INNOVATION IN PATIENT CARE
ANNUAL MEETING FOCUSES ON CURRENT CHALLENGES AND TRENDS
Contents

Editor’s Notes  3
Chairman’s Update  4
Special Report  6
Special Report  7
Society News  
ASTRO Resource Center  8
Annual Meeting Supporters  8
Ambassadors  9
Health Policy Luncheon  10
Recognition  11
Presidential Address  13
Keynote Addresses  15
Plenary Papers  18
Survivor Circle Winner  19
Awards Ceremony  20
Editor’s Notes

Many contribute to Annual Meeting’s success

When the Astronews editorial board met to plan this online edition, a suggested topic for my column was to discuss what the Annual Meeting meant to me. I laughed when I heard this because for the past 10 years or so it has been equated with an increasing number of committee meetings. How can I generate an interesting story out of a bunch of meetings?

The Annual Meeting is devoted to the art and science of radiation oncology. Over the years, it has morphed into an enormous undertaking with an increasing number of moving parts. When the membership pauses to think about ASTRO committees, they generally name Health Policy and Government Relations as two of the more visible, most active committees, and they would be right. The Annual Meeting committee, however, should certainly be in the discussion, given the importance and size of our meeting. This committee resides in the Education Council, one of the five major councils that oversee ASTRO governance. It is actually three committees, consisting of a Steering Committee, the Scientific Committee and the Education Committee. Two subcommittees are devoted to ARRO and Nursing programs.

The part that we all see and hear—the educational sessions and abstract presentations—is the result of months of work by the Education and Scientific committees. As overall Committee Chair, Lynn D. Wilson, MD, MPH, FASTRO, was responsible for overseeing this year’s program. He and his team, including Ben Movsas, MD, FASTRO, Andrea Ng, MD, and Catherine Park, MD, among others, reviewed more than 3,000 abstracts and offered a wide range of clinical updates from leaders in their respective fields. They were also responsible for the Plenary Session devoted to major scientific papers. This was Dr. Wilson’s first year at the helm, but he had an excellent predecessor in Ted DeWeese, MD, who was committee chair for the previous three Annual Meetings.

But let’s face it: none of these subcommittees (or any of the Councils, for that matter) go anywhere without ASTRO staff support. The Annual Meeting is an all-hands-on-deck endeavor that takes more than a year to organize. As a past chairman (Communications) and a current co-chairman (Health Policy), I can tell you from personal experience that the staff, as a whole, is the hardest working group of men and women I’ve ever known. Venues are now contracted 10 years in advance with only a handful of cities capable of accommodating 11,000-plus participants. ASTRO Director of Meetings Michele Donohue and her team visit the site three or four times over the course of the year leading up to the meeting and organize everything from signage to shuttle buses.

When Superstorm Sandy hit Boston on Monday, October 29, some very quick decisions had to be made with municipal public safety officials. Some folks may have been unhappy with those decisions, but it was the right thing to do given an extraordinary, and potentially very dangerous, situation. Hats off to the staff for putting safety first. In addition, more than 70 faculty members were unable to make it to Boston because of weather-related issues. In a real show of teamwork, faculty who were on-site stepped up and filled in for their brethren who were waylaid by the storm.

Thankfully, catastrophic events like Katrina and Sandy are infrequent. Storm or no storm, the Annual Meeting Committee is already at work on next year’s gathering. I look forward to seeing you in Atlanta!

Dr. Eichler is the medical director of radiation oncology at the Thomas Johns Cancer Hospital in Richmond, Va. He welcomes comments on his editorial at astronews@astro.org.
“DISASTRO” TO TRIUMPH

THE ANNUAL MEETING IN BOSTON is now in the history books, and it will be one to be remembered. The run up to the meeting anticipated record-breaking achievements, including a record number of abstracts submitted for review and a predicted record attendance as we were tracking to surpass the previous ASTRO attendance record set in Boston in 2008. Then Superstorm Sandy roared onto the Eastern Seaboard devastating New Jersey and wide areas of New York. Boston, on the northern edge of storm, was far less affected by the devastation. Nevertheless, many intending to come to ASTRO 2012 did not due to concern about flying into the affected region or because of the cascade of cancelled flights that occurred as the storm worked its way up the East Coast.

However, the vast majority of those wishing to attend were able to make it to the meeting—and they were not disappointed. The meeting kicked off on Sunday morning, October 28, with the Presidential Symposium entitled “Transforming Care Through Innovation.” Ten thought-provoking speakers addressed a packed audience about the concept of innovation in health care and its potential to address issues of quality, safety, efficacy and cost in the delivery of care to our patients. The provocative topics presented were uniformly well received by all attendees. Sunday afternoon the meeting blossomed into multiple scientific and educational tracks of excellent content and very high quality.

As the Sunday sessions completed, the skies began to grey and the winds slowly began to rise. Monday morning was just another rainy day at the ASTRO Annual Meeting, not too different from those we have experienced so many times in the past. The Keynote Address that morning was delivered by Art Kellerman, MD, MPH, of the RAND Corporation. He spoke eloquently about how the cost of health care affects common citizens (our patients), raised the question, “Is society getting its money’s worth in terms of cost and quality?” (to which the answer was a resounding … NO) and then posed four possible solutions to the dilemma. The first two he characterized as “bad ideas” (cutting care by rationing; delivering the same care but cutting payment), while the last two showed real promise for patients and providers alike (reducing waste and increasing value; reducing the need for costly care by paying more attention to prevention). We had not heard this message in this format before, but in Art’s folksy Georgia drawl, he brought it close to home as he cited radiation oncology instances of waste counterpointed by examples where we have established improvement and value. The value message would resonate again and again during the meeting in the days that followed.

Suddenly at 11:30 a.m. as I was preparing the last details for my…

Our ASTRO staff immediately went into action planning the safe evacuation of the convention center as well as organizing for resumption of the meeting the next morning.
Leonard L. Gunderson, MD, MS, FASTRO (right), passed the chairman’s gavel to Michael L. Steinberg, MD, FASTRO, to represent Dr. Steinberg assuming the role of ASTRO’s chairman during the Annual Meeting.

Leonard L. Gunderson, MD, MS, FASTRO (right), passed the chairman’s gavel to Michael L. Steinberg, MD, FASTRO, to represent Dr. Steinberg assuming the role of ASTRO’s chairman during the Annual Meeting.

President Wilson and Committee Chair Lynn D. Wilson, MD, MPH, FASTRO, and Lynn Brown, ASTRO’s vice president of education, adjusted the meeting’s schedule to maximize content and minimize disruption. Hard decisions had to be made, and a credible plan had to come together quickly. Within 30 minutes, plans were set and ASTRO’s Chief Executive Officer Laura Thevenot announced the emergency plan on the convention center’s PA system. In the years to come we will all reminisce about what each of us did on that Monday afternoon that the ASTRO Annual Meeting took a break to ride out the storm.

Things were back to normal Tuesday morning with only a few sessions missed from the schedule. The Presidential Address was rescheduled to noon following by a shortened business meeting. Tuesday’s Keynote Address by Edward “Ted” M. Kennedy Jr. told a personal story of survivorship. And if you were listening closely, Mr. Kennedy, CEO of the Marwood Group, a health care industry consulting business, previewed to the ASTRO audience that the proposed draconian Medicare cuts would be significantly less than many had anticipated. We would learn later in the week, after our meeting had ended, that Mr. Kennedy was right on the money.

Wednesday concluded the meeting with a fantastic day of scientific and educational sessions. Wednesday’s Keynote Address by Professor Michael E. Porter, PhD, MBA, of Harvard Business School, laid out the value proposition in health care that he has espoused for more than a decade. He complimented radiation oncology’s effort to address value, patient-centered care and the development of the radiation oncology registry.

When I returned to Los Angeles a few of my residents and senior faculty told me, in jest, the nickname for the meeting that was floating around the convention center on Tuesday: “DisASTRO.” Nevertheless, everyone agreed this meeting, in the end, was triumphant in accomplishing its goals of bringing the best science, unsurpassed educational sessions and the most poignant policy messages to our specialty.

I look forward to seeing you all in Atlanta next September for our 55th ASTRO Annual Meeting. I am told that hurricanes are not known to hit that part of the country, but then again, I didn’t know they could hit Boston either.

Dr. Steinberg is a professor and chairman of radiation oncology at UCLA. He welcomes comments on his editorial at astronews@astro.org.
TO PRESENT THE FRUITS OF RESEARCH AT AN INTERNATIONAL MEETING and to publish those results in an international journal is the most important task requested of a researcher. In the field of radiation oncology, the International Congress of Radiation Oncology (ICRO) previously was held every four years. However, the number of attendees was not as high as desired, and the 2001 meeting in Melbourne was the last ICRO. In place of ICRO, the ASTRO and ESTRO annual meetings are now the two major international conferences. Although ESTRO is attractive to JASTRO members with the meeting’s different characteristics and atmosphere, ASTRO is truly the greatest international radiation oncology meeting in terms of the number of participants, the number and quality of papers and courses and the size of commercial exhibits.

In addition to presenting research results and discussing them with international scientists, each year at the ASTRO Annual Meeting we can obtain new ideas and hints for our own future research. Plenary sessions are particularly interesting because we can hear the hottest topics of the year. Educational courses are also high quality, so young and trained investigators and doctors alike can learn a lot. This year, my young colleagues were interested in the papers presented at scientific sessions dealing with the combination of molecular targeting agents and radiation, tumor stem cells and hypofractionated IMRT, among other discussions. Topics about medical costs also interested us. At commercial exhibits, innovations come out first at ASTRO. We can obtain information about the progress of modalities and techniques, so looking through the exhibit hall is quite an important and useful experience. This year, we were impressed with and surprised at a new IGRT machine and updates of high-precision radiotherapy machines.

Since ASTRO has become such an important meeting, the number of attendees from Japan seems to be steadily increasing. This year, nearly 300 Japanese scientists attended the Annual Meeting, in addition to various exhibitors from Japanese companies. Also, there seems to be a growing interest among major Japanese institutions in competing in the number of accepted abstracts. At the 2011 ASTRO Annual Meeting, my own institution (Nagoya City University) presented 11 papers, which was the highest among Japanese institutions. Following our institution, nine and eight papers were presented from Kyushu University and Kyoto University, respectively. At the 2012 Annual Meeting, the number of papers from our institution increased to 19, remaining the highest from Japan. This number from a single group may be a considerably high one even among U.S. and other international institutions. The second highest number of presentations came from Kyoto University with 13 papers, followed by Gunma University and Hokkaido University, each presenting eight papers. As a result of our past successes, we will continue to submit as many papers as possible to foster young, world-class scientists.

Besides scientific activities, we enjoy visiting various cities. In San Diego and Miami Beach, resort-like atmospheres were comfortable, while I enjoyed concerts from the world-famous Boston Symphony Orchestra and the youth orchestra in Boston. The visit of Superstorm Sandy was a pity, and our deepest sympathies go out to those affected, especially in New York and New Jersey. We hope that future ASTRO Annual Meetings will continue to be held in different cities so that we will have the chance to visit various places across the U.S. See you in Atlanta next year!

Dr. Shibamoto is chairman of the JASTRO International Liaison Committee, professor and chairman of the department of radiology at Nagoya City University Graduate School of Medical Sciences and deputy director of Nagoya City University Hospital in Nagoya, Japan. He welcomes comments on this column at astronews@astro.org.

This year, nearly 300 Japanese scientists attended the annual meeting, in addition to various exhibitors from Japanese companies. Also, there seems to be a growing interest among major Japanese institutions in competing in the number of accepted abstracts.
YOUNG PHYSICIANS WHO HAVE RECENTLY COMPLETED THEIR TRAINING HAD every opportunity to have a great time in Boston at ASTRO’s Annual Meeting. Although I’ve been to several ASTRO meetings before, this time I saw everything with new eyes being 16 months out from residency.

One of the most interesting features of this year’s meeting was the Young Physicians’ Session, a block of speakers similar to ARRO’s Saturday event, but created specifically for newly practicing radiation oncologists. The speakers were very recognizable names covering a broad range of topics such as when to consider switching practices, how to balance professional and personal life and details of maintenance of certification. Having a session specifically tailored to the professional issues of a new practitioner was a welcome extra feature.

The academic sessions were incredibly useful, as usual. Having recently completed my oral board exam, it was nice to listen with new ears for some of those practical issues that won’t come up on a test, but that I’m facing in my practice every day. The range and depth of radiation topics are greater at a large meeting such as this, allowing for more detailed attention to things that have crept up in my specific practice such as breast reconstruction issues, SBRT dosimetry and other topics.

The theme highlighted by several Presidential Symposium speakers was innovation, and the level of interest and engaging level of speakers on a topic I was afraid might be boring surprised me. The pros and cons of expensive innovations, such as proton therapy, were given some frankly harsh attention. Alternate points of view were available both from the formal program and the industry-sponsored educational programs. Dr. [Edward C.] Halperin [of New York Medical College] warned of the enormous resources going to as-yet-unproven therapies while basic radiation oncology services were lacking all around the world. Evening programs complemented this tension with industry-sponsored sessions on protons and a first-time charity event supporting Radiating Hope, a non-profit seeking to deliver refurbished equipment to developing countries (www.radiatinghope.org). The diversity of opinion and the range of information were very interesting.

Recognizing that the range of issues a new practitioner may encounter right out of residency is enormous, I have to say this meeting was the ideal place to find an equally wide range of resources and information. For equipment purchasing and practice management there were demonstrations from virtually every company with radiation oncology offerings. There were sessions on billing and coding, another area not given much attention in a typical training program. And there were more than 11,000 radiation oncology professionals with whom to network, exchange ideas and build professional relationships.

Hurricane Sandy threw a wrench in the works that caused some swift rearranging of programming, but it didn’t change this meeting as the ideal resource for new practitioners. I’m looking forward to attending again.

Dr. Hopkins is co-clinical director of radiation oncology at Bliss Cancer Center in Ames, Iowa and serves as Alternate Delegate representing ASTRO at the AMA. He welcomes comments on this column at astronews@astro.org.
New products featured at ASTRO Resource Center

THE ASTRO RESOURCE CENTER was a busy place on the exhibit floor at this year’s Annual Meeting with many of the Society’s new products on display. A photographer was on hand to take photos of members for the new enhanced member directory and ROhub. The ROhub is a private online community that allows ASTRO members to interact and communicate, share documents, images and photos and join forums on topical areas and shared interests. Information was also available about the ASTRO PQRIwizard, an online registry tool designed to streamline Medicare PQRS reporting. Another popular new product featured was the ASTRO Journals app (HealthAdvance Journals App), which members downloaded at the Resource Center with the help of ASTRO staff. This app for smartphones and tablets allows full text access to the Red Journal and Practical Radiation Oncology for journal subscribers. The Resource Center also featured the popular patient brochures designed to help patients and caregivers understand how radiation therapy is used to treat various disease sites. Annual Meeting attendees were able to pick up sample copies of the new brochure on Cancers of the Upper Gastrointestinal Tract, as well as updated brochures on Breast Cancer, Prostate Cancer, Skin Cancer, Bladder Cancer and Lymphomas.

The Annual Meeting is also a busy time for adding new ASTRO members. The addition of these new members, resulted in ASTRO membership hitting an all-time high of 10,469 members.

The Survivor Circle was once again located within the Resource Center. Created in 2003, the Survivor Circle honors cancer survivors and raises funds for local patient support organizations through the popular Passport Program. Attendees who participated in this year’s Passport Program dropped off their completed “Passport” cards at the Resource Center after getting them stamped by all of the participating exhibitors. These cards were then added to the bin for the daily prize drawings held in the Survivor Circle. This year’s donations to the Passport Program will benefit the Center for Cancer Support and Education and Surviving and Moving Forward: The SAMFund for Young Adult Survivors of Cancer.

ASTRO staff assisted members with questions and resources and provided non-members information on joining the Society at the ASTRO Resource Center during the Annual Meeting in Boston.
2012 Ambassador Recognition

ASTRO proudly recognizes our 2012 Corporate Ambassadors for their outstanding year-round leadership and support of radiation oncology.
Anticipated changes in Medicare reimbursement were main topic of Health Policy Socioeconomic Luncheon

BY SHEILA MADHANI, ASSISTANT DIRECTOR OF MEDICARE POLICY, SHEILAM@ASTRO.ORG

IN WHAT HAS BECOME AN ANNUAL TRADITION AT THE ASTRO ANNUAL MEETING, Najeeb Mohideen, MD, ASTRO health policy council chairman and ASTRO’s representative to the American Medical Association’s (AMA) RVS Update Committee (RUC); and David C. Beyer, MD, FASTRO, ASTRO’s advisor to the AMA CPT Editorial Panel, provided a comprehensive overview and update on Medicare coding, payment and billing issues facing radiation oncologists in the upcoming year during the Health Policy Socioeconomic Luncheon, held on Sunday, October 28.

Since the luncheon occurred prior to the November 1 release of the 2013 final Medicare physician and hospital outpatient regulations, there was uncertainty about the final impact of the rule in Calendar Year (CY) 2013. The proposed rule estimated a 15 percent reduction on radiation oncology and a 19 percent reduction on radiation therapy centers.

Moderated by Joel Cherlow, MD, PhD, and Thomas Eichler, MD, the luncheon’s speakers could only speculate on which proposals were likely to be finalized for CY13. They did suggest, however, that there were strong indications in the proposed rule that the scrutiny on radiation oncology would continue beyond 2013. The speakers provided evidence on this conclusion by pointing to a list of more than 20 radiation oncology services slated for review by Medicare. This list of codes covers a wide range of services, including simulation, treatment delivery, IMRT, SBRT, SRS, hyperthermia and HDR brachytherapy. The review of these codes has the potential to have a significant impact on Medicare coding and reimbursement for radiation oncology services in the coming years.

A few days after the luncheon, the Centers for Medicare and Medicaid Services (CMS) released the final rule. CMS responded to ASTRO’s regulatory and congressional efforts and drastically reduced the estimated cuts to 7 percent and 9 percent respectively. While still substantial, the cuts have been mitigated.


The discussion during the Health Policy Socioeconomic Luncheon at ASTRO’s Annual Meeting on Sunday, October 28, focused on potential CMS cuts and radiation oncology services codes under review.
RECOGNITION

THANK YOU TO OUR 2012 ASTRO AMBASSADORS
AND ANNUAL MEETING SUPPORTERS

Attendees visiting the Exhibit Hall in Boston were treated to a fantastic display of products and services in radiation oncology and cancer care. We'd like to take this opportunity to highlight a few of our industry leaders: ASTRO’s Corporate Ambassadors and Annual Meeting Supporters.

1. Accuray – Kristi McCarthy, Derek Bertocci, Andy Kirkpatrick, Josh Levine, Tom Rathjen, Chris Raanes, Celey Gaskill, Stefan Glissendorf, Guido Smeets and Mike McGann meet with Bruce G. Haffty, MD, FASTRO, and Leonard L. Gunderson, MD, MS, FASTRO, in thanks for their Corporate Ambassadorship.

2. Brainlab – Robert S. Lavey, MD, Francine Halberg, MD, FASTRO, Bruce G. Haffty, MD, FASTRO, and Leonard L. Gunderson, MD, MS, FASTRO, thank Peter Johnsamson and Mark Bruseski for their Corporate Ambassador support.

3. CIVCO Medical Solutions – Charles Klasson, Nat Geissel and Mike Marshall meet with Thomas Eichler, MD, and Rahul R. Parikh, MD, in thanks for their Silver level support.

4. Elekta – Francine Halberg, MD, FASTRO, Robert S. Lavey, MD, Bruce G. Haffty, MD, FASTRO, and Leonard L. Gunderson, MD, MS, FASTRO, thank Scott Soehl and Ian Dickson for their Corporate Ambassadorship.
5. **Mevion Medical Systems** – Bruce G. Haffty, MD, FASTRO, Francine Halberg, MD, FASTRO, and Leonard L. Gunderson, MD, MS, FASTRO, thank Marc Buntaine, Ken Gall and Joseph K. Jachinowski for their Gold level support.

6. **RaySearch Laboratories** – Robert S. Lavey, MD, Francine Halberg, MD, Bruce G. Haffty, MD, FASTRO, Leonard L. Gunderson, MD, MS, FASTRO, thank Marc Mlyn for RaySearch’s Gold level support.

7. **Varian Medical Systems** – Timothy Guertin, Christopher Toth, Kolleen Kennedy and Dow Wilson meet with Thomas Eichler, MD, and Rahul R. Parikh, MD, in thanks for their Corporate Ambassadorship and Gold level support.

8. **Vertual Ltd.** – Bruce G. Haffty, MD, FASTRO, Leonard L. Gunderson, MD, MS, FASTRO, and Robert S. Lavey, MD, thank Suzanne Wadsworth, Arthur Kay, James Ward, Professor Andy Beavis and Jan Antons for their Copper level support.

9. **ViewRay** – Michael Brandt, Mike Saracen, and James Dempsey, PhD, meet with Rahul R. Parikh, MD, and Thomas Eichler, MD, in thanks for their Silver level support.
MICHAEL L. STEINBERG, MD, FASTRO, then-president of ASTRO, delivered his Presidential Address to 54th Annual Meeting attendees on Tuesday, October 30, after the event was rescheduled due to suspension of Annual Meeting activities the previous day because of Superstorm Sandy’s impact on Boston. Dr. Steinberg, speaking just days prior to the Centers for Medicare and Medicaid Services’ release of the 2013 final Medicare Physician Fee Schedule, focused his address on “The Patient Not Treated.”

Dr. Steinberg recalled a conversation he had in 2009 with the late Jerry Brickner, MD, regarding concern and contention among ASTRO members at the time about reimbursement and practice venues. Dr. Steinberg pointed out the similarity between his 2009 conversation and the current issues facing radiation oncology.

“We are once again under siege, fighting draconian payment cuts by Medicare to the technical aspects of our treatment delivery,” he said. “We have been down this road before, but in the moment, nothing looms larger.”

ASTRO staff and physician volunteers have worked tirelessly to remedy the situation, Dr. Steinberg explained. While much has been accomplished professionally and politically for radiation oncology, Steinberg added that those achievements “will seem to be far less important in the future as health care reform sweeps across our health care delivery system and through the underpinnings of radiation oncology.”

Dr. Steinberg continued to praise radiation oncology for its persistent focus on “being a part of something meaningful by providing valuable care and treatment for our patients” rather than only focusing on “cool technology.” As radiation oncology has been in the forefront of finding better treatments and cures for cancer, Steinberg added, costs also have continued to rise and patients are asking for specific advanced technologies over standard radiation therapy modalities. This phenomenon, which causes the proportion of patients receiving radiation therapy for treatment to decline, is what Steinberg calls, “The Patient Not Treated.”

“I must warn you that shining a light on our potentially wasteful practices will be difficult for us, but it is necessary if our specialty is to gain credibility in the health care reform debate.”
What is happening here is not completely understood, and intangibles associated with patient choice may be at play, bringing into question how patients receive information about their medical choices as well as the role of support groups, the Internet and social networking in the patient’s understanding of complex medical care,” he said.

Dr. Steinberg also mentioned a second group of “patients not treated” who are poor and medically underserved. These patients experience a disparity in care and have worse treatment outcomes. “We know that it is not good to be poor and it is not good to have cancer, but it is really not good to be poor and have cancer,” he said.

In addition to the complex health policy issues Steinberg discussed, he highlighted seven societal megatrends that he believes will “further complicate the milieu in which we take care of our patients.” These trends are: the growth of our population outstrips our previous predictions; we become a majority minority country by 2050; our physician-based system cannot meet the demand; the unprecedented accelerated growth in science and technology transfer; there are significant shifts in health care related consumer attitudes and expectations; all of this in the face of a health care system we cannot afford; and in response to the cost dilemma, there is a widespread call for the demonstration of the absolute value of care in terms of cost and quality.

For Steinberg, radiation oncology will respond to these trends with “offense,” highlighting actions ASTRO has already taken in three areas—science, health policy and the patient—to take the lead in combating these megatrends.

One of the things ASTRO has already done is create the Cancer Biology/Radiation Biology Task Force, which will address research and education priorities for radiation oncology and suggest a “translational agenda that will keep our specialty relevant far into the future.” This task force is expected to present its findings and action plan to the ASTRO Board of Directors in 2013.

An additional action in helping address the cost issue, Steinberg explained, is that ASTRO is becoming a partner in the Choosing Wisely initiative. Led by the American Board of Internal Medicine, this initiative focuses on creating a list of medical procedures that need to be discussed and questioned by patients with their physician prior to intervention.

“I must warn you that shining a light on our potentially wasteful practices will be difficult for us, but it is necessary if our specialty is to gain credibility in the health care reform debate,” Steinberg added. “All of this won’t be easy. In these times of reform, physician entropy and the entropy of the entire health care system will resist and confound the coming consolidation in health care and the reformation of our specialty. But this is much more than a health care policy debate. For us this is an existential debate about how our specialty survives in the future.”
RAND Health executive pushes for high value innovation

BY BRITTANY ASHCROFT, COMMUNICATIONS MANAGER, BRITTANY@ASTRO.ORG

FOLLOWING ASTRO’S 54TH ANNUAL MEETING THEME OF “ADVANCING PATIENT CARE THROUGH INNOVATION,” Arthur L. Kellermann, MD, MPH, vice president and director of RAND Health, spoke to Annual Meeting attendees on “The Case for High Value Innovation” in his keynote address on Monday, October 29.

Kellermann drew from his experience in public health and emergency medicine to encourage the audience to “lead in the push for value and optimization of care.”

He called for organizations such as ASTRO to step up and take action to meet the challenge of high value innovation. “This is medicine’s challenge and medicine’s opportunity to make a difference to our patients and the medical community,” Kellermann said.

Adding that the U.S. believes we are first in anything and everything we do, Kellermann structured his comments on whether or not that was true in three areas—cost, quality and access—as compared to other high-income countries.

He showed that from 2008 to 2009 the U.S. saw the single greatest jump in health care costs since the federal government has kept track. “The U.S. is number one in cost. Nobody else even comes close, and we are pulling away from the pack, adding daylight every year between us and other countries,” he said.

Additionally, worker and employer costs have more than doubled from 2002 to 2012. He raised the point that most Americans do not know or realize how much they pay for health care. “We are getting precariously close to the tipping point,” he said.

On quality, Kellermann mentioned that in 2003 RAND measured health care in various communities and determined that American adults get recommended care that meets quality standards 55 percent of the time. “But we are still number one, right? Not getting it right matters,” he said. “We are losing too many people from things we know how to treat today.”

When talking about access, much of those problems are rooted in cost issues, according to Kellermann. “The cost of health care is not just creating financial hardships, but it’s keeping people from going to the doctor when they need to,” he said.

To help solve the problem, Kellermann explained that patients need to be encouraged to behave like consumers, similar to how high deductible health plan patients approach health care decisions. “Consumers need to get information, but how they get it matters,” he said. “There is a limit to what consumers can do. We have to be part, too, and serve as guidance.”

He added that RAND is looking into ways to get health care professionals to care more, such as public reporting of prices and quality and bundled payments. He said, “We can change it and give the American health care system what it needs and deserves.”

“Not getting it right matters. We are losing too many people from things we know how to treat today.”
Kennedy provides insights on the future of cancer survivorship

BY BRITTANY ASHCROFT, COMMUNICATIONS MANAGER, BRITTANY@ASTRO.ORG

AS ASTRO’S 54TH ANNUAL MEETING explored emerging societal trends that will ultimately shape the future of health care, leading health care investor and cancer survivor Edward M. Kennedy Jr. focused on the topic “Future Trends in Cancer Survivorship” during his keynote address on Tuesday, October 30.

Kennedy, president and co-founder of health care-focused financial services firm Marwood Group and Co., provided insights from his personal experiences as a cancer survivor and from his work as a health care attorney to encourage Annual Meeting attendees to take action in helping improve quality and lower cost in health care.

“My diagnosis and treatment and experience as a health care attorney give me a unique perspective on how this country approaches cancer,” Kennedy said, who was diagnosed with osteosarcoma at 12 years old that resulted in the loss of his right leg from the knee down. “It is so important that everyone in this audience participates in innovation and changes because these decisions are going to be made.”

He praised ASTRO for the work the Society is doing already in advocacy, health care reform and quality patient care.

“I am so impressed with the way this gathering [Annual Meeting] raises important issues, the amazing technological advances and what new models of care there are for patients and their families,” Kennedy said. “I have a tremendous amount of respect for physicians that dedicate their lives to oncology. You are drawn to this profession because you care and because you see people not as a diagnosis but as humanity.”

As a cancer survivor, Kennedy is significantly involved in patient advocacy and civil rights, promoting the patient-centered model.

“It’s about collaborative models, all with high patient interaction because that, I believe, leads to better outcomes,” he said. “Patient input is central to those decisions. They need more than surgery; they need support.”

Kennedy’s work with Marwood Group and his focus on civil rights for people with disabilities has shown him that “we can do a much better job providing better quality and cheaper health care services to Americans.”

Part of that change relies on shifting mindsets toward cancer patients. “All of us need to change the attitude that cancer means death,” he said. “It can be treated as a chronic illness today.”

He also believes that the health care reforms under debate “are great for people with preexisting conditions, including cancer patients. Trends in these areas are positive for cancer patients and families.”

For Kennedy, the key element in all of his work is involvement and sharing information. “Many believe my family’s legacy is politics, but it’s not. It’s making a contribution in our own way and getting involved,” he said. “We need the education. People don’t know who to believe in Washington. They are starved for the real information.”

“We can do a much better job providing better quality and cheaper health care services to Americans.”
Harvard professor pushes for value-based health care delivery

BY BRITTANY ASHCROFT, COMMUNICATIONS MANAGER, BRITTANY@ASTRO.ORG

BRINGING TOGETHER KEY TRENDS IN QUALITY, cost and patient outcomes, Michael E. Porter, PhD, MBA, professor at Harvard Business School and a leading proponent of value-based medical care, addressed the issue of “Value-based Health Care Delivery” during his keynote on Wednesday, October 31.

Porter has spent his career working on problems of strategy for all types of businesses, and he turned his focus to health care delivery roughly 10 years ago. “Health care delivery is a very complex service delivery problem,” he said. “I thought we needed to look back and take a broader perspective of this question: Do we have the right view of where we are going?”

For Porter, value is the main measure of success to any health care delivery organization, and those organizations need to interpret their main purpose as value of health care to patients. “To tackle health care delivery, we all have to have the same goal,” he said. “Value is the most important; it trumps everything else.”

He posed the question: How do we create a health care delivery system that dramatically improves value? Porter explained that “the legacy system we have today is not what we need to build on to improve value; we need to restructure.” This restructuring, according to Porter, should focus on shifting the nature of competition. “We must compete on delivering the highest value to the patient,” he said.

To do that, organizations must have a strategic agenda for value, Porter explained. This strategy contains six elements: 1) organize care into integrated practice units around patient medical conditions; 2) measure outcomes and cost for every patient; 3) reimburse through bundled care cycles; 4) integrate care delivery across separate facilities; 5) expand geographic coverage by excellent providers; and 6) build an enabling information technology platform.

“These six areas are a journey,” Porter said. “You can’t turn a switch and become high value overnight.”

He added that organizations need to change from groups that provide services to groups that address patients’ problems. “The existing model is not designed for value,” Porter said. “The structure makes it impossible to truly succeed if success is measured in value.”

Porter explained that a critical part of high value delivery is measurement. “There is no substitute for measuring actual outcomes,” he said. “If we can do one thing in health care delivery, it is measuring outcomes.”

Following that mindset, Porter co-founded a nonprofit called the International Consortium of Health Outcomes Measurement (www.ichom.org), which is committed to advancing value-based health care delivery and works to advance outcomes measurement worldwide.

Concluding, he asked audience members to consider this question: Has your organization started down the path of value? Moving toward value-based health care delivery is key for Porter in determining success. He said, “Ultimately we are going to succeed based on the value we deliver.”

“Value is the most important; it trumps everything else . . .
We must compete on delivering the highest value to the patient.”
News briefing highlights research from four plenary papers

BY BRITTANY ASHCROFT, COMMUNICATIONS MANAGER, BRITTANY@ASTRO.ORG

FOUR ANNUAL MEETING PLENARY PAPER AUTHORS presented a condensed version of their study results for national health and medical reporters during a news briefing, “Plenary Papers: Patient Reported Outcomes” on Monday, October 29. Benjamin Movsas, MD, FASTRO, vice-chairman of the Annual Meeting Scientific Committee, moderated the news briefing.

Plenary authors that participated in the news briefing were Aileen B. Chen, MD, MPP, Nadia N. Laack, MD, MS, Robert C. Miller, MD, MS, and Michael J. Zelefsky, MD. The other plenary authors were Nitin Ohri, MD, and Timothy J. Whelan, MSc, BM, BCh. All of the plenary paper abstracts are available online at redjournal.org/content/astro_abstracts.

Dr. Chen, a radiation oncologist at Dana-Farber Cancer Institute in Boston, discussed the “Patient Beliefs About Palliative Radiation Therapy (RT) in Incurable Lung Cancer” abstract, of which she was the lead author. “Our study found that, though most lung cancer patients are optimistic about the effectiveness of radiation therapy in relieving symptoms and prolonging life, many have inaccurate beliefs about the ability of palliative RT to cure their cancer,” Dr. Chen said. “In order to help patients make informed decisions about radiation treatments near the end of life, health care providers need to improve communication and understanding about the goals and limitations of palliative RT. While palliative RT can be very effective at relieving symptoms from cancer, overly intensive care can also reduce patients’ quality of life and lead to significant time and financial burdens for patients and their families.”

Presenting the abstract “Memantine for the Prevention of Cognitive Dysfunction in Patients Receiving Whole-brain Radiation Therapy (WBRT): First Report of RTOG 0614, a Placebo-controlled, Double-blind, Randomized Trial,” Dr. Laack, co-author of the study and a radiation oncologist at the Mayo Clinic in Rochester, Minn, said, “We are excited to see that adding memantine to the treatment plan for brain tumor patients helps preserve their cognitive function after whole brain radiotherapy even six months after treatment. Our findings suggest that memantine may prevent the changes that occur in the brain following radiation therapy, impacting future treatment practices for these patients and suggest a role for further study in other patient populations receiving radiation to the brain.”

Dr. Miller, a radiation oncologist at the Mayo Clinic in Rochester, Minn., discussed the abstract “N09C6 (Alliance) - A Phase III, Randomized Double-Blind Study of Doxepin Rinse Versus Placebo in the Treatment of Acute Oral Mucositis Pain in Patients Receiving Head and Neck Radiotherapy with or without Chemotherapy,” of which he was the lead author. “Radiation for head and neck cancer often causes painful mouth sores and oral mucositis. Our study validates doxepin rinse as an effective way to alleviate oral pain and sets a new standard of care,” he said.

The abstract “Results of a Prospective Randomized Double-blind Placebo Controlled Trial Evaluating the Use Prophylactic Sildenafil Citrate During Radiation Therapy in the Treatment of Prostate Cancer” was shared by Dr. Zelefsky, lead author of the study and a radiation oncologist at Memorial Sloan-Kettering Cancer Center in New York. “Our study found that prostate cancer patients treated with sildenafil citrate and adjuvant radiation treatment had improved overall erectile function and overall satisfaction with their sexual activity and function,” he said.

The full plenary session was canceled when Annual Meeting activities were suspended due to Superstorm Sandy on Monday, October 29. ASTRO produced a webcast of the complete plenary session. The webcast includes a taped version of the session with authors and discussants, as well as author slides. View the webcast at http://vimeo.com/53971806.
EMANUEL "MANNY" HAMELBURG WAS ONCE GIVEN THREE YEARS TO LIVE—what his doctors called a lucky diagnosis. Now, two decades later, the prostate cancer survivor has turned his battle against the disease into motivation to help other cancer patients and survivors.

It is this dedication to helping others that earned him ASTRO’s 2012 Survivor Circle Award.

“It is an overwhelming honor to be recognized by ASTRO with this award,” Hamelburg said. “Since my diagnosis 25 years ago, I have strived to educate myself about prostate cancer and the different cancer treatments and fought for cancer awareness for others facing the same challenges.”

The Survivor Circle Award recognizes a cancer survivor in the ASTRO Annual Meeting host city who has devoted his or her time volunteering to help others who are living with cancer in their community.

“ASTRO is extremely proud to award Mr. Hamelburg with this year’s Survivor Circle Award. To see a cancer survivor dedicate his life to cancer awareness, as he has done, is beyond admirable,” said Michael L. Steinberg, MD, FASTRO, chairman of ASTRO’s Board of Directors. “He is a remarkable role model for anyone who is looking to give back to their community.”

Hamelburg, a Boston-area resident, was first diagnosed with prostate cancer (PCa) in 1987 at age 47. He underwent external beam radiation therapy at Massachusetts General Hospital in Boston. In July 1992 after a scan revealed bone metastases, Hamelburg was treated with experimental chemotherapy at the National Cancer Institute (NCI) in Bethesda, Md. His tumors responded to the treatment, but he experienced renal failure. It was then that he was given three years to live.

“I pushed for my prognosis and was told if I lived three more years, it would be a miracle. Obviously I’m still here,” he said.

After starting treatment at NCI, Hamelburg got involved with Us TOO, an international prostate cancer education and support network. That involvement inspired him to start several other support groups, including ones at the Dana-Farber Cancer Institute in Boston and the Walter Reed National Military Medical Center in Washington, D.C.

Then, in 1994, Hamelburg was instrumental in founding the Massachusetts Prostate Cancer Coalition (MPCC), and he served as the first executive director of the group. The MPCC now boasts 400 members, supports two meetings annually for PCa survivors and supports PCa research at academic centers in Massachusetts.

For Hamelburg, helping other cancer patients is what he believes helped contribute to his survival.

“Throughout all of my activities around PCa in patient awareness, my number one activity was talking and counseling men. I’m still doing that today,” he said. “I believe that my higher power was not through with me so I’ve become a ‘Miracle on a Mission.’ I also believe that all of my activities were not just ‘to help others’ but became the most important factor in my survival. I learned that helping others is the key to my life.”

It goes beyond that, though, for Hamelburg. He is a huge advocate for patient involvement throughout treatment. He encourages others to be active participants in every aspect of their lives and active with other patients and survivors as well.

“Part of my counseling others always suggests their becoming active helping others but really helping themselves,” he said. “If they are still too sick to get very involved, do a little or just wait until you feel better, but get out there and help others. It’s magic.”

For more information on the Survivor Circle Award, visit www.rtanswers.org/survivorcircle. For more information on the MPCC, visit www.masspcc.org.
ASTRO honors 2012 award recipients and Fellows

ASTRO recognized its 2012 award recipients and Fellows during the annual Awards Ceremony at the Annual Meeting in Boston on Tuesday, October 30. Leonard L. Gunderson, MD, MS, FASTRO, then-chairman, Board of Directors, presided over the ceremony, which honored the 2012 class of Fellows, Gold Medalists, Honorary Member and Survivor Circle Award winner.


1. The 2012 class of Fellows included 12 distinguished members that have been a part of ASTRO for at least 15 years, have given significant service to ASTRO and have made a significant contribution to the field of radiation oncology. Pictured (front row, from left): Maria D. Kelly, MB, BCh, Eric E. Klein, PhD, Beth A. Erickson, MD, Arno J. Mundt, MD, Timothy J. Whelan, MSc, BM, BCh; (back row, from left) Francine Halberg, MD, Joachim Yahalom, MD, Benjamin Movsas, MD, Subir Nag, MD, Jatinder R. Paleta, PhD, Thomas A. Buchholz, MD. Not pictured: A. Robert Kagan, MD

2. Emanuel “Manny” Hamelburg (center) received the Survivor Circle Award from Edward M. Kennedy Jr. (left), president and co-founder of the Marwood Group, and Leonard L. Gunderson, MD, MS, FASTRO, then-chairman, Board of Directors. “I have a lot of gratitude,” Hamelburg said after receiving the award. “Not just for the medical community, but for other survivors that helped me.”

3. Mark P. Carol, MD (center), was recognized as ASTRO’s 2012 Honorary Member. He is congratulated by Leonard L. Gunderson, MD, MS, FASTRO (left), then-chairman, Board of Directors, and Christopher M. Rose, MD, FASTRO. “It has been a privilege and honor over the last 25 years to work with those that make up radiation oncology to improve patient treatment and outcomes,” Carol said.

4. Leonard L. Gunderson, MD, MS, FASTRO (left), then-chairman, ASTRO Board of Directors, congratulates the three 2012 ASTRO Gold Medal recipients, representing each of the three disciplines: biology, radiation oncology and physics. The Gold Medalists are (from left): Mark Dewhirst, DVM, PhD, FASTRO, J. Robert Cassady, MD, FASTRO, and George T.Y. Chen, PhD, FASTRO.