility and moral imperative is to provide access and handle radiation therapy as a clinically essential component.

The panelists gave the reminder that in the industry, payors don’t think about radiation therapy at all simply for lack of understanding it, which is why radiation benefits managers exist. Of all diseases, cancer has become the most expensive per case, and fear is the dominant sentiment. Despite patient outcomes, radiation therapy is not seen as a value-add, hugely because the inputs are fundamentally different and thus valued differently.

The panel encouraged “learning how to be in the same room [as health care system representatives] differently to paint the picture to provide regional comprehensive care,” and Dr. Chollet-Lipscomb specifically suggested more involvement in the rule-making process. Key player agencies

need the clinical expertise that this audience has. Unfortunately, physicians are least likely to comment even though they’re hugely impacted. Dr. Hwang encouraged more commenting on public rules and also to support ASTRO to be your advocates.

There is an incredible story to tell across all practice environments and disease sites and more advocacy is needed for our field, practitioners and patients. That advocacy only comes with more engagement. As a field, we need to move together to prioritize stability and access to care for our patients.

The second panel included Karen Knudsen, PhD, MBA, Parker Institute for Cancer Immunotherapy, Yun Liu, PhD, Google, and Mallika Marshall, MD, CBS News/WBZ-TV News, Boston.

Since the 1990s, overall cancer mortality has been reduced by 35%, and Dr. Knudsen emphasized that cancer care is changing the landscape. For example, “radiotherapy has an outsized ability to awaken the immune system,” and she posed, how can we use it in combination with the immune-environment, so we can push the frontier, and integrate the worlds that we should be pushing upon. She suggested capitalizing on the biological concepts, and that the middle role is critical of taking innovative concepts to get the technology out. The answers are there, but now it is time to maneuver them off the lab floor and into the hands of patients.

In this environment, multidisciplinary clinics have a critical role, and she shared the urgency to convene teams, to pay attention to curative therapies coming from immune-oncology and ensure radiation therapy is part of trial design.

Dr. Liu noted the importance of leveraging AI to make clinician relationships collaborative. One in two patients is using AI for healthcare purposes, often before seeing the doctor to better understand their case. A “before-and-after experience” is becoming common outside of the traditional doctor-patient encounter, and this needs to be leveraged. Dr. Liu suggested reducing the cognitive load, possibly guiding AI on how to advise the patient. He envisioned, can the physician give the patient information via AI, almost like a prescription, and thus ground the information that is available.

Dr. Marshall suggested concrete, practical steps to improve communication, and the importance of messaging, emphasizing that modern radiation is not the same as old-school X-rays. Now is the time to tout the benefits of precision medicine. Patients need to hear examples of other patients with positive outcomes.

Dr. Marshall pressed, “the onus is on us to say upfront with reporters, that radiation has changed a lot.” She also suggested in practice, to ask to see quotes before they go in an article, to ensure the context is accurate, and to control how your words are being used.

The panelists concluded with other intuitive but important suggestions that will make a difference, including anticipating patients’ questions, reassuring them that the offered treatment is the best available, and allaying fears so that when they leave the office, they are confident in what they are about to undertake with their care team’s expertise and support.

If you missed this or parts of the symposium, you can watch these sessions onDemand on the meeting portal at astro.org/amportal. 



ASTRO CEO Vivek S. Kavadi gives his annual update

BY ALEX CARRIGAN, ASSISTANT MANAGING EDITOR, ASTRO JOURNALS

On the afternoon of September 27, ASTRO CEO Vivek S. Kavadi, MD, MBA, FASTRO, gave his annual update to the attendees of the ASTRO Annual Meeting. After discussing the 2026 Annual Meeting program statistics, he discussed the priorities from the past year, including member outreach, membership strategy, and international strategy. “The point has been to get the ASTRO message out and get the feedback in,” he said.

Dr. Kavadi began his presentation by discussing various issues in 2026 with the revised treatment delivery codes, such as consolidated services being ignored and disruptions to commercial plans and Medicaid, with Dr. Kavadi saying, “We hear you. We’re in this with you, and we’re not done fighting.” He spoke about how payment changes were harming clinics, with rural clinics facing higher closures and how fee-for-service has led to rapid consolidation that has increased the number of large practices and decreased the number of solo practices.

Dr. Kavadi then spoke about the ROCR Act, an act that would stabilize Medicare payments and protect patient access across practice settings. With more than 50 congressional cosponsors and 139 organizations in support of ROCR, he discussed the upcoming Radiotherapy & Cancer Policy Summit next May in Washington, DC, which aims to address the most pressing policy challenges affecting cancer care, such as access, Medicare payment reform, and the adoption of innovation among others.

Dr. Kavadi transitioned to talk about ASTRO’s international strategy, noting the growth of international membership represented at this meeting

and in ASTRO, including members from countries like China, Canada, Japan, Australia, and more. He also spoke about new global partnerships and international ambassadors, leading to a discussion on ASTRO’s International Licensing Opportunities, including the Best of ASTRO for high-impact scientific research, and the ASTRO Global Refresher, which allows organizations to license curated educational content.

Dr. Kavadi gave the update for the Economics of Oncology, presenting the study led by Miranda Lam, MD, MBA, and Nancy Keating, MD, MPH. The study looks at fee-for-service Medicare beneficiaries over a 10-year period, looking at spending by disease site, defined by surgery, radiation therapy, and systemic therapy. Dr. Kavadi then shared an example of the report for total treatment spending for lung cancer treatment, promising a full update to come at next year’s Annual Meeting.

Dr. Kavadi’s presentation then discussed the priorities for the next year, including a redesign of the ASTRO website, an AI task force, investments in communications and PR, and more. He also spoke about the updates to the ASTRO Academy, turning it into an all-inclusive annual subscription model, which he called “the Netflix version of ASTRO education.”

Dr. Kavadi ended his presentation by discussing what it is like to be the CEO, saying that “ASTRO needs, and I need, the collective talents of our broad community.” He also thanked the ASTRO employees, inviting them onto the stage to the rapturous applause of the audience. 🎤

2026 CORPORATE AMBASSADORS

ASTRO proudly recognizes the ongoing commitment of our Corporate Ambassadors for their outstanding year-round leadership and promotional sponsorship of radiation oncology.

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ROCR crosses major milestones

BY JACOB MCINTOSH, ASSISTANT DIRECTOR, CONGRESSIONAL RELATIONS

ASTRO and partners have made great strides in building bipartisan support for the Radiation Oncology Case Rate (ROCR) Act, securing over 55 cosponsors, including legislators serving on key committees of jurisdiction. ROCR momentum comes as radiation oncology reels from recent Medicare billing code changes that have resulted in practices throughout the country facing significant financial pressures. A spring 2026 survey of members found that two-thirds of respondents experienced a 10% to 30% increase in payment declines.

Recognizing the acute impact of this year’s reimbursement cuts and the fact that payment policies have long struggled to keep pace with modern cancer care, ASTRO has made passage of ROCR its top legislative priority. ROCR would replace fee-for-service with an episode-based model that better aligns reimbursement with evidence-based care. It would also save Medicare \$200 million over a decade and provide a transportation benefit so patients can more easily access their daily treatments.

As physicians in Congress consider Medicare payment reform, ROCR also has the support of legislators within the Democratic and GOP Doctors Caucuses. This growing coalition reflects a shared understanding that the current payment system is unsustainable and that ROCR offers a practical path forward.

Support for ROCR extends well beyond Congress, as evidenced by nearly 140 organizations endorsing the legislation. This broad array of supporters includes freestanding centers, hospitals, universities, patient advocacy organizations, and technology companies. This diverse group of stakeholders shares a common belief that ROCR can provide long-term payment stability and protect patient access, reduce disparities, encourage innovation, and strengthen the future of community-based cancer care. ASTRO leads monthly advocacy calls with ROCR supporters. Your organization can sign on as a ROCR supporter using ASTRO’s convenient online form.



ASTRO’s advocacy strategy has centered on direct lobbying and mobilizing members through grassroots campaigns. Physicians have described staffing reductions, hiring freezes, delayed investments, and growing concerns about access to care. These stories have helped members of Congress better understand why lasting payment reform is needed. You can tell your representatives to cosponsor ROCR through ASTRO’s easy-to-use grassroots tool.



There are a limited number of legislative days left in 2026, and the upcoming midterm elections have created additional uncertainty. However, legislators must pass a lame duck package to avoid a federal government shutdown on December 12, which could provide a narrow window for physician payment reform to move through Congress.

ASTRO is also creating new opportunities for stakeholders to shape the future of cancer policy. ASTRO’s first-ever Radiotherapy & Cancer Policy Summit will be on May 24, 2027, in Washington, DC, the day before ASTRO Advocacy Day. The summit will bring together stakeholders from across the radiation oncology community to discuss urgent policy issues affecting physicians and their patients.

The program will include leaders from across the specialty and industry and feature senior healthcare officials. Members participating in Advocacy Day 2027 are welcome to join the policy summit. Advocacy Day participants can also look forward to meetings on Capitol Hill on May 25. Registration will open for both meetings this winter.

Momentum is building for ROCR and every voice matters. If you haven’t already done so, contact your member of Congress and add your organization to the list of supporters. ASTRO will continue to update members and share your stories on the impacts of payment cuts. 🗣️

TAKE ACTION

Three things you can do right now to advocate for the field:

- 1 Have your organization sign on as a ROCR supporter using ASTRO’s convenient online form.
- 2 Tell your representatives to cosponsor ROCR through ASTRO’s easy-to-use grassroots tool. It only takes a few minutes.
- 3 Attend the Key Policy Updates session tomorrow morning for more detail .



Radiotherapy & Cancer

Policy Summit

Advancing Access and Affordability

May 24, 2027

Royal Sonesta Capitol Hill • Washington, DC

Hybrid Event (In-Person & Livestream)



Speed of Light – The ASTRO Foundation celebrates 2026 grant and award winners

ASTRO and Speed of Light – The ASTRO Foundation are recognizing 19 exceptional investigators during today's Research Honors presentation at 9:00 a.m. in the Grand Ballroom. The 2026 grants, awards, and fellowship total more than \$2.4 million, marking a historic investment in research by Speed of Light, ASTRO and partner organizations in a single year.

The 2026 awards are the first annual grants announced since ASTRO relaunched its foundation as Speed of Light earlier this year, with a renewed focus on accelerating research and strengthening the radiation oncology workforce. The grants are made possible by donor support and partnerships with leading cancer research organizations, including the American Cancer Society (ACS), the American Association of Physicists in Medicine (AAPM), the Breast Cancer Research Foundation (BCRF), the LUNgevity Foundation and the Prostate Cancer Foundation (PCF).

The 2026 research grant recipients include:

ASTRO-ACS Dr. Felix Feng Clinician Scientist Development Grant

In partnership with the American Cancer Society



Jie Deng, MD, PhD, University of California, Los Angeles

Project: Activating lymph node immunity to enhance radiation therapy

ASTRO-ACS Clinician Scientist Development Grant

In partnership with the American Cancer Society



David D. Yang, MD, Dana-Farber Cancer Institute and Mass General Brigham

Project: Advancing biomarker discovery in prostate cancer through computer vision-driven profiling of tumor and microenvironmental heterogeneity

ASTRO Residents/Fellows in Radiation Oncology Seed Grant



Reza Djavadian, MD, PhD, The University of Alabama at Birmingham

Project: Precision identification and targeting of radiotherapy-resistance in oral squamous cell carcinoma



Akshat Patel, MD, Mass General Brigham

Project: Long-term outcomes and integrated tumor-immune molecular correlates following neoadjuvant FOLFIRINOX and chemoradiation for esophagogastric cancer

ASTRO-AAPM Physics Residents/Postdoctoral Fellows Seed Grant

In partnership with the American Association of Physicists in Medicine



Chloe Min Seo Choi, PhD, Memorial Sloan Kettering Cancer Center

Project: Multi-institution validation on a pretrained vision-language prediction model for thoracic radiation-induced toxicity



Hajar Moradmand, PhD, Georgetown University

Project: Integrated imaging and multi-omics biomarkers for characterizing biological responses to FLASH proton radiotherapy

ASTRO-BCRF Emerging Investigator Award

In partnership with the Breast Cancer Research Foundation



Chidinma Anakwenze, MD, MPH, The University of Texas MD Anderson Cancer Center

Project: Low-dose radiotherapy to preserve immunotherapy delivery in breast cancer patients at high risk for immune-mediated arthritis (PRAISE-BC)

ASTRO-LUNgevity Residents/Fellows in Radiation Oncology Seed Grant

In partnership with the LUNgevity Foundation



Elio Adib, MD, Mass General Brigham

Project: Evolutionary single-nucleus profiling of multifocal lung adenocarcinoma to guide treatment strategies

ASTRO-PCF Young Investigator Award

In partnership with the Prostate Cancer Foundation



Luca Valle, MD, University of California, Los Angeles and Greater Los Angeles VA Healthcare System

Project: Validation of a DNA-based genomic classifier for prediction of metastasis-directed radiotherapy response in oligometastatic hormone sensitive prostate cancer and prognosis of high-risk localized prostate cancer

James D. Cox Resident Research Award



Meghana Pagadala, MD, PhD, Memorial Sloan Kettering Cancer Center

Project: Decoding the spatial immune microenvironment of brain metastases



Yorleny Vicioso Mora, MD, PhD, Duke University School of Medicine

Project: Utilizing radiation to induce novel target for CAR-T cell therapy

Innovation Award to Optimize Combination Radiation Therapy and Immunotherapy



Sabrina Campelo, PhD, The University of Texas MD Anderson Cancer Center

Project: Targeted immunomodulation in PDAC by combining proton radiation and H-FIRE



Rohan Katipally, MD, The University of Chicago

Project: Radiotherapy and immunotherapy in HPV-negative head and neck cancer



Yvonne Mowery, MD, PhD, University of Pittsburgh

Project: Deciphering the impact of RT/ICI sequencing on immune dynamics and response

Continued on next page

In 2026, the **ASTRO Radiation Oncology Resident Fellowship** program was redesigned to provide residents with the opportunity to lead a research project at their home institution and gain professional development through a one-year assignment working part-time and remotely with colleagues at AstraZeneca. This year's recipient is:



Moamen Abdelaal, MD, Emory University – Winship Cancer Institute
Project: “Immune-Sparing SBRT Optimization in Early-Stage NSCLC”

This program is supported by an educational grant from AstraZeneca.

Speed of Light partners with the Association of Residents in Radiation Oncology on the **ARRO Healthcare Access Publication Award**, and the 2026 winner is:



John Butler, MD, PhD – University of California, San Diego
Publication: “Everything the Light Touches: Radiation Oncology Access and Availability in the State of Oregon” published in JCO Global Oncology

Speed of Light – The ASTRO Foundation recognizes early-career investigators who are helping advance discovery in radiation oncology and powerfully transform outcomes for patients through the annual **Publication Excellence Awards**. The 2026 winners are:



Jalal Ahmed, MD, PhD, Icahn School of Medicine at Mount Sinai
Publication: “Tumor Irradiation Promotes Antigen Dressing of Dendritic Cells to Enhance CAR T Cell Persistence and Efficacy in Lung Metastases” published in Nature Cancer



Zihang Chen, MD – The University of Texas Southwestern Medical Center
Publication: “Harnessing Deep Learning to Optimize Induction Chemotherapy Choices in Nasopharyngeal Carcinoma” published in Radiotherapy and Oncology



Kara Ruicci, MD, PhD – Princess Margaret Cancer Centre
Publication: “The Role of Stereotactic Body Radiotherapy in Oligoprogressive Prostate Cancer: A Site-Specific Analysis of the Prospective, Phase II RADIANT Trial” published in Radiotherapy and Oncology

Join Speed of Light – The ASTRO Foundation in congratulating these emerging leaders in radiation oncology and look for their presentations of project results at future ASTRO Annual Meetings! To learn more about this year's grants and awards, visit SpeedofLightFoundation.org. 🌐

Give the gift of ASTRO membership

Help someone connect with ASTRO's community, education and resources.



astro.org/giveASTRO



INDUSTRY SATELLITE SYMPOSIUM

MONDAY, SEPTEMBER 28

6:00 p.m. - 7:00 p.m.: Dinner and Hybrid Symposium

RPT Dosimetry: Why What Was Inherited from EBRT May Not Be Enough

Venue Location: Westin Boston Seaport District • Grand Ballroom CD • 425 Summer Street • Boston, MA 02210

CME Credits: This is a non-CME program.

This activity is independently supported through an educational grant from Lumara Bio.

JOIN THE RED JOURNAL FOR

A Dose of Poetry:

The Art, Poetry, and Humanity of The Red Journal and Radiation Oncology

This session explores how the arts and humanities can enrich radiation oncology practice, education, and well-being. Speakers will highlight the role of art and poetry in The Red Journal, share physician-artist perspectives, and offer practical ways to use the arts to strengthen observation, empathy, reflection, and resilience in clinical care.



STREET TALK

What has been your favorite moment of the Annual Meeting so far?



"Currently, my favorite part has been reconnecting with old friends, fellow residents, and mentors, while also getting the chance to meet some real giants in our field that I've looked up to for a long time. It's just been nice catching up with familiar faces, meeting new ones, and just enjoying that overall sense of community."

– Terris Igwe, DO, Wilmot Cancer Center



"Connecting with friends and colleagues by far has been the most fun. I think that's one of the things I look forward to the most at this stage of my career is seeing old friends, making new friends, and sharing ideas over coffee."

– Leila Tchelebi, MD, Penn State Health



"It's been very rewarding because I came here thinking of finding a mentor and actually found one! That was very meaningful for me, because for three years, I've been looking for that person."

– Alexis R. Narvaez Rojas, MD, Maimonides, SUNY Downstate HSU



"My favorite moment has been seeing all my friends from past meetings. They're all from past ACRO, ASTRO, and Advocacy Days, and it's so fun to see them. Also, seeing what people are doing with research and the new studies coming out."

– Eliane Garlock, DO, VCU Health System



Fourth convening of the CEO Council held at ASTRO 2026

On Saturday, ASTRO CEO Vivek S. Kavadi, MD, MBA, FASTRO, hosted the fourth CEO Council Meeting. Dr. Kavadi invited industry CEOs and Presidents to continue an open dialogue on how best to advance cancer care and the field of radiation oncology. The group discussed ways to advocate for the field together and upcoming events such as ASTRO’s new Radiotherapy & Cancer Policy Summit in 2027. The CEO Council plans to meet again in March 2027 at ASTRO headquarters.

Dr. Kavadi was joined by Steve La Neve, Chief Executive Officer, Accuray; Seth Blacksbury, SVP, Chief Medical & Marketing Officer, Accuray; Rainer Birkenbach, CEO, Brainlab, Inc.; Jakob Just-Bomholt, President & CEO, Elekta; Luk Herremans, CMO, IBA; Tina Yu, CEO & President, Mevion Medical Systems; Luis Rivera, EVP, Mirion Medical, President Sun Nuclear; Todd Powell, President & CEO, RefleXion; Joe Deister, VP, the Americas, VisionRT.

ASTRO staff in attendance included Karen Davis, VP, Business Development & Marketing; Heather Schimmel, COO; Tracy Alvarez, Director, Business Development and Corporate Relations. 

ASTRO EXHIBIT HALL NETWORKING RECEPTION

Monday, September 28
4:00 p.m. - 5:00 p.m.

All attendees are invited to the Exhibit Hall Networking Reception hosted by ASTRO and participating exhibiting companies. This is a great opportunity to meet with industry partners over a beverage and refreshments. Hold on to the drink ticket you received when you picked up your registration materials!



 **Booth: 2738**

Boston Cream Pies



 **Booth: 1624**

Prosecco & Whoopie Pies



 **Booth: 2744**

Cookies



 **Booth: 915**

New England Brewery Tour

ASTRO SPEED MENTORING

SCHEDULE

Monday, September 28

10:30 a.m. – 12:15 p.m.

📍 Room 161

SPECIAL SESSION INTERNATIONAL ATTENDEES AND THOSE WITH INTERNATIONAL INTERESTS

Table 1

Getting Started in Research,
Finding Mentors



Rachel Jimenez, MD,
FASTRO



Zachary Morris, MD, PhD

Table 2

Building Clinical Collaborations
Across Borders



Junzo Chino, MD, FASTRO



Surbhi Grover, MD, MPH

Table 3

Clinical Rotations for
International Physicians



Alexandra Diaz, MD, MS



Tamer Refaat, MD, PhD,
MS

Table 4

The Impact of AI on Cancer Care in
Resource-Limited Settings



Gustavo Sarria, MD



Karina Nieto, MD, MBA

Table 5

Building Research Collaborations
Across Borders



Anuja Jhingran, MD,
FASTRO



Eric Miller, MD, PhD

Why Medical Physicists, Radiation Oncologists & Urologists Prefer Best™

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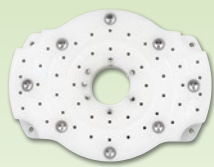
"Best™ Model 2301 seeds are of superior design as they show up more distinctly in transverse ultrasound and fluoroscopic images." ³

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- ✓ Best visualization in ultrasound, fluoro, X-ray, CT and MRI, facilitating real-time dosimetry.

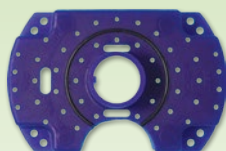
¹ Communication from J. Limmer, UW Cancer Center Wausau Hospital, Wausau, Wisconsin – Dated December 14, 2000. ² B.H. Heintz, R.E. Wallace & J.M. Hevezi, Med. Phys. 28(4) 671-682 (2001). ³ Communication from Khai Lai, Kreiton Oncology Services Shoreline, Washington – Dated March 8, 2001. ⁴ Jeff Limmer, Medical Physicist.



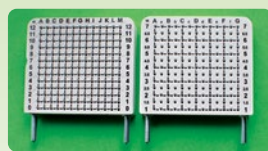
GYN Template (Reusable)



GYN Template (Disposable)



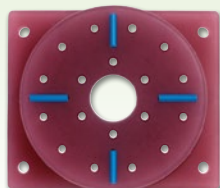
Modified GYN Template (Disposable)



Grid Template for B-K type Stepper/Stabilizer* (Disposable)



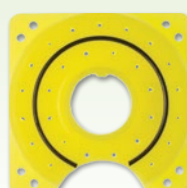
LDR Prostate Template (Disposable)



HDR Prostate Template (Disposable)

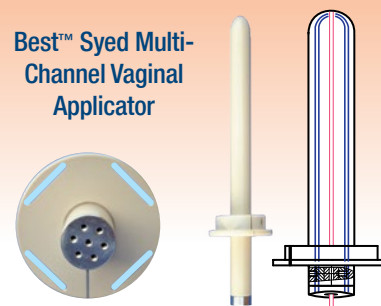


Rectal Template (Disposable)



Modified Rectal Template (Disposable)

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