ASTRO
# DAILY NEWS

ISSUE 3
TUESDAY
OCTOBER 1, 2024

## SCHEDULE-AT-A-GLANCE

### Tuesday, October 1

**7:00 a.m. - 8:00 a.m.**
ROI 5K

**8:00 a.m. - 8:30 a.m.**
SH 04 - Science Highlights - Genitourinary Cancer
**Room 145**

**8:00 a.m. - 8:30 a.m.**
SH 03 - Science Highlights - Head & Neck Cancer
**Room 151**

**8:00 a.m. - 9:00 a.m.**
EDU 34 - The Evolution of Cancer within a Patient: Tumor Phylogenetics and Implications for Local Therapy
**Room 150**

**8:00 a.m. - 9:00 a.m.**
EDU 38 - Hypofractionation for Soft-Tissue Sarcoma
**Room 144**

**8:00 a.m. - 9:00 a.m.**
EDU 35 - Improving Breast Cancer Related Lymphedema and Upper Extremity Dysfunction: Why Multidisciplinary Care Matters
**Room 202**

**8:00 a.m. - 9:00 a.m.**
ST 02 - Promoting Sustainability, Resilience and Growth for Providers Caring for the Pediatric Patient: A Storytelling Session
**Room 204**

**8:00 a.m. - 9:00 a.m.**
EDU 37 - Repeat Radiotherapy of the Brain and Spine: A Case-Based Review of Efficacy and Safety and How to Implement a Standardized Process
**Room 207**

**8:00 a.m. - 9:00 a.m.**
SS 28 - Lung 2: Novel Lung Cancer Investigations
**Room 147**

**8:00 a.m. - 9:00 a.m.**
QP 08 - Prof Dev 1: Professional Development and Medical Education - Quick Pitch
**Room 158**

**8:00 a.m. - 9:00 a.m.**
QP 07 - Palliative 2: The Next Generation in Palliation: From MR-Guided SABR to Patient Selection and Everything in Between
**Room 140**

**8:00 a.m. - 9:00 a.m.**
QP 06 - Phys 9: Imaging for Planning
**Room 152**

**9:15 a.m. - 10:15 a.m.**
Keynote 02 - Surviving Medicine in the 21st Century
**Ballroom A/B/C**

**10:00 a.m. - 5:00 p.m.**
Exhibit Hall Open
**Halls A/B/C, Lower Level**

**10:15 a.m. - 11:30 a.m.**
Awards Ceremony
**Ballroom A/B/C**

**10:30 a.m. - 11:30 a.m.**
Grant Writing Office Hours
**East Salon C**

**11:30 a.m. - 12:45 p.m.**
ASTRO Business Meeting and Luncheon
(ASTRO Voting Members Only)
**Room 146**

**12:45 p.m. - 1:45 p.m.**
QP 09 - Heme 3: I Will Take Hem Rad Onc Potpourri for $1000
**Room 144**

**12:45 p.m. - 1:45 p.m.**
QP 10 - PRO/QoL/ Survivorship 2: Quick Pitch
**Room 140**

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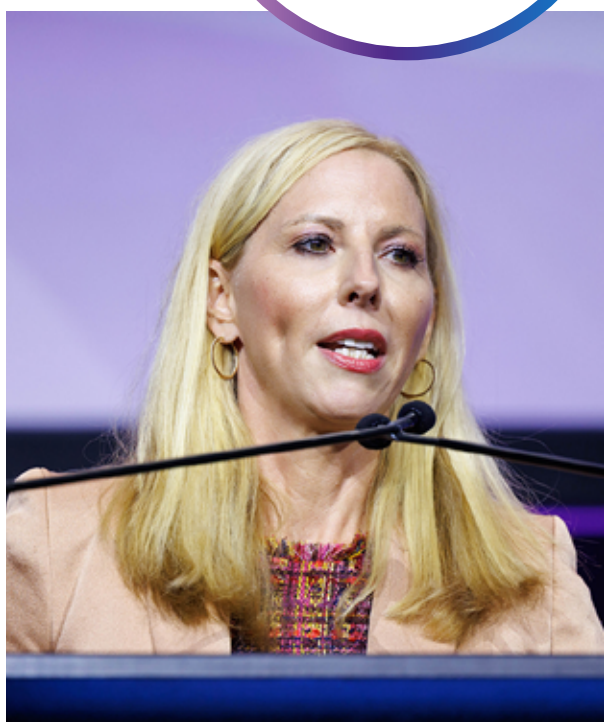

## Plenary session highlights advances in radiation therapies offering improved patient experience, quality of life and high rates of cancer control for a variety of cancers

BY LAURA WILLIAMSON, SCIENCE WRITER

**RESEARCH PRESENTED IN THE PLENARY SESSION** focused on advancements in radiation therapy that improve the patient experience and quality of life, expanding treatment options to people with a variety of cancers. The session was moderated by Kenneth Rosenzweig, MD, FASTRO of the Icahn School of Medicine at Mount Sinai in New York City and by Farzan Siddiqui, MD, PhD, of Henry Ford Health/Henry Ford Hospital in Detroit, Michigan.

The session's first presentation was given by Matthew M. Poppe, MD, FASTRO, from the University of Utah in Salt Lake City.

Dr. Poppe presented "A Randomized Trial of Hypofractionated Post-Mastectomy Radiation Therapy (PMRT) in Women with Breast Reconstruction (RT CHARM, Alliance A221505)." In this large, multi-institution study, investigators confirmed that patients who wanted to undergo any type of breast reconstruction following mastectomy could safely and effectively cut their radiation treatment time nearly in half, also potentially lessening complications. He said the findings would make post-mastectomy radiation a more viable option for people for whom long absences from work, family and home were cost-prohibitive or otherwise challenging.

"Radiation after mastectomy saves lives," Dr. Poppe said. "Patients should not have to choose between radiation and no radiation based on their desire for reconstruction or because they can't take five or six weeks out of their lives for treatment. The results of this trial show we can safely reduce treatment time for these patients to three weeks, without compromising their reconstruction."

Kathleen Horst, MD, of Stanford University, served as discussant for Dr. Poppe's study, concluding that moderate hypofractionation is safe and effective after mastectomy with reconstruction and that reconstruction complication rates are similar regardless of fractionation schedule. Dr. Horst encouraged "multidisciplinary discussions"

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## Inside This Issue



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# SCHEDULE AT A GLANCE

## Tuesday, October 1 and Wednesday, October 2

**12:45 p.m. - 2:00 p.m.**
EDU 43 - How Sentinel Lymph Node Biopsy is Impacting Adjuvant Radiation Treatment in Gynecologic Cancers
**Room 209**

**12:45 p.m. - 2:00 p.m.**
EDU 42 - Best Practices in the Multidisciplinary Management of Borderline Resectable and Unresectable Pancreatic Cancer as well as Extrahepatic/Perihilar Cholangiocarcinoma
**Room 143**

**12:45 p.m. - 2:00 p.m.**
EDU 40 - The Hidden Risks of Artificial Intelligence (AI): Biases and Disparities in the Global Development and Deployment of AI for Cancer Care
**Room 204**

**12:45 p.m. - 2:00 p.m.**
EDU 39 - Linear Energy Transfer (LET) and Relative Biological Effectiveness (RBE) in Proton Therapy - Controversies and Gaps in Knowledge
**Room 145**

**12:45 p.m. - 2:00 p.m.**
EDU 41 - Management of Small Cell Neuroendocrine Tumors of the Genitourinary Tract
**Room 202**

**12:45 p.m. - 2:00 p.m.**
SS 31 - Breast Cancer 3: Toxicity
**Room 207**

**12:45 p.m. - 2:00 p.m.**
SS 32 - Lung 4: Clinical Trials of SBRT and Hypofractionation for NSCLC
**Room 147**

**12:45 p.m. - 2:00 p.m.**
SS 29 - Bio 4: Immunotherapy and Immune Response
**Room 150**

**12:45 p.m. - 2:00 p.m.**
SS 30 - Phys 5: Response Assessment
**Room 152**

**12:45 p.m. - 2:00 p.m.**
PQA 07 - Gastrointestinal Cancer and Sarcoma/Cutaneous Tumors Poster Q&A
**Hall C**

**1:15 p.m. - 2:15 p.m.**
Speed Mentoring III
**East Salon C**

**2:30 p.m. - 3:30 p.m.**
Grant Writing Office Hours
**East Salon C**

**2:30 p.m. - 3:30 p.m.**
QP 11 - DHI 2: Innovative Uses of AI in Cancer Treatment and Patient Care
**Room 140**

**2:30 p.m. - 3:30 p.m.**
QP 12 - Sarcoma 2: Advancing Treatment Frontiers in Cutaneous Malignancies and Sarcoma
**Room 151**

**2:30 p.m. - 3:45 p.m.**
EDU 46 - Simplifying Bone Mets
**Room 204**

**2:30 p.m. - 3:45 p.m.**
EDU 44 - Salvage Therapy for Local-Regional Breast Cancer Recurrence: What, When, and How Much?
**Room 145**

**2:30 p.m. - 3:45 p.m.**
EDU 48 - Prophylactic Feeding Tube Placement in Head and Neck Cancer: Hard to Swallow?
Room 147

**2:30 p.m. - 3:45 p.m.**
EDU 45 - Beyond Counting on Our Fingers: The Current State and Future Management of Oligometastatic Lung Cancer
**Room 202**

**2:30 p.m. - 3:45 p.m.**
International 07 - Rethinking Clinical Trials: A Global Perspective from Academia, Cooperative Groups and Industry
**Room 144**

**2:30 p.m. - 3:45 p.m.**
EDU 49 - Integrating Focal Therapies and Radiation for Enhances Systemic Immune Modulation
**Room 143**

**2:30 p.m. - 3:45 p.m.**
EDU 47 - Intersection of Immuno-Molecular-Genetic Profiling and Implications for Immunotherapy (IT) and Immunotherapy-Radiotherapy (IT-RT) Combinations
**Room 158**

**2:30 p.m. - 3:45 p.m.**
SS 35 - GI 2: Colorectal Cancer: Innovation through Preservation and Observation
**Room 150**

**2:30 p.m. - 3:45 p.m.**
SS 34 - GYN 2: Strategies and Innovations of Clinical Trials in Gynecologic Cancers
**Room 209**

**2:30 p.m. - 3:45 p.m.**
SS 33 - Phys 6: Treatment Technology
**Room 152**

**2:30 p.m. - 3:45 p.m.**
Late-Breaking Abstracts Session
**Room 207**

**2:30 p.m. - 3:45 p.m.**
PQA 08 - Genitourinary Cancer, Patient Safety, and Nursing/ Supportive Care Poster Q&A
**Hall C**

**4:00 p.m. - 5:00 p.m.**
EDU 53 - 2024 Advocacy Update
**Room 151**

**4:00 p.m. - 5:00 p.m.**
EDU 52 - Artificial Intelligence in Precision Oncology: Early Clinical Applications for Your Radiation Oncology Clinic
**Room 144**

**4:00 p.m. - 5:00 p.m.**
EDU 54 - Exercise after a Cancer Diagnosis: From Research to Real Life
**Room 140**

**4:00 p.m. - 5:00 p.m.**
EDU 51 - Advancing Combined Modality Trials in Radiotherapy: Integrating Preclinical and Clinical Insights
**Room 150**

**4:00 p.m. - 5:00 p.m.**
EDU 50 - Interpretability and Uncertainty Quantification: A Way toward Trustworthy AI in Radiation Oncology
**Room 147**

**4:00 p.m. - 5:00 p.m.**
EDU 55 - Challenging Cases in the Management of Squamous Cell Carcinoma of the Skin
**Room 143**

**4:00 p.m. - 5:00 p.m.**
SS 36 - CNS 1: Primary Brain Tumors
**Room 207**

**4:00 p.m. - 5:00 p.m.**
SS 38 - GU 2: Optimizing the Therapeutic Ratio in Prostate Cancer
**Room 202**

**4:00 p.m. - 5:00 p.m.**
SS 37 - H&N 1: Envisioning the Future: Leading Edge Research in HPV-Associated Oropharyngeal Cancer
**Room 145**

**4:00 p.m. - 5:00 p.m.**
QP 13 - GI 4: GI Cancers: From Top to Bottom
**Room 152**

**4:00 p.m. - 5:00 p.m.**
QP 15 - GYN 4: Rapid Fire Discoveries in Gynecologic Cancers
**Room 204**

**4:00 p.m. - 5:00 p.m.**
QP 14 - Patient Safety 2: From Time Tracking to AI: Let's Drive Safer Treatments Together
**Room 209**

**4:00 p.m. - 5:00 p.m.**
PQA 09 - Hematologic Malignancies and Digital Health Innovations Poster Q&A
**Hall C**

**5:15 p.m. - 6:15 p.m.**
EDU 58 - Sexuality after Cancer Therapy
**Room 209**

**5:15 p.m. - 6:15 p.m.**
EDU 59 - How High Can We Go - How Low Should We Aim? Normal Tissue Dose/Volume Constraints in Lymphoma Radiation Therapy Planning
**Room 143**

**5:15 p.m. - 6:15 p.m.**
EDU 57 - Treatment De-Escalation Strategies for Locally Advanced Rectal Cancer
**Room 150**

**5:15 p.m. - 6:15 p.m.**
EDU 60 - Treating Stage IV Breast Cancer: Who, What, Where and When?
**Room 202**

**5:15 p.m. - 6:15 p.m.**
EDU 56 - Perspectives from a Physicist, Biologist and Clinician: Unrealized Opportunities in Spatially Fractionated Radiotherapy
**Room 145**

**5:15 p.m. - 6:15 p.m.**
EDU 61 - Practical Elements of a Radiopharmaceutical Program: Findings from ASTRO's Safety White Paper
**Room 140**

**5:15 p.m. - 6:15 p.m.**
SS 40 - H&N 2: Predicting the Future with Immunologic, Genomic, and Imaging Metrics
**Room 146**

**5:15 p.m. - 6:15 p.m.**
SS 39 - HSR 1: Moving Beyond the Beam: Health Services Research in Policy, Practice, and Payment?
**Room 144**

**5:15 p.m. - 6:15 p.m.**
QP 16 - CNS 4: Brain Mets and LMD
**Room 151**

**5:15 p.m. - 6:15 p.m.**
QP 18 - Bio 5: Genomics and Biomarkers II
**Room 152**

**5:15 p.m. - 6:15 p.m.**
QP 17 - Phys 10: Imaging for Treatment Monitoring
**Room 147**

**5:15 p.m. - 6:15 p.m.**
EDU 62 - ASTRO/ESTRO Joint Session
**Room 207**

## Wednesday, October 2, 2024

**8:00 a.m. - 8:30 a.m.**
SH 06 - Science Highlights - Gastrointestinal Cancer
**Room 151**

**8:00 a.m. - 8:30 a.m.**
SH 05 - Science Highlights - Lung Cancer/Thoracic Malignancies
**Room 202**

**8:00 a.m. - 9:00 a.m.**
SS 41 - GU 5: Novel Prognostic Tools in Prostate Cancer
**Room 207**

**8:00 a.m. - 9:00 a.m.**
SS 42 - Bio 8: Normal Tissue Repair
**Room 143**

**8:00 a.m. - 9:00 a.m.**
QP 19 - Breast Cancer 4: Quick Pitch
**Room 204**

**8:00 a.m. - 9:00 a.m.**
QP 21 - Heme 4: The Power Duo: CAR T Cells and Radiotherapy in Tandem
**Room 144**

**8:00 a.m. - 9:00 a.m.**
QP 20 - Phys 11: Hadrons
**Room 147**

**8:00 a.m. - 9:00 a.m.**
QP 22 - Phys 12: Dosimetry and Response Prediction
**Room 145**

**9:15 a.m. - 10:15 a.m.**
Cancer Breakthroughs
**Ballroom A/B/C**

**10:30 a.m. - 11:30 a.m.**
QP 23 - CNS 3: Advances in Glioma, Spine, and Normal Tissue Toxicity
**Room 151**

**10:30 a.m. - 11:30 a.m.**
QP 24 - Bio 6: Immunotherapy and Immune Response II
**Room 143**

**10:30 a.m. - 11:45 a.m.**
SS 44 - GI 3: Pancreatic and Hepatibiliary: All About that Dose, 'bout that Dose, and ALBI
**Room 144**

**10:30 a.m. - 11:45 a.m.**
SS 43 - Phys 7: Best of Physics
**Room 145**

**10:30 a.m. - 11:45 a.m.**
PQA 10 - Head & Neck Cancer and Health Services Research/Global Oncology Poster Q&A
**Hall C**

**12:30 p.m. - 1:30 p.m.**
QP 26 - Bio 7: Radiation Cancer Biology and Immune Response
**Room 151**

**12:30 p.m. - 1:30 p.m.**
QP 25 - Phys 13: Clinical Data and Dose Evaluation
**Room 144**

**12:30 p.m. - 1:30 p.m.**
QP 27 - Phys 14: Imaging and Immobilization
**Room 143**

# STREET TALK

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

I was very excited for this year's Radiopharmaceutical Therapy Workshop on Saturday. While this was a recurring session because of the growing field, we kept it fresh with updates, new speakers, challenging case presentations, and a focus on "how to" and "what's next". I also couldn't wait to hear the presentations at PRO 03 - Business of Radiation Oncology for Clinicians, also on Saturday- amazing speakers with pearls of wisdom!
*– Bridget Koontz, MD*

"I've enjoyed meeting people from international sites, learning about how people are doing things differently, and I'm very much looking forward to more presentations and seeing more demos down in the trade display."
*– Kate Stewart, RT, MPH*

"So far this year, I've really enjoyed networking with my colleagues. I'm really looking forward to some of the educational sessions on Monday afternoon and meeting with some of the vendors to look at some of the latest technology that's upcoming in radiation oncology."
*– Ravinder Clayton, MD*


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with the plastic surgery teams. "I would advocate that patients should be seen by radiation oncology before surgery to discuss these risks and trade-offs even prior to decisions being made," remarked Dr. Horst.

Next, Jason A. Efstathiou, MD, PhD, FASTRO, of Massachusetts General Hospital and Harvard Medical Center in Boston, Massachusetts, presented "Prostate Advanced Radiation Technologies Investigating Quality of Life (PARTIQoL): Phase III Randomized Clinical Trial of Proton Therapy vs. IMRT for Localized Prostate Cancer."

In this multi-center, phase III randomized trial, researchers found low- and intermediate-risk prostate cancer patients treated with proton beam therapy (PBT) or intensity modulated radiation therapy (IMRT) experienced equally high progression-free survival rates and no difference in patient-reported bowel, urinary or sexual function.

"We tested two contemporary, advanced forms of external beam radiation for a very common cancer, and we demonstrated that both are very safe, effective treatments that give patients excellent outcomes in terms of both quality of life and cancer control," Dr. Efstathiou said. Dr. Efstathiou mentioned that there was an accompanying Red Journal article and podcast to supplement the results presented in his presentation.

Curtiland Deville, MD, FASTRO, of Johns Hopkins University, served as discussant for this study. Dr. Deville remarked on the study's sound methodology and explained the Expanded Prostate Cancer Index Composite (EPIC). The discussion delved into the rationale of using proton therapy for the treatment of PCa, highlighting that patients fared very well in this trial regardless of treatment modality. Dr. Deville called for further results from this trial to help inform practice. "Is this practice informing? Yes. Is it practice changing? In my opinion, not quite."

Kristin Higgins, MD, of City of Hope Cancer Center Atlanta, presented "Concurrent Chemoradiation +/- Atezolizumab (atezo) in Limited-Stage Small Cell Lung Cancer (LS-SCLC): Results of NRG Oncology/Alliance LU005."

This international, phase III randomized trial showed timing matters when adding immunotherapy to radiation therapy for people with limited-stage small cell lung cancer. While prior research found immunotherapy given after chemotherapy and radiation were completed could extend overall survival, this study showed delivering those treatments at the same time did not confer the same benefit.

"This seemingly small difference in the timing of when the drug is delivered has a very significant impact on the results," Dr. Higgins said. "At the same time, we found that changing the way you deliver radiation — giving it twice daily — improved survival rates compared to the once daily approach."

Further examining Dr. Higgins' study, discussant Robert Samstein, MD, PhD, Icahn School of Medicine at Mount Sinai stated, "Unfortunately, in the results of the study that Dr. Higgins showed, there was no benefit observed in overall survival, progression-free survival, distant metastasis-free survival or local failure as well as in subset analysis, clearly demonstrating that in this setting there was no benefit of the addition of atezoluzumab to

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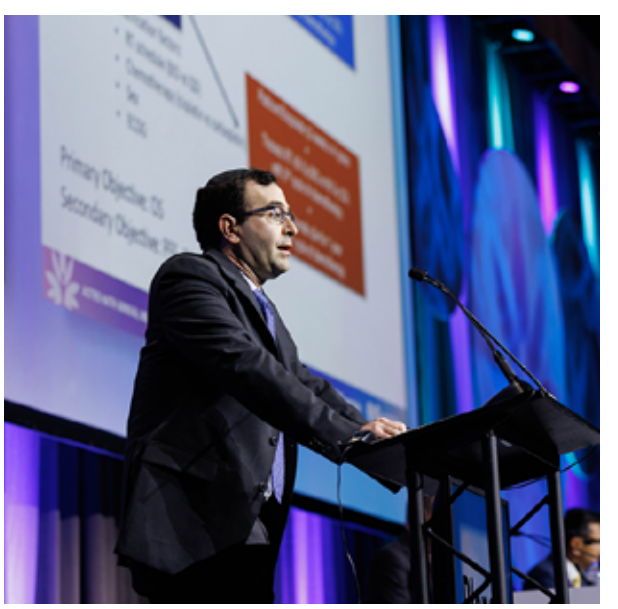



standard of care chemoradiation. We need to strongly reconsider approaches with concurrent immunotherapy and radiation, particularly in the setting of significant lymph node or blood volume dose."

"Interim Futility Results of NRG-HN005, a Randomized, Phase II/III Non-Inferiority Trial for Non-Smoking, p16+ Oropharyngeal Cancer Patients" was presented by Sue S. Yom, MD, PhD, FASTRO, of the University of California, San Francisco.

In this phase II randomized trial, researchers tested two lower-intensity radiation treatments for people with HPV-associated, local, regionally advanced oropharyngeal squamous cell carcinomas against standard of care chemoradiation. The trial was halted when patients in the traditional arm reached a two-year estimated progression-free survival rate of 98.1%, and there were excessive failures in the dose-reduced arms.

"Deintensification of radiation treatment for HPV-associated oropharyngeal cancers is of very high interest to patients and researchers, but our study makes clear that these approaches should remain very experimental," Dr. Yom said. "I think this study is a good reminder that patients with this disease have really outstanding cure rates after we treat them with contemporary chemoradiation. At this point, neither of the deintensification options we tested would be appropriate for standard of care use, because you would actually be reducing some patients' chance for a cure."

Closing out the session, Sewit Teckie, MD, MBA, of New York City Health and Hospitals, served as discussant of Dr. Yom's study. "I think we can all agree that for patients and for us physicians, the goal is cure. Patients want to preserve their function, and they want to live pain free." Dr. Teckie further stated, "We had previously accepted that in phase II trials, the progression pre-survival rate of 90% at two years was acceptable. I want to argue with these results that that number is no longer acceptable." Dr. Teckie further concluded that the standard of care should remain 70 Gy and cisplatin.

*ASTRO staff Beth Bukata, Lisa Braverman, PhD, Amanda Helms, and Diane Kean, PMP, contributed to this article.*

# Sandler shares optimism on the future of radiation oncology

BY JENNIFER JANG, MHS, ASTRO COMMUNICATIONS

**YESTERDAY'S AUDIENCE BENEFITED FROM THE WORDS** of ASTRO President Howard Sandler, MD, MS, FASTRO, compelled to both reflect on the rapidly changing landscape of radiation oncology as well as equip oneself with a reliable karaoke song. Daniel Hamstra, MD, PhD, FASTRO, Baylor College of Medicine, expanded upon Dr. Sandler's many roles as teacher, colleague, mentor and friend. The list of accomplishments is both rich and dense, as a clinical trialist, one who changed how prostate cancer is treated, serving at NRG Oncology committees in 3-D and GU. More personally, his calm demeanor and dry wit have corralled a generation of radiation oncologists going into GU cancers. "He was mindful before mindfulness was even a thing."

> "He was mindful before mindfulness was even a thing."
>
> *– Daniel Hamstra, MD, PhD, FASTRO*

Dr. Sandler retraced his career path starting in 2004, giving advice to a company seeking FDA approval. In response to a need for in-house RO experience, he organized a six-month sabbatical at the Center for Devices and Radiological Health (CDRH). He followed up his time at the FDA by asking ASTRO if he could be part of the ASTRO FDA subcommittee. Subsequently, he joined the Government Relations (GR) Committee, which grew into roles as Vice-chair and Chair of the GR Committee, Board member of the GR Council for four years, and finally president of ASTRO.

Taking the helm as president, Dr. Sandler noted that while intuition might provide a rationale for a relationship between well-being and better results for patients, he was curious if there is proof. He spearheaded this year's theme, "Targeting Provider Wellness for Exceptional Patient Care." Dr. Sandler mentioned tools that influence provider wellness, including peer support, a focus on meaning and coming to work "well." At the institutional level, managing workload is key, along with a sense of control, and built-in rewards such as compensation, time and influence.

Why does clinician well-being matter? Physicians have exhibited greater burnout than the general population. Dr. Sandler encouraged a focus on defining work-related well-being as "occupational well-being." Dr. Sandler shared reasons for optimism: amidst the difficulty of radiation therapy as a field, treatments have improved tremendously.

To close, Dr. Sandler left the audience with several morsels of advice. In life, be prepared, think ahead, prepare for situations that might arise. Be careful when using the phrase "this is the gold standard," as in "radical cystectomy is the 'gold standard' for bladder cancer treatment." Please give back. Action points include: 1) Donate to the ASTRO PAC, and while here, visit the ASTRO PAC Pod. 2) Volunteer for your Society and write to your congressional representatives. Even now, there is a grassroots push for 1,000 messages to be sent by tomorrow, October 2. 3) Donate to the ROI. The research is important to our Society.

Dr. Sandler thanked his mentors and guides. He capped off his thanks with gratitude to his family, including his wife, children and three grandchildren, who countless times heard: "See you later, I'm going to work."

# Keynote offers practical and bite-sized applications to cultivate well-being

BY JENNIFER JANG, MHS, ASTRO COMMUNICATIONS

**SETTING THE STAGE FOR OUR FIELD**, Malika Siker, MD, FASTRO, Medical College of Wisconsin, opened the first keynote session with a picture of our reality, as we confront and try to overcome daily attacks on our well-being. Enter Bryan Sexton, PhD, Director of the Duke Center for Healthcare Safety and Quality, who has researched solutions to this, presenting them through publications and social media accounts. His approaches are evidence-based and feasible, offering clarity and relief in our complex environment. Attendees eagerly leaned forward to learn more about microdosed interventions that we can all fit into our busy lives, implementing prioritization of our well-being.

Dr. Sexton's expertise has its roots at UT Austin with a PhD in psychology, followed by faculty positions at Johns Hopkins University and now at Duke University. He leads the efforts at the Duke Center for the Advancement of Well-being and Science around research and training that guide our quality improvement and well-being activities. A member of the Department of Psychiatry, Dr. Sexton is a psychometrician and develops methods of improving safety culture, leadership and workforce well-being.

Dr. Sexton defined "well-being" not as our default notion of "happiness," but rather as the ability to "do stuff." Citing a study by Duke, UCLA and Brigham & Women's Hospital, Dr. Sexton explained how stressed mammals exhibited the biological age to extend well beyond its chronological age. According to him, human stress is similar, and this accelerated aging has become normalized, to the point that our field has become accustomed to not just withstanding stress but testing its limit. Validating his point, the audience revealed their consensus on stressed behavior, ranging from skipping meals to sleeping less than five hours a night.

At this, Dr. Sexton presented the wisdom of Maya Angelou: "Each person deserves a day away in which no problems are confronted, no solutions searched for. Each of us needs to withdraw from cares which will not withdraw from us."

According to a study tracking 30,000 health workers through the pandemic and after, burnout is associated with lower patient satisfaction, medication errors, and higher standardized mortality ratios. During the pandemic, physician exhaustion decreased, possibly due to seeing fewer patients, telehealth and increased time at home, while conversely, nurses experienced steadily increasing emotional exhaustion over the same period. For every point increase in exhaustion, there was a 20% greater likelihood for the nurse to step away from the bedside setting. Exhaustion is common and staffing difficult. "We don't have gas in the tank to do heavy lifts," Dr. Sexton said, "We need bite-sized strategies to begin to make a difference."

All the more, understanding the "social contagion effect of well-being" is critical, as a quarter of one's well-being is determined by surrounding company. "Burnout is a team sport," he declared, and needs to be treated as such. Dr. Sexton shared the consequences of not addressing burnout, including multiple disruptive behaviors like workplace bullying, turning backs on conversations, and exhaustion.

> "The true nature of well-being is not being happy all the time, it's the ability to see the good and the bad across situations."
>
> *– Bryan Sexton, PhD*

However, while burnout is contagious, so is well-being. This two-way phenomenon revealed itself in a study of Notre Dame freshmen, where non-depressed and depressed roommates were paired in a dormitory. Six months into their living arrangement, depressed students became less so, and the originally non-depressed showed signs of depression.

"Your focus determines your well-being." The true nature of well-being is not being happy all the time. It's the ability to see the good and the bad across situations. When asked how we interpret ambiguity, the answer is determined by the state of our well-being.

Dr. Sexton cited Christina Maslach, PhD, author of the Maslach Burnout Inventory (MBI), who identified three pillars of burnout: emotional exhaustion, depersonalization and resultant callousness, and inefficacy, a diminished sense of accomplishment. "Burnout, at its core, is the impaired ability to experience positive emotion," Dr. Sexton explained.

So, how can burnout be decreased? Dr. Sexton presented interventions that meet the diagnostic criteria for "bite-sized:" simple, brief, recovery comes quickly, and the benefits endure. Barbara Fredrickson described 10 traits of positive emotions: joy, gratitude, serenity, interest, hope, pride, amusement, inspiration, awe and love. Positive emotions recharge our batteries, and it's the frequency, not magnitude, that matters. This revelation conveyed the effectiveness of microdosing and the overall approach to trigger just a little bit of interest, hope, etc. If positive emotions are essential to well-being, how do we super charge them? How we share information with other human beings is critical, through active constructive responding, that is, reacting positively, being interested and caring about their personal news.

Dr. Sexton engaged the audience in an exercise to practice active constructive responding, including behaviors of maintaining eye contact and asking engaging questions. The healthy hum of conversations conveyed the energy and interest that Dr. Sexton initiated. A majority show of hands revealed a better mood from sharing. This exercise applies to groups as well, especially through the positive rounding frame: sharing sequentially, what are three things that are going well and one that could be improved? By the time staff has reviewed these questions, psychological safety has been established and they're exploring ways to improve their practice. This type of conversation gives access to positive emotions as a route to fix things that are broken. One study revealed that a 10-point increase in this practice was associated with a 28% reduction in the odds of burnout. There is no magic wand, but leadership done the right way is the closest we can get to it.

Dr. Sexton's presentation on interventions to improve well-being informed and validated the prevalence and severity of well-being deficits, and ultimately encouraged his audience. The weariness of our field resonated, but that much more, so did the assurance of feasible interventions.

# Grateful and Energized: My Final Annual Meeting as CEO


**AS I THINK BACK OVER MY 22 YEARS AS CEO**, so many of my favorite memories were made during Annual Meetings. The Annual Meeting is the largest and most exciting gathering of ASTRO members, and it is where I most pointedly feel admiration for the incredible professionals who form our Society.

ASTRO's heart is its members. It has been an extraordinary privilege to lead this organization of brilliant, engaged individuals, and to see that thoughtfulness on full display at the meeting. In addition to treating patients with care and compassion every day, as well as conducting and presenting research that furthers the field, our members excel in an array of diverse interests and hobbies.

The people I have met during my years at ASTRO are truly amazing. ASTRO's membership is creative, technologically savvy, empathic, and in pursuit of excellence at every turn. Listening to the successes and challenges you face in the clinic and the lab is humbling.

Coming together at the Annual Meeting, especially in-person since the pandemic, fills me with energy and optimism. We have seen the meeting grow substantially over the past 22 years. There is nothing quite like the buzz of a convention center hallway at the Annual Meeting; of members gathering near the large ASTRO sign with pride.

This meeting is productive and joyful. The programming, both in and outside the convention center, has grown in large part because of your investment in this experience. Your cutting-edge research, and the innovations we see around every corner, enable radiation oncology to flourish.

It is my greatest hope that I have played a small part in stewarding a Society of which you are proud. The respect and admiration you clearly demonstrate for one another is entirely mutual. Thank you for making my job such an easy one, and I hope you had a wonderful meeting!

*Laura J. Thevenot*
**ASTRO CEO**

# Introducing the Radiation Oncology-Biology Integration Network

***A collaborative interdisciplinary effort that will apply new biological knowledge to optimize radiation therapy in combination with systemic drugs, immunotherapy, and other agents***

ROBIN
RADIATION ONCOLOGY-BIOLOGY INTEGRATION NETWORK

BY BHADRASAIN VIKRAM, MD FASTRO, CHIEF-CLINICAL RADIATION ONCOLOGY BRANCH | RADIATION RESEARCH PROGRAM | DIVISION OF CANCER TREATMENT & DIAGNOSIS, NCI/NIH

**OVER FIVE YEARS AGO**, the National Cancer Institute (NCI) Clinical Trials and Translational Research Advisory Committee (CTAC) formed a Working Group under its Translational Research Strategy Subcommittee (TRSS), to address unanswered questions critical to advancing the field of radiation oncology. This Working Group on Radiation Oncology surveyed the scientific horizons to identify translational research knowledge gaps and selected the most provocative and impactful research questions to advance this form of cancer treatment. The Working Group also identified and discussed the most important opportunities for the application of new technologies to radiation oncology translational research.[1]

Subsequently, the NCI Board of Scientific Advisors (BSA) approved two Funding Opportunity Announcements for U54 cooperative agreements (RFA-CA-21-040, RFA-CA-22-046) soliciting applications for U54 Research Centers that would collectively establish the Radiation Oncology-Biology Integration Network (ROBIN). The network centers would provide highly focused research capabilities that would:

- Prioritize and support research to test translational hypotheses that advance understanding of mechanistic interactions and biologic consequences of irradiation;
- Support longitudinal collection of clinically annotated research biospecimens before, during and after irradiation;
- Develop a multidisciplinary workforce and engage stakeholders with the expertise to conduct studies in translational and pre-clinical research to best inform clinical radiation oncology studies, including leveraging data science and informatics approaches.

Numerous high-quality applications were received and underwent rigorous peer review and five were ultimately approved for funding by the NCI's National Cancer Advisory Board.

See the five selected and learn more at https://rrp.cancer.gov/programsResources/robin.htm.

**REFERENCE**

1 National Cancer Institute. Clinical Trials and Translational Research Advisory Committee – Radiation Oncology Working Group Report. November 4, 2020. Accessed on September 19, 2024. https://deainfo.nci.nih.gov/advisory/ctac/1120/RadOncWGreport.pdf.












ASTRO 2024
#RadOnc
#MedPh
We ♥ Our Patients

# Photos of AS



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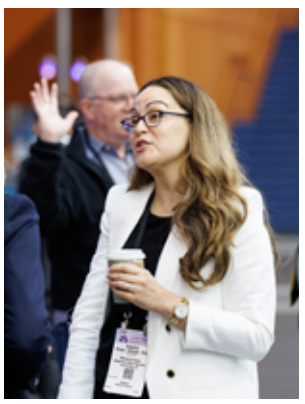
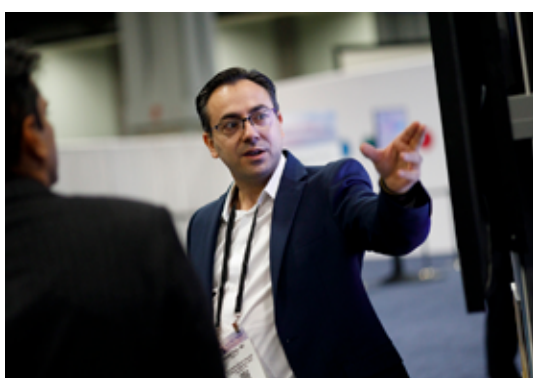
Radiation Oncology Institute













# STRO 2024











# Awards

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

## ASTRO GOLD MEDAL

May Abdel-Wahab, MD, PhD, FASTRO
*International Atomic Energy Agency (IAEA)*
*Vienna, Austria*

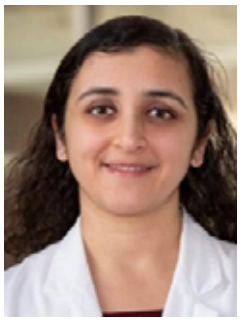
Paul Harari, MD, FASTRO
*University of Wisconsin*
*Madison, WI*

Mack Roach III, MD, FASTRO
*University of California San Francisco*
*San Francisco*

## 2024 ASTRO MENTORSHIP AWARD RECIPIENTS

Felix Feng, MD
*University of California San Francisco*
*San Francisco*

David Gius, MD, PhD, FASTRO
*UT Health San Antonio*
*San Antonio, Texas*



Vinita Takiar, MD, PhD
*UC Health*
*Cincinnati, Ohio*

## 2024 HONORARY MEMBER

Laura Thevenot
*ASTRO CEO*
*Arlington, Virginia*

# 2024 ASTRO Fellows

**Carryn Anderson, MD**
University of Iowa, *Iowa City, Iowa*

**Janna Z. Andrews, MD**
Northwell Health, *Sleepy Hollow, New York*

**Leslie Ballas, MD**
Cedars-Sinai Medical Center, *Los Angeles, California*

**Beth M. Beadle, MD, PhD**
Stanford University, *Palo Alto, California*

**Andrea Bezjak, MD**
Princess Margaret Cancer Centre, *Toronto, Ontario*

**Rachel C. Blitzblau, MD, PhD**
Duke University, *Durham, North Carolina*

**Aileen Chen, MD, MPP**
The University of Texas MD Anderson Cancer Center, *Houston, Texas*

**Junzo Paul Chino, MD**
Duke Cancer Center, *Durham, North Carolina*

**Casey Chollet-Lipscomb, MD**
Tennessee Oncology, *Nashville, Tennessee*

**Christine Chung, MD**
John Muir Cancer Medical Group, *Walnut Creek, California*

**Curtiland Deville Jr., MD**
Johns Hopkins University, *Washington, DC*

**Kiran Devisetty, MD**
Johnson & Johnson, *Wayne, Pennsylvania*

**Felix Y. Feng, MD**
University of California San Francisco, *San Francisco, California*

**Mary Feng, MD**
University of California San Francisco, *San Francisco, California*

**Laura M. Freedman, MD**
University of Miami, *Deerfield Beach, Florida*

**Thomas J. Galloway, MD**
Fox Chase Cancer Center, *Philadelphia, Pennsylvania*

**Sharad Goyal, MD**
George Washington University, *Washington, DC*

**Michael G. Haddock, MD**
Mayo Clinic, *Rochester, Minnesota*

**Jona A. Hattangadi-Gluth, MD**
University of California San Diego, *San Diego, California*

**Daniel J. Indelicato, MD**
University of Florida, *Jacksonville, Florida*

**Jerry Jaboin, MD, PhD, MBA**
OU Health Sciences, *Oklahoma City, Oklahoma*

**Corbin R. Johnson, MD**
Vanderbilt University, *Franklin, Tennessee*

**Bobby N. Koneru, MD**
FHN Memorial Hospital, Loyola University Stritch School of Medicine, *Freeport, Illinois*

**Yaacov R. Lawrence, MD, MBBS**
Sheba Medical Center, *Ramat Gan, Israel*

**Lilie Lin, MD**
The University of Texas MD Anderson Cancer Center, *Houston, Texas*

**Shannon M. MacDonald, MD**
Massachusetts General Hospital, *Boston, Massachusetts*

**Brian Marples, PhD**
University of Rochester, *Rochester, New York*

**Jyoti S. Mayadev, MD**
University of California San Diego, *San Diego, California*

**Dimitris N. Mihailidis, PhD**
University of Pennsylvania-Penn Medicine, *Philadelphia, Pennsylvania*

**Jean M. Moran, PhD**
Memorial Sloan Kettering Cancer Center, *New York, New York*

**Quynh-Nhu Nguyen, MD**
The University of Texas MD Anderson Cancer Center, *Houston, Texas*

**Lincoln K. Pao, MD**
COUA & ROC, PC, *Lafayette, Colorado*

**Tony S. Quang, MD, JD**
VA Long Beach Medical Center, *Long Beach, California*

**Amar Rewari, MD, MBA**
Luminis Health, *Annapolis, Maryland*

**Kenneth B. Roberts, MD**
Yale University School of Medicine, *New Haven, Connecticut*

**Clifford Robinson, MD**
Washington University School of Medicine in St. Louis, *Saint Louis, Missouri*

**Julie K. Schwarz, MD, PhD**
Washington University in St. Louis, *Saint Louis, Missouri*

**David Sher, MD, MPH**
University of Texas Southwestern, *Dallas, Texas*

**Malika L. Siker, MD**
Medical College of Wisconsin, *Milwaukee, Wisconsin*

**Oscar E. Streeter Jr., MD**
Summa Health Medical Group, *Barberton, Ohio*

**Cristiane Takita, MD, MBA**
University of Miami, Sylvester Comprehensive Cancer Center, *Miami, Florida*

**Stephanie Terezakis, MD**
University of Minnesota, *Minneapolis, Minnesota*

**Mylin A. Torres, MD**
Emory University, *Atlanta, Georgia*

**Christina Tsien, MD**
McGill University, *Montreal, Quebec*

**James S. Welsh, MD**
Loyola University, *Maywood, Illinois*

**Ying Xiao, PhD**
University of Pennsylvania, *Philadelphia, Pennsylvania*

**Kamil M. Yenice, PhD**
University of Chicago, *Chicago, Illinois*

**Hsiang-Hsuan Michael Yu, MD**
H. Lee Moffitt Cancer Center, *Tampa, Florida*

# Incoming ASTRO CEO Vivek S. Kavadi Addresses the ASTRO Annual Meeting

BY ALEX CARRIGAN, ASTRO JOURNALS

**ON MONDAY MORNING, VIVEK S. KAVADI, MD, MBA, FASTRO,** appeared ahead of the first Keynote session to introduce himself to the members of ASTRO. Dr. Kavadi, who will assume the role of ASTRO CEO on November 1, began his speech by discussing the last time he attended the ASTRO Annual Meeting in Washington, DC, having presented a study on stage 3 cervical cancer as a young physician back in the 1990s.

Dr. Kavadi then outlined the mission and vision of ASTRO, while also naming his personal heroes: Jay Harris, Lester Peters, Kian Ang, Gunar Zagars, and Anthony Zietman.

"[They] taught me the core essence of not just being a radiation oncologist, but how to excel as a professional," Dr. Kavadi said.

Dr. Kavadi spoke about the goals and objectives of ASTRO, which he said "safeguards the well-being" of the field of radiation oncology. He then spoke about his focus and initiatives, which include the following:

- Member outreach
- Public policy
- Value of radiation oncology
- Budget and continued financial viability
- Support of science and innovation
- International growth
- Expanding scope of the specialty

"There will be a strong focus on calculating the value of radiation oncology and working to tell that story effectively," Dr. Kavadi said. "Science and innovation is the lifeblood of our specialty."

Dr. Kavadi then spoke highly of the diversity of ASTRO's membership. He noted the growing percentage of international members, the variety of practice types, primary employers, and practice locations.

"At a core level, we can agree on what ASTRO is all about," Dr. Kavadi said before reiterating ASTRO's essential role of radiation oncology in advancing cancer care.

Dr. Kavadi closed his speech by showing photos of his family, even noting that one of his sons is currently a radiation oncology resident, which he stated was an "added, close incentive to look out for the future of our field."

**Top L-R:** Julia Rowland, Smith Center for Healing and the Arts; Erin Price, Smith Center for Healing and the Arts; Aprylle Wallace,Touch4Life Curtiland Deville Jr, MD, FASTRO, ASTRO; Jason Domogauer, MD, PhD, ASTRO; Jenna Kahn, MD, ASTRO

**Bottom L-R:** Laura Thevenot, CEO, ASTRO; Laura Crandon, President and Founder, Touch4Life; Lisa Simms-Booth, Executive Director, Smith Center for Healing and the Arts; Michael LeCompte, MD, ASTRO

# 2024 Survivor Circle Grants awarded Monday

**YESTERDAY, ASTRO AWARDED SURVIVOR CIRCLE GRANTS OF $12,500 EACH** to the Smith Center for Healing and the Arts and Touch4Life. Survivor Circle was created in 2003 to honor cancer survivors by recognizing organizations that provide support in the fight for survivorship.

Based in Washington, DC, the Smith Center for Healing and the Arts is a nonprofit health, education and arts organization. Their mission is to develop and promote healing practices that explore physical, emotional and mental wellness by utilizing the arts. Since 1996, the Center has provided cancer retreats, support groups, creativity workshops, patient navigation, nutrition classes and resources for people undergoing a cancer journey. The programs focus on cultivating each person's innate ability to heal, helping participants explore meaning and maintain hope.

Lisa Simms-Booth, Executive Director, described the Award's impact: "The Smith Center for Healing and the Arts is deeply grateful for support from ASTRO for our cancer support groups and Healing circles. Funding enables the Smith Center to reach a broader diversity of patients, survivors and caregivers impacted by cancer, including those who may not have been able to access our unique blend of compassionate, creative, and integrative care, including those from historically underserved communities across the DC region."

Touch4Life is committed to cancer health equity focused on biomarker and genetic testing, with an overall mission to increase the breast health IQ of BIPOC and underserved communities and eliminate disparities in breast cancer outcomes. While based in Maryland, the nature of Touch4Life's mission extends to educate across states as they bring their information to conferences and online events and via their website.

Founder Laura Crandon described the grant's significance: "Receiving the Survivor Circle Award is an incredible honor for Touch4Life. As a nonprofit dedicated to empowering underserved communities and advocating for health equity, this recognition from ASTRO amplifies our mission. It highlights the impact of our work in educating the community about treatment options and ensuring they receive the health care they deserve. This award will help us expand our reach, grow our volunteer network, and continue making a meaningful difference."

# PRESS HIGHLIGHTS

## New Data Offers Hope for Cognitive Recovery After Cranial Radiation Therapy

Patients with brain metastases may regain full cognitive function after experiencing side effects from cranial radiation therapy, according to a study presented Sunday in CNS 2: CNS Metastases and Normal Tissue Toxicity (Abstract 150). The pooled analysis of three phase III clinical trials found that 38% of patients returned to baseline levels on neurocognitive tests within six months of treatment, and 42% within a year. Recovery was more likely among those treated with more conformal radiation techniques, including both stereotactic radiosurgery (SRS) and hippocampal avoidant whole-brain radiation therapy (HA-WBRT).

"Our data suggest these side effects are not necessarily permanent but potentially reversible. We were able to define this novel concept of cognitive recovery, and we saw that a sizeable portion of patients, after experiencing cognitive side effects, actually got better," said lead author Hua-Ren Ryan Cherng, MD, of the University of Maryland Medical Center. "And not just better but fully recovered, showing no evidence of any lingering decline according to their cognitive testing."

Although not all patients made a full recovery, roughly three-fourths recovered at least some lost cognitive function. "That's a staggering amount," said Dr. Cherng, who added that these findings will be useful in counseling patients with brain metastases as they consider treatment options. Among the subset of patients who continued cognitive testing for two years of follow-up (n=65), two-thirds demonstrated sustained cognitive recovery.

## Study Highlights Barriers to Black Patient Participation in Cancer Clinical Trials

Spiritual beliefs and distrust of clinical research may influence Black patients' decisions whether to participate in cancer clinical trials, finds a new survey presented Monday in the DEIH 1 session (Abstract 215). The research, which was conducted at two Baltimore medical centers, found that while Black patients reported high levels of trust in their cancer care teams, they were more likely than non-Black patients to express spiritual beliefs that illness outcomes are determined by God, and to harbor concerns rooted in historical and systematic injustices.

Lead author Charlyn Gomez, BS, a medical student at the University of Maryland School of Medicine, emphasized that recruitment efforts must go beyond informed consent, acknowledging patients' values and addressing the mistrust that has developed over decades. "If we want to improve recruitment of underrepresented people in clinical research, we cannot just talk about trial goals. We have to look beyond that to understand where the patient is coming from and what their priorities are."

The study underscores the need for tailored recruitment strategies that consider psychosocial factors, such as spirituality, and suggests that including family and community members in these discussions may be beneficial. Researchers hope these insights will lead to more effective clinical trial recruitment efforts, ensuring that cancer research findings are representative of diverse populations.

BERNARD FISHER, MD

# One Weekend in September

## *The Story of Bernie Fisher and the Breast Cancer Treatment Revolution*

BY STACY WENTWORTH, MD

**FIFTY YEARS AGO, A FEW MILES FROM** where you are sitting, the world of breast cancer treatment changed forever.

Just weeks after her husband pardoned President Nixon, First Lady Betty Ford shocked the world by announcing that she had breast cancer. When a doctor palpated a mass during a routine exam, the First Lady was immediately scheduled for surgery. On September 28, 1974, Betty Ford underwent a one-stage procedure where a biopsy was performed followed by an immediate radical mastectomy.

Insisting on transparency, Betty Ford did the unthinkable and shared her diagnosis with the American public. As a result, breast screening centers were flooded with calls resulting in a surge in breast cancer diagnoses that was later called "The Betty Blip." Thanks to her bravery, the stigma around breast cancer began to fade.

Across the street from Mrs. Ford's hospital room, another major announcement was set to take place. Bernard Fisher, MD, chairman of the newly reorganized National Surgical Adjuvant Breast and Bowel Project (NSABP), was nearing the end of enrollment for two important clinical trials. NSABP B-04 was the first randomized trial testing how much local treatment was necessary to cure cancer. The trial pitted the Halstedian concept of cancer spread (the radical mastectomy) against the Fisher model represented by a modified radical mastectomy. A third arm evaluated whether radiation rather than surgery could be used to treat a clinically negative axilla.

Dr. Fisher had completed the first randomized trial of prolonged chemotherapy after surgery. Positive reports of giving the oral agent L-PAM adjuvantly had circulated through the National Cancer Institute (NCI). Leaders pressured Dr. Fisher to give an update, and he reluctantly agreed. He shared his interim results on two conditions: 1) This would be a report to professionals only and 2) there would be no press.

Nathaniel Berlin, MD, PhD, the NCI official who led the Breast Cancer Task Force, spent months organizing a scientific conference on advances in the detection and treatment of breast cancer. "A Report to the Nation on Breast Cancer Treatment" was scheduled for September 30. Dr. Berlin understood that it was too early for the preliminary findings to be released publicly but felt the L-PAM data was so compelling that an official presentation was necessary.

Two days before the conference, the most famous woman in America announced she had breast cancer. The Cancer Letter reported, "Any chance that the report would be limited to the profession with little public awareness disappeared with Betty Ford's illness."[1]

That weekend, Dr. Fisher began burying the radical mastectomy and pressing our field toward a systemic rather than surgical approach to breast cancer. Surgical meetings in the 1970s took on a Jerry Springer vibe as leading surgeons publicly accused Dr. Fisher and those who believed his data of committing medical malpractice for championing a less radical approach.

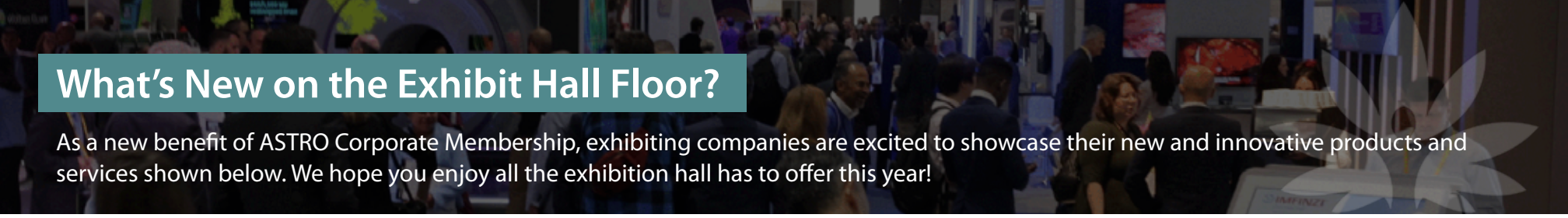
Despite these detractors, Dr. Fisher led the NSABP for almost fifty years. He established the randomized control trial as the standard in clinical cancer research and convinced tens of thousands of surgeons around the country to change their practices. Under Dr. Fisher, the NSABP completed the first neoadjuvant chemotherapy trials, cemented breast conservation as a reasonable alternative to mastectomy and showed for the first time that breast cancer could be prevented using a new medication called tamoxifen.

Hear more about this remarkable man and the history of breast cancer treatment by scanning the QR code or subscribing in your favorite podcast app.

*Stacy Wentworth, MD, is a Clinical Associate in the Department of Radiation Oncology at Duke University School of Medicine. Her weekly newsletter, Cancer Culture, was a 2023 Substack Featured Read. She is a member of the ASTRO History committee.*

**REFERENCES**

1 Breast cancer report to the profession suddenly is a report to the nation; treatment progress noted. Cancer History Project. October 4, 1974. Accessed September 6, 2024. https://cancerhistoryproject.com/tcl-archive/19741004-1/.



# What's New on the Exhibit Hall Floor?

As a new benefit of ASTRO Corporate Membership, exhibiting companies are excited to showcase their new and innovative products and services shown below. We hope you enjoy all the exhibition hall has to offer this year!

### ACCURAY — Booth 1027
Accuray provides precise radiotherapy solutions that adapt to evolving patient needs, enabling you to deliver exceptional treatments with efficiency and confidence. Together, we create a resilient department and advance cutting-edge cancer care.

### Alpha Tau Medical — Booth 409
Alpha Tau will showcase new clinical results for pancreatic, head & neck, and vulvar tumors using Alpha DaRT. We will also present our latest brain tumor delivery system and demonstrate the Radium-224 based intralesional treatment for solid tumors.

### Boston Scientific — Booth 1001
Join Boston Scientific for a physician-led perirectal spacing IET. Experience how SpaceOAR Vue™ Hydrogel is visibly different. Learn how next-gen SpaceOAR Vue Hydrogel with CT visibility may optimize treatment planning and streamline workflow.

### Brainlab — Booth 1926
Brainlab will be showcasing its innovations in patient positioning and monitoring, including the brand new ExacTrac Dynamic Surface®, the indication-specific RT Elements workflows for radiosurgery planning and the Brainlab Novalis Knowledge services.

### C4 Imaging, LLC — Booth 2149
C4 imaging features Orion, the first MRI positive signal line marker for HDR. In conjunction with MRI imaging, Orion facilitates improving radiation dose distribution to the targeted tumor and avoiding normal tissue when utilizing HDR brachytherapy.

### Castle Biosciences — Booth 2612
DecisionDx-SCC accurately predicts the risk of distant or nodal metastasis and identifies who will benefit most from adjuvant radiation therapy in SCC patients with one more NCCN high risk factors. info.castlebiosciences.com/radonc

### CDR Systems — Booth 2540
The EQUILIBRIUM Patient Rotation Overlay is designed for VMAT / TBI treatments. Keep your patients securely indexed while the fixed rotation safely rotates the patient from Head-First to a Feet-First position in your CT or Treatment rooms.

### Cellectar Biosciences — Booth 2145
Cellectar Biosciences is a late-stage, clinical biopharmaceutical company developing a proprietary PDC platform with the ability to deliver a broad array of therapeutic modalities to target cancers.

### Coherus — Booth 2700
Educational information about nasopharyngeal carcinoma.

### Fuse Oncology — Booth 2154
Fuse Oncology showcases FuseDocs, a generative AI solution for clinical documentation, and S!GNAL, providing real-time workflow visibility, enhancing charge capture accuracy, ensuring compliance, and reducing errors that cause denials.

### GammaTile — Booth 701
New data in Brachytherapy comparing GammaTile® to other stereotactic radiation, visit booth #701 to learn more. IET lunch symposia Sept 30, 12:00 p.m. - 1:00 p.m. Theater 1. Dr. Braunstein and Dr. Kim present GammaTile as a simple solution to challenges in brain tumor management.

### Hitachi America, Ltd. — Booth 2302
Hitachi is the leading provider of synchrotron-based proton/carbon/hybrid particle therapy systems. With a long history of successful installations, Hitachi is currently utilizing its knowledge and experience on three projects in the United States.

### Iron Medical Systems — Booth 1454
Iron Medical delivers top-tier IaaS with 99.999% uptime through a HITRUST certified infrastructure. Providers no longer need to go through a third party and can access our private medical cloud directly with IMS, saving millions of dollars annually.

### Klarity — Booth 2517
Elevate your positioning accuracy with Klarity's newest baseplates! Discover the power of Klarity Athena™ for comprehensive supine breast treatment flexibility, and explore the Klarity Uno™, your all-in-one solution for precision in every position.

### Lantheus — Booth 613
Accuray provides precise radiotherapy solutions that adapt to evolving patient needs, enabling you to deliver exceptional treatments with efficiency and confidence. Together, we create a resilient department and advance cutting-edge cancer care.

### LAP of America Laser Applications, L.L.C. — Booth 2008
Visit LAP to experience LUNA 3D, the cutting-edge SGRT solution for precise patient positioning and motion monitoring at LINAC and CT - it's as easy as a laser! Plus, get a demo of RadCalc's lightning-fast Fast Monte Carlo algorithm.

### Leo Cancer Care — Booth 1601
LCC will showcase live setups in their demo upright particle therapy solution and preview upcoming tech. Meet experts, explore recent research, and see how they're revolutionizing cancer care with precision and patient focus.

### Mevion Medical Systems — Booth 1917
Mevion will showcase its compact proton therapy solutions, including the MEVION S250-FIT Proton Therapy System*. The S250-FIT fits in an existing LINAC vault, cutting costs and complexity. *Not yet available for clinical use.

### MIM Software Inc. — Booth 1511
Better plans start with MIM. Visit the MIM Software booth to see how clinics around the world use our vendor-neutral plan preparation solutions to simplify reirradiation, reduce sim-to-treatment times, and draw better target volumes.

### Naveris, Inc. — Booth 2037
Come see how the NavDx® blood test is optimizing HPV+ OPSCC Surveillance. With unrivaled NPV and PPV, NavDx reliably informs disease status, enabling you to intervene earlier, and reassure patients that their disease is being effectively managed.

### NELCO — Booth 627
NELCO specializes in RT room renovations. We offer comprehensive solutions, including advanced shielding, state-of-the-art Guardian doors, and expert design/build services. NELCO ensures seamless upgrades, optimizing your facility for new equipment.

### Orfit Industries — Booth 2109
Orfit develops easy-to-use immobilization solutions chosen by 2,000+ customers worldwide for its precision, reproducibility and patient comfort. Visit booth 2109 to see the new TBI Step System, The AIO Solution® 3.0, extremities systems and more.

### Perspective Therapeutics — Booth 1231
Pb-212 is rapidly becoming a game changer in the Targeted Alpha Therapy space! Stop by Perspective's Booth 1231 to learn more about our proprietary Pb-212 technology, pipeline, programs and clinical trials. We look forward to telling you our story!

### PTW North America Corporation — Booth 605
The RUBY Adaptive Insert, featuring two prostate organ sets, allows for comprehensive E2E testing with daily organ variations. It also enables precise dose measurements in each organ, ensuring accurate and reliable QA in adaptive radiation therapy.

### RAD Technology Medical Systems — Booth 1443
Explore RAD's modular radiotherapy facilities, including the RAD Vault, RAD Center and RAD Temp. Designed for flexibility, these facilities are customizable and offer temporary, interim and permanent solutions.

### Radformation — Booth 2627
Boost quality, safety, and efficiency with Radformation's AI-driven automation tools. Streamline your workflow, reduce errors, and improve patient care. Visit booth 2627 to discover how our solutions can transform your workflow!

### RaySearch Laboratories — Booth 327
RayStation® eliminates bouncing among treatment machines or techniques. RayCare® streamlines adaptive oncology workflows. RayIntelligence® gives analytical insights of clinic operations. AI-driven solutions reshape cancer care by accelerating workflows.

### RefleXion — Booth 1313
The RefleXion X1 with SCINTIX therapy is the first self-driving radiotherapy platform. It enables the first-ever multi-modality treatment for multiple tumors in one single plan.

### ScandiDos — Booth 2136
Unveil the Exciting New Features of Delta4 Software!
NEW Delta4 Statistics Module: Effortlessly tag, filter, and analyze your plans. NEW Automatic Temperature Correction: Ensure accurate measurements with real-time temperature adjustments.

### Telix Pharmaceuticals — Booth 2308
Discover the future of healthcare at Telix Pharmaceutical's booth 2308. Stop by to learn more about how targeted radiation can better inform treatment decisions and personalized therapy in areas of significant unmet need.

### THERYQ — Booth 538
Explore THERYQ's innovative FLASH Technology Products at booth #538. Connect with our experts to discover the best solutions for your institution, including the latest addition to our portfolio for your FLASH radiobiology research needs.

### Varian, a Siemens Healthineers company — Booth 1627
Introducing RapidArc Dynamic, a defining moment in radiotherapy that uniquely leverages a dynamic collimator and combines the benefits of directional control of IMRT and the efficiency of VMAT in one solution. http://varian.com/rapidarc-dynamic.

### Voximetry — Booth 915
RPT dosimetry solutions you can trust! Torch® is the accuracy leader with the only full Monte Carlo absorbed dose calculation. Not ready for software? Learn how our remote dosimetry services can free you from capital, staff and training requirements.

## INDUSTRY-EXPERT THEATERS

**Theaters 1 and 2 are located in Hall C of the Exhibit Hall. Room 154 AB is located on the Street Level of the Walter E. Washington Convention Center.**

### TUESDAY, OCTOBER 1, 2024

**Theater 1**
**12:00 p.m. - 1:00 p.m. | Telix Pharmaceuticals**
*The Clinical Impact of PET/CT in Radiation Oncology*

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**Theater 2**
**12:00 p.m. - 1:00 p.m. | Novartis Pharmaceutical Corporation**
*PSMA-Targeted Radioligand Therapy in mCRPC: A Precision Approach*

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**Room 154**
**12:00 p.m. - 1:00 p.m. | MIM Software**
*Reducing Time to Treatment with MIM*

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## ASTRO 2024 Prior Authorization Survey Now Available!

**FIVE YEARS AGO, ASTRO LAUNCHED** its first nationwide prior authorization survey. Survey responses made it clear that restrictive prior authorization practices cause unnecessary delays and interference in care decisions for patients with cancer. Unfortunately, prior authorization restrictions only seem to have worsened, especially among Medicare Advantage plans, which enroll more than 50% of Medicare eligible beneficiaries.

While the Centers for Medicare and Medicaid Services (CMS) has issued policies streamlining the use of prior authorization, it is still a significant barrier for physicians trying to provide the best quality care to their patients. To combat the most egregious prior authorization practices, ASTRO must have current and relevant data to support our advocacy.

We encourage all domestic radiation oncologists to complete this survey so that ASTRO can gather the data necessary to continue pushing against prior authorization from both the regulatory and legislative sides.

Please check your email for your unique link to access the survey.

## ASTRO SPEED MENTORING SCHEDULE

### TUESDAY, OCTOBER 1

**1:15 p.m. - 2:15 p.m. | Early Career and Mentoring Lounge, East Salon C**

**TABLE 1**
**Building a Professional Network**

Fumiko Chino, MD

**TABLE 2**
**Navigating Bias**

Malika Siker, MD, FASTRO

**TABLE 3**
**Balancing Personal Life Transitions with Your Career**

Idalid (Ivy) Franco, MD, MPH

**TABLE 4**
**Expanding Your Scope: Treating Non-Malignant Disease**

Sameer Keole, MD, FASTRO

**TABLE 5**
**Establish and Expand Your RPT Service**

Dustin Boothe, MD

**TABLE 6**
**Leveraging AI for Radiation Oncology**

Trevor Royce, MD, MS, MPH

**TABLE 7**
**How to Handle Difficult Conversations with Patients**

Candice Johnstone, MD, MPH

**TABLE 8**
**How to be Successful with Clinical Trials**

Jeff Michalski, MD, MBA, FASTRO

# MAKE PLANS FOR ASTRO 2025!

## ASTRO'S 67TH ANNUAL MEETING
## REDISCOVERING RADIATION MEDICINE AND EXPLORING NEW INDICATIONS

**September 28 – October 1, 2025 · Moscone Center | San Francisco**

I'm thrilled to invite you to join me for ASTRO's 67th Annual Meeting in San Francisco! The theme for the meeting will be "**Rediscovering Radiation Medicine and Exploring New Indications**."

Our field continues to thrive and expand, with no limits in sight. As our members continue to provide world-class care to cancer patients, the potential for radiation medicine remains largely untapped. Many patients can benefit from the care we offer, and next year's meeting will provide valuable insights into these opportunities.

We plan to highlight the role of radiation therapy in treating non-malignant diseases, such as skin fibrosis, cardiac arrhythmias, and neurological disorders like Parkinson's disease, and we will focus on the use of radiopharmaceuticals for appropriate patients.

We believe there is a growing number of tools outside traditional treatment methods that radiation oncologists are uniquely positioned to deliver to the right patients.

We will also continue to emphasize the use of radiation therapy for malignant diseases, which remains the core of our daily work.

I look forward to seeing you at the Annual Meeting in 2025!

**Sameer R. Keole, MD, FASTRO**
*2024-2025 ASTRO President*

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