The Latest in Clinical Trials Outcomes

By Kerri Fitzgerald

During the Clinical Trials Session on Sunday at ASTRO’s 59th Annual Meeting in San Diego, researchers shared the latest outcomes in eight clinical trials in the field of radiation oncology.

The double-blind, multicenter, placebo-controlled, phase III PACIFIC study showed that median progression-free survival (PFS; co-primary endpoint) was significantly longer with durvalumab compared with placebo in patients with locally advanced, unresectable non-small cell lung cancer. “We still want to see the overall survival (OS) data, but a takeaway is that future studies should consider bringing the PD-L1 in sooner to the treatment, either in the concurrent or perhaps neoadjuvant and adjuvant setting,” said Marka Crittenden, MD, PhD, who commented on the trial’s findings.

A phase II, five-arm study looked at different treatment orders (immunotherapy first vs. radiation first or both started together), dose levels and location of radiotherapy (RT; lung vs. liver) and found that combinations of ipilimumab and stereotactic ablative radiation therapy have acceptable toxicity profiles for patients with advanced malignancies. “The lung lesions did better,” said Dr. Crittenden, noting that at 12 months, PFS and OS were better for the sequential lung group than for the sequential liver group.

A prospective, multicenter, phase II trial evaluated late gastrointestinal and genitourinary adverse events (AEs) after salvage low dose rate prostate brachytherapy and found that 12 patients (14%) experienced late grade 3 GI/GU AEs, the vast majority of which were urinary; there were no treatment-related grade 4 or 5 AEs. Higher dose predicted both occurrence of late AE and time to occurrence. No pretreatment variable predicted late AEs, including prior external beam radiotherapy dose and elapsed interval.

A prospective study found that mid-treatment circulating tumor DNA (ctDNA) levels during chemoradiotherapy/RT predict treatment outcomes in patients with localized lung cancer. The researchers used CAPP-Seq (Cancer Personalized Profiling by deep Sequencing) and found that patients with detectable times project an image when they go to the clinic to meet with their doctors that is quite different from how they are at home. I actually learned that lesson well when I had a family member come from out of town stay with me during his course of radiation treatments. I saw him at home every day, and he was really having quite a rough time of it. But he didn’t want to disappoint his doctors or the rest of the team at the hospital, and so he would drag himself off the couch, put on a nice shirt and a smile on his face, and do everything he could to convince his caregivers that he was doing just great, when I knew otherwise.

Continued on page 4

PRESIDENTIAL ADDRESS

ASTRO President Brian D. Kavanagh on “Effort’s Bounty and Other Imaginings of Past and Future”

In yesterday’s Presidential Address, ASTRO President Brian D. Kavanagh, MD, MPH, FASTRO, covered a lot of ground. There was poetry, humor—even an ostrich cameo. We sat down with him to discuss some of the key points of his speech.

ASTRO Daily News: Dr. Kavanagh, in your address, you used one patient’s story as a framework to begin and end your presentation. Why did you pick her story?

Brian Kavanagh: I suspect that all of us can remember a handful of patients who left an indelible, lasting impression on us for one reason or another. Dee-Anna was one of those patients for me. I was at an early point in my career, so I was probably more impressionable than I might be now. Also, she was about my age, or just a little bit older, and so there is the element of wondering about how easily by chance our roles could have been reversed. I am sure that I would not have processed the prospect of a terminal illness with half the grace and good humor that she showed throughout her entire journey. So she really taught me a lot in that regard.

You said at the end of the talk that you were not completely sure why she gave you her poems or what she was hoping for if you ever read any of them to an audience. Could you expand on that?

Although I do think I came to know her as well or better than any of my patients, there was still a big distance between the worlds we each lived in. I also know that patients can sometimes project an image when they go to the clinic to meet with their doctors that is quite different from how they are at home. I actually learned that lesson well when I had a family member come from out of town stay with me during his course of radiation treatments. I saw him at home every day, and he was really having quite a rough time of it. But he didn’t want to disappoint his doctors or the rest of the team at the hospital, and so he would drag himself off the couch, put on a nice shirt and a smile on his face, and do everything he could to convince his caregivers that he was doing just great, when I knew otherwise.

Continued on page 4

Relive the 2017 Annual Meeting

Virtual Meeting is included with full-conference registrations

Missed that session that everyone is talking about? Want to go back and reference that great address? The 2017 ASTRO Annual Meeting Virtual Meeting is available to all full conference attendees through your ASTRO account and available to purchase for all others.

Sessions will be available for viewing approximately 24 hours after each session. These professionally recorded sessions provide an excellent informational recap and are a great training tool for continual learning and reference.

With the Virtual Meeting you will receive:
✓ Recorded presentation and audio.
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You can access the 2017 Annual Meeting Virtual Meeting through the Online Conference Planner or log in to MyASTRO and click on My Virtual Meetings/Products under My Resources.
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Most side effects of radiotherapy, including radiotherapy delivered with Accuray systems, are mild and temporary, often involving fatigue, nausea, and skin irritation. Side effects can be severe, however, leading to pain, alterations in normal body functions (for example, urinary or salivary function), deterioration of quality of life, permanent injury, and even death. Side effects can occur during or shortly after radiation treatment or in the months and years following radiation. The nature and severity of side effects depend on many factors, including the size and location of the treated tumor, the treatment technique (for example, the radiation dose), and the patient’s general medical condition, to name a few. For more details about the side effects of your radiation therapy, and to see if treatment with an Accuray product is right for you, ask your doctor. MKT-ARA-0716-0106(1)
treated tumor, the treatment technique (for example, the radiation dose), and the patient’s general medical condition, to name a few. For more details about the side effects of your radiation however, leading to pain, alterations in normal body functions (for example, urinary or salivary function), deterioration of quality of life, permanent injury, and even death. Side effects can occur

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**Facing Mortality After a Cancer Diagnosis**

Keynote address “fireside chat” with Lucy Kalanithi, MD, and Heather Wakelee, MD

*By Kerri Fitzgerald*

On January 12, 2016, the memoir “When Breath Becomes Air” was published, detailing the life and cancer battle of Paul Kalanithi, MD, a neurosurgeon and writer. After learning he had stage IV metastatic lung cancer, Dr. Kalanithi put pen to paper to detail his journey of going from doctor to patient. Twenty-two months after his diagnosis, Dr. Kalanithi passed away, and his book was published posthumously and became a No. 1 *New York Times* bestseller. Today, the book remains on the *New York Times* bestseller list, has been translated into 40 languages and was a finalist for a Pulitzer Prize.

During the Keynote Address on Tuesday, Lucy Kalanithi, MD, an internal medicine physician and faculty member at the Stanford School of Medicine and Dr. Kalanithi’s widow, and Heather Wakelee, MD, professor of medicine in the Division of Oncology at Stanford University in California, and Dr. Paul Kalanithi’s treating oncologist, will reflect on Paul’s life and legacy and share what they learned about the patient experience during this journey.

“Paul was an intellectual, a very deep and critical thinker,” said Dr. Wakelee during an interview prior to the Annual Meeting. “In caring for him ... I didn’t have time to single out, but I just had to get past that, because the alternative was not to point out any of our future leaders, and I didn’t want to do that, either. I hope it also came across that I was trying to celebrate diversity in our field, or at least to highlight some individuals of diverse backgrounds. We have a long way to go until we reach our society’s goal of matching the diversity of practicing radiation oncologists to reflect the diversity of the patients we serve, but I figured that we can start by making sure everyone already in the tent feels as welcome as possible.

You also finished up with what came across as a salute to some of the younger radiation oncologists in the audience. What were your thoughts about that as you prepared that section of the presentation?

Well, to be honest, I was mostly worried that I would offend the hundreds and hundreds of people I didn’t have time to single out, but I just had to get past that, because the alternative was not to point out any of our future leaders, and I didn’t want to do that, either. I hope it also came across that I was trying to celebrate diversity in our field, or at least to highlight some individuals of diverse backgrounds. We have a long way to go until we reach our society’s goal of matching the diversity of practicing radiation oncologists to reflect the diversity of the patients we serve, but I figured that we can start by making sure everyone already in the tent feels as welcome as possible.

You mentioned the possibility that radiation oncology as a field might suffer from inattentional blindness and might do well to improve its mindfulness. Do you really believe that?

I don’t think we are any more prone to that particular affliction than anyone else, and I think everyone should be mindful of their mindfulness, to stretch that one as far as possible. But I also hope it came through that I don’t mean for any of my pop-science psychobabble to be taken too seriously. I was mostly hoping for a little humor, maybe a little mischief, and maybe just a few serious take-home points. And I am afraid to see what the Twitterverse will say about how badly I failed to achieve any of those goals!

Before you were the President of ASTRO, you were chair of ASTRO’s Health Policy Council, and you have remained very active in that area of ASTRO’s activities. But you chose not to cover very much of that in your Presidential Address. Why was that?

It is certainly not because our health policy issues have somehow gone away—nothing is further from the truth. Mostly, in my opinion, I had a tough act to follow as far as that topic is concerned. David Beyer did a great job last year with health policy in his talk, “On Shifting Ground,” and I didn’t want to seem pale or stale by comparison. I also think that attendees might like some variety from year to year.

CLINICAL TRIALS continued from page 1

cDNA minimal residual disease (MRD) have significantly worse progression and survival. All patients with detectable cDNA MRD died, while all but one patient without detected cDNA were alive at follow-up.

A prospective study found that unsupervised hierarchical clustering of the hallmark pathways of 9,326 prostate cancer samples demonstrated an immune-related cluster of tumors. Increased immune content was associated with worse biochemical PFS distant metastasis free survival, prostate cancer-specific survival and OS.

Using data from the retrospective cohort Childhood Cancer Survivor Study, researchers found that the risk of cardiovascular disease (CVD) was greatest—nearly double—in patients with a volume receiving ≤5 Gy (V5) of 50%, and this was not associated with age at diagnosis. The researchers also separately examined volume receiving ≤5 Gy (V5) in patients with a V20 of 0%. Those with a V5 of ≤50% and a V20 of 0% had an increased risk of CVD compared with those with a V5 of 0%.

A large phase III trial of patients with newly diagnosed glioblastoma found that tumor treating fields (TTFields)—a novel non-ionizing radiation cancer treatment—plus standard adjuvant temozolomide chemotherapy led to a significantly prolonged PFS and OS. “Addition of TTFields to standard treatment improved survival without a negative impact on health-related quality of life, except for more skin pruritus, and should be considered the new standard of care,” said presenter Roger Stupp.

A randomized, controlled, phase III trial found that the use of decision aids (DAs)—which aim to improve decision making in the informed consent process for people who are considering participating in a clinical trial—significantly reduced decisional conflict over a six-month period compared to a control cohort, as well as increased trial-specific knowledge. “It might be worth incorporating DA in trial recruitment,” said presenter Puma Sundareshan, PhD, MBBS, FRANZCR.

Log in to your MyASTRO account to access this session in the Virtual Meeting.
ASTRO DAILY NEWS | Tuesday/Wednesday

SCHEDULE AT A GLANCE

Wednesday, September 27, 2017

7:45 a.m. – 8:15 a.m.
Science Highlights – Gastrointestinal Room: 11 A/B, 0.5 CME

7:45 a.m. – 9:00 a.m.
Oral Scientific Session; 1.25 CME
• SS 32 – OYN 2 – Uterine, Room: 2
• SS 33 – Lung 3 – Prognostic Factors and Small Cell, Room: 7 A/B
• SS 34 – GU 2 – Emerging Data on Bladder Preservation, Room: 30 D/E
• SS 35 – Head and Neck 2 – New Breakthroughs in Head and Neck Cancer, Room: 3
• SS 36 – Physics 8 – MRI-guided Radiation Therapy, Room: 4

7:45 a.m. – 9:00 a.m.
Education Sessions; 1.25 CME
• Live SA-CME – EDU 37 – Advancements in Clinical Brachytherapy, Room: 25 A/B/C, Ticketed Event
• EDU 38 – When is the Oncologist the Cancer Patient: Perspectives about the Art and Science of Patient-centered Care, Room: 30 A/B/C
• Interactive – EDU 39 – Patients with Relapsed/Refractory Hematologic Malignancies: Challenging but Here are Some Practical Tips, Room: 26 A/B
• Interactive – EDU 40 – Improving Patient Safety in Radiation Oncology: Practical Strategies Drawn from Three Years of the ROI L5 System, Room: 30 A/B/C
• EDU 41 – Next Generation Chemoradiation, Room: 1 A/B

8:30 a.m. – 9:00 a.m.
Science Highlights – Breast Room: 11 A/B, 0.5 CME

9:00 a.m. – 9:15 a.m.
Break

9:15 a.m. – 10:00 a.m.
Keynote III – Vinay Prasad, MD, MPH; Introduction by Charles R. Thomas, Jr, MD Room: Ballroom 20, 75 CME

10:00 a.m. – 10:45 a.m.
ASTRO Guidelines Highlight: Lung SBRT, Palliative Thoracic Radiotherapy and Whole Brain Irradiation Room: Ballroom 20, 75 CME

10:45 a.m. – 11:00 a.m.
Break

11:00 a.m. – 12:30 p.m.
Oral Scientific Sessions; 1.50 CME
• SS 37 – Biology 5 – Immune Response I, Room: 2
• SS 38 – GU 3 – Emerging Outcomes for Aggressive Prostate Cancers Treated with Upfront Radiotherapy, Room: 1 A/B
• SS 39 – Head and Neck 3 – Novel Approaches to the Treatment of Oropharynx Cancer, Room: 11 A/B
• SS 40 – Hematologic 2 – Improving Patient Selection, Leading to New Indications, Room: 4

11:00 a.m. – 12:30 p.m.
ePoster Sessions; 1.50 CME
• eP 14 – Physics ePoster Discussion 4 – Image-guided and Adaptive Therapy, Room: 5B
• eP 15 – OYN ePoster Discussion, Room: 5A

11:00 a.m. – 12:30 p.m.

11:00 a.m. – 12:30 p.m.
Panels; 1.50 CME
• Panel 18 – Harnessing the Power of Mobile Computing for Radiation Oncology, Room: 25 A/B/C
• Panel 19 – Pancreatic Hypofractionation: The Why, How and How Extreme?, Room: 3
• Interactive – Panel 20 – Practical Case-based Discussions of Single vs. Fractionated SBRT for Treatment of Spine Metastases, Room: 30 D/E
• Panel 21 – Advanced Normal Tissue Sparing Radiotherapy, Room: 26 A/B/C

11:00 a.m. – 12:30 p.m.
Education Sessions; 1.50 CME
• Interactive – EDU 42 – Challenging Cases in Palliative Care: That’s Not in the Textbook! Room: 30 A/B/C
• Interactive – EDU 43 – Advances in Treatment for Locally Advanced Non-small Cell Lung Cancer, Room: 30 A/B/C

12:30 p.m. – 1:30 p.m.
Lunch Break

1:30 p.m. – 3:00 p.m.
Oral Scientific Sessions; 1.50 CME
• SS 41 – GI 3 – Clinical Results of Esophagealotosis and Haplotypability Cancers, Room: 1 A/B
• SS 42 – Biology 6 – Sensitizers, Response and Models, Room: 2
• SS 43 – Lung 4 – Toxicity, Room: 30 D/E
• SS44 – GU 4 – Hypofractionated and Ablative Radiotherapy for Kidney and Prostate Cancers, Room: 25 A/B/C

1:30 p.m. – 3:00 p.m.
ePoster Sessions; 1.50 CME
• eP 16 – Physics ePoster Discussion 5 – Delivery Techniques, Room: 5B
• eP 17 – Head and Neck ePoster Discussion, Room: 5A

1:30 p.m. – 3:00 p.m.
Panels; 1.50 CME
• Panel 22 – Radiation and Immunotherapy from Preclinical Studies to Clinical Translation, Room: 31 A/B/C
• Panel 23 – Artificial Intelligence and Deep Learning Within Radiation Oncology: Current Applications and Future Directions, Room: 11 A/B

1:30 p.m. – 3:00 p.m.
Education Sessions; 1.50 CME
• Interactive – EDU 44 – Managing Brain Metastases in the 21st Century: Treatment Options and Case Discussions, Room: 30 A/B/C, Ticketed Event

3:00 p.m. – 3:15 p.m.
Break

3:15 p.m. – 4:45 p.m.
Oral Scientific Sessions; 1.50 CME
• SS 45 – CNS 2 – Brain and Spine Metastases and Treatment-related Toxicity, Room: 2
• SS 46 – Biology 7 – Immune Response II, Room: 5B
• SS 47 – Physics 9 – Outcome Analysis and Modeling 2, Room: 4

3:15 p.m. – 4:45 p.m.
ePoster Sessions; 1.50 CME
• eP 18 – Lung ePoster Discussion 2 – SBRT, Room: 5A

3:15 p.m. – 4:45 p.m.
Panels; 1.50 CME
• Interactive – Panel 24 – IRT in Gynecologic Cancer: Updates in Research and Practice, Room: 3

3:15 p.m. – 4:45 p.m.
Education Sessions; 1.50 CME
• Panel 25 – Practicing the Benchmarking the Cost and Value of Radiotherapy, Room: 1 A/B
• EDU 49 – Altering the Natural History of Oligometastatic Prostate Cancer: Reality vs. Illusion, Room: 30 A/B/C
• EDU 50 – Current Approach in the Management of Head and Neck Cancer, Room: 11 A/B

Continued on page 9

Therapy Schedules for Medically Inoperable Patients with Stage I Peripheral Non–small Cell Lung Cancer

Combing SBRT and RFA to Treat Centrally Located Lung Tumors By Beatriz Amendola, MD, FASTRO

Patients with lung tumors [primary or metastatic] measuring up to 5 centimeters (cm) in size were enrolled in a prospective phase II trial treated with stereotactic body radiation therapy (SBRT) in three fractions followed by radiofrequency ablation (RFA). The radiotherapy dose was determined based on distance from the proximal bronchial tree with tumors less than one centimeter away receiving 36 Gray (Gy) and tumors 1-2 cm away receiving 42 Gy. RFA was delivered within 10 days after the last fraction of SBRT. The 1- and 2-year actuarial local control rates were 92 percent and 80 percent respectively.

According to researcher Percy Lee, MD, combining SBRT and RFA for centrally located lung tumors appears to offer reasonable local control and toxicity profile despite the anatomical challenges of this tumor location. RFA may be a reasonable supplement to SBRT when trachea/bronchus, large vessels or esophageal constraints cannot be met with full-dose SBRT, and a biological effective dose of less than 100 Gy is delivered to an ultra-central location or large tumor size. Resulting treatment produced promising local control with minimal decrease in pulmonary function. When combining SBRT with RFA, unanticipated severe toxicity may be seen due to vascular damage to medium size vessels and needs to be considered.

Lee, P., et al, Lung Stereotactic Body Radiation Therapy Science Session, Abstract 34, Results from a Prospective Phase 2 Trial Evaluating Safety and Efficacy of Combing Stereotactic Body Radiation Therapy with Radiofrequency Ablation for Centrally Located Lung Tumors

Large Ependymoma Series Confirms Importance of Surgical Extent and Efficacy of Proton Beam Therapy By J. Benjamin Wilkinson, MD

Data from the largest series of intracranial pediatric ependymoma patients treated by a single institution was presented by investigators from the University of Florida (UF). Outcomes were reported
**ASTRO Business Meeting Focuses on Implementing New Strategic Plan**

ASTRO leadership will take advantage of today’s Annual Business Meeting to update members about the important initiatives currently underway. ASTRO Chair David C. Beyer, MD, FASTRO, helped to pave a path for the future by working with members, the Board of Directors and ASTRO staff to design a proactive strategic plan. The plan crystallizes the Society’s purpose, which is to advance the field of radiation oncology, and identifies four strategic areas of focus: elevate the profile of the field; impact of research and innovation; health policy development and advocacy; and quality and value. All ASTRO voting members (Active, Affiliate and International members) should plan to attend the Business Luncheon Tuesday, immediately following the Awards Ceremony in Room 6A on the Upper Level.

Some of the ways in which ASTRO supports the strategic areas of focus today or plans to support them in the future will be highlighted during the meeting. Examples include:

- **Research Agenda** – The ASTRO Science Council will pursue a robust research agenda with priorities on reducing side effects, new clinical trial design, immunotherapy and combination therapies, genomic influences and targeted therapies and imaging and innovative technologies.

- **Education** – A new online learning platform, ASTRO Academy, is now available 24/7. The platform offers easy access to online courses and your certificates from your computer or mobile device.

- **ASTRO Annual Meeting** – A number of exciting new offerings, such as Science Highlights Sessions, ASTRO Connect Booths and Product Showcase were introduced in 2017 with plenty more coming in 2018. Watch for a new two-day practical radiation oncology program on the Saturday and Sunday of the Annual Meeting and, beginning next year, all posters will be electronic.

- **Advocacy** – ASTRO is urging policymakers to include physicians in discussions about federal policies related to patient care, especially as they relate to access, affordability and quality and efficiency. During our annual legislative fly-in, Advocacy Day, members set up 140 meetings with members of Congress and their staff to express these points.

- **Health Policy** – A guidelines-driven Radiation Oncology Alternative Payment Model (RO-APM) has been developed by the ASTRO Payment Reform Workgroup, made up of members representing freestanding, academic and community-based radiation oncology practices in consultation with stakeholder groups and Center for Medicare and Medicaid Innovation officials. The APM is based on the premise that adherence to ASTRO and National Comprehensive Cancer Network guidelines will improve quality and reduce unnecessary care and waste.

- **Quality** – ASTRO has assembled a team to help members navigate the muddy waters of the Quality Payment Program (QPP). Online tools and information are available to members on the ASTRO website. Participation in APEX and RO-ILS can help members achieve the Improvement Activity performance category requirements.

The Business Meeting and Luncheon is only an hour-and-a-half, and it is packed with plenty of information about all of the things ASTRO is doing on behalf of members. Be sure to attend.

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**INDUSTRY-EXPERT THEATERS**

Industry-Expert Theaters allow companies to present their noteworthy products and services through a live presentation. Seating is available on a first-come, first-served basis. The Industry-Expert Theater content and views expressed therein are those of the exhibitor and not of ASTRO.

The companies may offer you lunch or refreshments, which, if accepted, may subject you to being reported under the Federal Sunshine Act (the “Open Payments Program”) or other state laws.

Theaters 1 and 2 are located in the rear of the 3600 and 3700 aisles in the Innovation and Solution Showcase (Exhibit Hall) via the Hall C Entrance on the Ground Level. Room 14 A is located on the West Mezzanine Level.

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**INDUSTRY SATELLITE SYMPOSIA**

ASTRO has reviewed and approved this symposium as appropriate for presentation. This symposium represents the content and views of the supporters and are not part of the official ASTRO Annual Meeting.

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**NEW STRATEGIC PLAN**

- Focuses on Implementing
- ASTRO Business Meeting to update members about the important initiatives currently underway. ASTRO Chair David C. Beyer, MD, FASTRO, helped to pave a path for the future by working with members, the Board of Directors and ASTRO staff to design a proactive strategic plan. The plan crystallizes the Society’s purpose, which is to advance the field of radiation oncology, and identifies four strategic areas of focus: elevate the profile of the field; impact of research and innovation; health policy development and advocacy; and quality and value. All ASTRO voting members (Active, Affiliate and International members) should plan to attend the Business Luncheon Tuesday, immediately following the Awards Ceremony in Room 6A on the Upper Level.

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**PANZANELLA SALAD**

- Fresh Tomatoes, Basil, Sea Salt, Cracked Pepper, and Extra Virgin Olive Oil

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**SIDES**

- Dijon Roasted Red Potatoes gluten free
  - With Garlic and Chives
- Chef’s Selection of Fresh Seasonal Vegetables gluten free
- Hearth Baked Rolls and Butter

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**SWEETS**

- New York Cheesecake
  - Chocolate Shavings and Whipped Cream
- Peach Cobbler Tart
  - Peach Compote and Almond Cream with Oat Crumbles

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**DRINKS**

- Self Service Beverage Station
- Freshly Brewed Iced Tea and Lemonade
  - Vegetarian and Vegan, Gluten Free

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**Gearing Up for QOPI**

We continue our Q&A with ASTRO Quality Improvement Managers Ksenija Kapetanovic and Randi Kudner about the new Quality Oncology Practice Initiative (QOPI)® Reporting Registry, a Qualified Clinical Data Registry (QCDR), which is a Centers for Medicare and Medicaid Services (CMS)-approved entity that collects clinical data for improvement in the quality of care provided to patients. If you missed part one of the interview, which provided an overview of how a QCDR can help you fulfill Merit-based Incentive Payment System (MIPS) reporting requirements, you can find it online at www.astro.org/showdailies.

Today, we focus on why and how to use the QOPI Reporting Registry, plus the different measures you may report on using the registry.

**Why would a practice want to use a QCDR over another reporting mechanism for MIPS? What makes it special?**

**Randi Kudner (RK):** The QOPI Reporting Registry has remote integration capabilities, is extremely intuitive, requires no upfront training and will not disrupt daily workflow. FIGmd (the platform) is an experienced technology firm. This system has built-in pre-submission review capabilities to ensure data completeness at the individual physician level. Regular performance reports, coupled with data quality checks at the time of entry, allows FIGmd staff and practice staff to identify potential data quality problems prior to submission to CMS. Issues of data mapping, data completeness and data accuracy are corrected throughout the year as quarterly performance reports across all patient encounters are reviewed by group administrators and participating physicians.

**What quality measures can be reported using the QOPI Reporting Registry QCDR?**

**Ksenija Kapetanovic (KK):** For 2017, the QOPI Reporting Registry contains 16 measures to choose from including general oncology, medical oncology and radiation oncology. Thirteen are MIPS measures (Quality ID listed in table below) and three are custom QCDR measures developed by ASCO. ASTRO and ASCO are working together to provide additional measures for the 2018 QCDR that provide more opportunities for radiation oncology reporting. For a complete list of the measures available visit www.astro.org/qcdr.

**Can anyone access the data in the QCDR system?**

**RK:** The QOPI QCDR is a secure system where approved users may view and query data. The data is not public. The QCDR collects, stores and reports data on the physician’s behalf to CMS, taking every measure possible to safeguard the data. FIGmd is compliant with federal regulations, including HIPAA.

**Ok, so the last big question: how can a practice or a physician sign up?**

**KK:** Any practice with at least one active ASTRO or ASCO member can participate in the QOPI Reporting Registry. To register directly, please visit: https://qcdr.asco.org/signup/Login.aspx. Questions may be sent to QCDR@ASTRO.org. Registration to use the QOPI® QCDR is free in 2017, but there is a cost of $73 per physician to submit data to CMS. The reporting period will end soon so register today.

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**Quick QOPI Takeaways**

There is a lot of information to digest on QOPI and what it means for ASTRO members. Our ASTRO staff members break down the major highlights of why a practice should use the QOPI QCDR:

- QOPI supports both individual physicians and physician group practices in meeting MIPS requirements.
- QOPI manages submission of MIPS data to CMS.
- More meaningful measures will be available as the QCDR designation enables ASTRO and ASCO to create cancer-specific QCDR measures for quality reporting and improvement.
- QOPI can significantly reduce administrative burden on staff through the direct EHR connection.
- The built-in quality assurance (QA) dashboard facilitates practice improvement.

For more questions, be sure to visit www.astro.org/qcdr or email QCDR@ASTRO.org.

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**Science Council Sessions Cover Broad Spectrum of Topics at Annual Meeting**

*By Brian Marples, PhD, Chair, ASTRO Science Council Education and Professional Development Committee*

Each year, the ASTRO Science Council sponsors several sessions at the Annual Meeting. This year is no exception. Altogether, there are 13 Science Council sessions ranging in topics from managing respiratory motion (education session held Monday) to next generation chemoradiation (panel session on Wednesday) to altering the natural history of oligometastatic prostate cancer (panel session on Wednesday). Below are highlights of three of the sessions this year.

**Incorporating MRI into radiation therapy**

Magnetic resonance imaging (MRI), if properly executed, has great potential to support high precision radiation therapy treatment planning. This panel on Tuesday (7:45 a.m. - 9:00 a.m.) will discuss the common differences between diagnostic and dedicated radiation therapy MRI protocols, such as slice thickness, field of view and patient positioning. An MRI physicist will also explore what optimization can be performed in the imaging protocols to improve their utility in treatment planning. How this all impacts clinical practice will round out the discussion and provide insight on incorporating MRI into treatment planning through data from clinical cases. Panelists include Cynthia Ménard, MD, of Princess Margaret Cancer Centre; Eric Paulson, PhD, of Medical College of Wisconsin; and Carri Glide-Hurst, PhD, of Henry Ford Hospital.

**Normal Tissue Damage and Mitigation in the Era of Hypofractionation**

This panel session on Tuesday (4:45 p.m. - 6:15 p.m.) will examine the evidence and discuss normal tissue responses after hypofractionated radiotherapy. The panel will consider if employing a treatment schedule with a small number of larger-size dose fractions is more therapeutically effective than conventional treatment schedules. The impact of hypofractionation on normal tissue biology in different anatomical sites will be discussed, as well as how the radiobiological understanding of mechanisms of injury impacts clinical outcomes. In addition to myself, panelists include Bridget Knottz, MD, of Duke University; Jacqueline Williams, PhD, FASTRO, of University of Rochester Medical Center; Amato Giaccia, PhD, of Stanford University; and Joshua Dilworth, MD, PhD, of Beaumont Health System.

**Next-generation chemoradiation**

Combination therapy that includes radiation and chemotherapy is increasingly prevalent. How well such molecular-targeted chemotherapeutics interact with radiation holds great promise, yet preclinical trials are failing to translate into clinical trials. This panel on Wednesday (7:45 a.m. - 9:00 a.m.) will investigate the most attractive molecular agents that have the best potential to interact positively with radiation. Evidence from clinical trials and mechanisms of action will be explored. Panelists include George Wilson, PhD, of Beaumont Health System and Robert Bristow, MD, PhD, of Manchester Cancer Research Centre.

Check out these and other ASTRO Science Council sessions during the meeting. Remember, if you have an idea for an education or science session for next year, submit your idea to the Science Council for consideration by sending an email to research@astro.org.

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**Check out the ASTRO Science Council-sponsored sessions at #ASTRO17**
Here are a few photographic highlights from ASTRO’s 59th Annual Meeting, taking place September 24-27 at the San Diego Convention Center.
for 179 pediatric patients diagnosed and treated at UF between 2007 and 2017. The series, presented by Daniel Indelicato, MD, confirmed the importance of gross total resection showing a local control rate of 88 percent at 3 years with gross total resection compared with 67 percent with subtotal resection. Even though proton therapy reduces non-prescription dose to surrounding brain tissue, the local control rate of 85.4 percent and progression-free survival rate of 75.9 percent were similar to historical outcomes. These are important data, according to Dr. Indelicato, because they “suggest that proton therapy affords comparable disease control without producing unexpected toxicity.” Long-term follow-up will be required to track late toxicities and second malignancy rates, which are expected to be lower with proton beam therapy. Even apart from the radiation modality used, Dr. Indelicato cites that these outcomes “contribute useful information for overall disease management, patient and family counseling, technical radiotherapy considerations and surveillance guidance.”

Indelicato, D., et al, Pediatric Cancer Science Session, Abstract 125, Outcomes Following Proton Therapy for Pediatric Ependymoma

Implications of HER2 Status on Local Control and Adverse Radiation Effects After Stereotactic Radiosurgery for Brain Metastases of Breast Cancer

By Miriam A. Knoll, MD

Jason Chan, MD, and researchers from University of California at San Francisco, reviewed the outcomes of 204 patients with breast cancer metastatic to the brain, who had all been treated with Gamma Knife-based radiosurgery. At a median follow-up of 9 months (note: patients without follow-up imaging were excluded), local control for those patients with HER2+ tumors was 10 percent poorer. Local control was defined as control of the treated lesion and not distant intracranial control. The one-year local control for HER2+ lesions was 85 percent versus 95 percent for HER2- lesions. Importantly, patients with ER+/HER2+ did not have better outcomes than those with ER-/HER2+ disease; thus, local control appeared to be impacted by HER2 status and not ER status. Ninety-one percent of the metastases were treated with concurrent trastuzumab; 12 percent had concurrent trastuzumab and lapatinib.

Dr. Chan shared, “In the era of
How does attending ASTRO help you in your practice?

“Networking is instrumental and the meeting allows you to meet with people you don’t see all the time, hear about the latest research concepts, and collaborate with others in the field. You may meet someone who can help your patients or residents in areas that you cannot.”
—Krista Howell, MD
Fox Chase Cancer Center
Philadelphia, PA

“The conference can provide for them.”
—Colin Delaney, MS, DABR
IT America Inc
Dallas, TX

“I can meet with more senior faculty and leaders in the field. I also like to see how radiation practice is done elsewhere. It’s a good opportunity to build relationships with others in the field.”
—Wen Jiang, MD, PhD
MD Anderson Cancer Center
Houston, TX

“My colleagues and I attend, and I find it invigorates them to try new ideas and bring information back to the clinic. It’s easy to get stale if you don’t do different things, and we get some new ideas from the meeting.”
—Colin Delaney, MS, DABR
Texas Oncology
Dallas, TX

“We see the needs from physicians and gaps where we can provide for them.”
—Roman Trynine, MS
IT America Inc
Edison, NJ

### Chemoradiation Researcher, Retired Brigadier General Receives 2017 ASTRO Honorary Membership

Edith Peterson Mitchell, MD, a leading researcher, medical oncologist and proponent of combined modality treatment, has been chosen as the 2017 ASTRO Honorary Member. Bruce Minsky, MD, FASTRO nominated Dr. Mitchell for this award, which is the highest honor ASTRO gives to distinguished cancer researchers and leaders in disciplines outside of radiation oncology, radiobiology or radiation physics, and will present the award to Dr. Mitchell during Tuesday morning’s Awards Ceremony, from 10:15 a.m. to 11:30 a.m. in Ballroom 20.

### Vinay Prasad, MD, to Discuss Problem Areas in Cancer Research

During the Keynote Address on Wednesday, Vinay K. Prasad, MD, MPH, a hematologist/oncologist and assistant professor of medicine at the Oregon Health and Sciences University, will discuss three themes in cancer research that need to be addressed: hype, surrogates and multiplicity. In an interview prior to the Annual Meeting, Dr. Prasad noted that some of the cancer therapies coming to market have either uncertain or marginal improvement on patient outcomes, yet “the rhetoric around these products is increasing hype,” he said.

“I think hype has distorted our ability to appraise new technologies and drugs in a rational way.”

He gave the example of an oral vascular endothelial growth factor receptor tyrosine kinase inhibitor for the treatment of renal cell carcinomas, which was recently approved in Europe. The approval was based on data presented to the U.S. Food and Drug Administration’s (FDA) Drug Advisory Committee in 2013, where they voted 13–1 against approving the drug. The committee said the drug did not demonstrate superiority over existing treatment options, and there were also key issues with the clinical trial.

In the news coverage of the drug’s European approval, “One of the investigators said, ‘This is excellent news for patients with metastatic renal cell carcinoma. We are still in need of effective and well-tolerated treatments, and [this drug] is a welcome addition.’ Why do we say things like that?”

Dr. Prasad questioned. “Old data that was rejected by the FDA five years ago is now finally used to squeak an approval in the European Commission and people are saying this is excellent news? I think this is a bit too much.”

During his keynote, he also plans to discuss the role of endpoints in cancer therapy. “I think in cancer medicine, we have increasingly used surrogate endpoints for regulatory approval, for making clinical decisions [and] for expanding guidelines, and we may have even gotten to the point where we have forgotten that shrinking a tumor and improving progression-free survival are not what actually matters to patients,” he said, noting that patients are looking to increase survival and have better quality of life.

“Our love affair with surrogates may have gone a little too far,” said Dr. Prasad.

For example, a drug was recently approved by the FDA. Dr. Prasad calculated that the drug will cost $10,000 per month and upwards of $9 million to prevent an invasive disease-free survival event, which he called a surrogate endpoint. “And on Twitter, a really distinguished breast cancer specialist argued, ‘It’s an important option for our patients, but it’s not for everyone.’ It clearly is an incredibly marginally effective drug with serious toxicity, and it’s going to cost at least $9 million to prevent this...
Twenty-two ASTRO Members Awarded Fellows Designation

ASTRO has selected 22 distinguished members to receive the ASTRO Fellow designation. The 2017 class of Fellows will be recognized during the Awards Ceremony on Tuesday in Ballroom 20, from 10:15 a.m. to 11:30 a.m. The Fellows Program, started in 2006, honors those that have been an Active, Emeritus or, beginning this year, International member of ASTRO for at least 15 years, have given the equivalent of 10 years of service to ASTRO and have made significant contributions to the field of radiation oncology in the areas of research, education, patient care or service and leadership. Including the 2017 class of Fellows, 291 of ASTRO’s more than 10,000 members worldwide have received the FASTRO designation.

The 2017 Fellows are:

- **Douglas W. Arthur, MD**
  Virginia Commonwealth University in Richmond, Virginia

- **Jeffrey D. Bradley, MD**
  Washington University School of Medicine in St. Louis

- **Hak Choy, MD**
  UT Southwestern Medical Center in Dallas

- **Brian Czito, MD**
  Duke University in Durham, North Carolina

- **Patricia Herrigan Hardenbergh, MD**
  Shaw Regional Cancer Center in Edwards, Colorado

- **Eric M. Horwitz, MD**
  Fox Chase Cancer Center in Philadelphia

- **Kenneth Shung Hu, MD**
  New York University Langone Medical Center in New York

- **Peter Anthony Spencer Johnstone, MD**
  Moffitt Cancer Center in Tampa, Florida

- **Jonathan P.S. Knisely, MD**
  Weill Cornell Medicine in New York

- **Albert Koong, MD, PhD**
  Stanford University School of Medicine in Stanford, California

- **John J. Kresl, MD, PhD**
  Phoenix CyberKnife and Radiation Oncology Center, Palo Verde Cancer Specialists in Phoenix

- **Nancy Lee, MD**
  Memorial Sloan Kettering Cancer Center in New York

- **Alphonse G. Taghian, MD, PhD**
  Lankenau Medical Center in Bryn Mawr, Pennsylvania

- **Alvaro Martinez, MD**
  University of Miami in Miami

- **George Rodrigues, MD, PhD**
  London Health Sciences Centre in London, Ontario

- **Hak Choy, MD**
  UT Southwestern Medical Center in Dallas

- **Brian Czito, MD**
  Duke University in Durham, North Carolina

- **Fang-Fang Yin, PhD**
  University of Vermont College of Medicine in Burlington

- **Richard D. Lovett, MD**
  University of Vermont College of Medicine in Burlington

- **Alvaro Martinez, MD**
  21st Century Oncology in Farmington Hills, Michigan

- **Lorraine Portelance, MD**
  Sylvester Comprehensive Cancer Center, University of Miami in Miami

- **Gege Rogers, MD, PhD**
  Memorial Sloan Kettering Cancer Center in New York

- **Bin S. Teh, MD**
  Massachusetts General Hospital in Boston

- **Jeffrey D. Bradley, MD**
  Washington University School of Medicine in St. Louis

- **Douglas W. Arthur, MD**
  Virginia Commonwealth University in Richmond, Virginia

- **Wolfgang A. Tomé, PhD**
  Memorial Sloan Kettering Cancer Center in New York

- **Kristoford A. Tomé, PhD**
  Memorial Sloan Kettering Cancer Center in New York

- **Frank A. Vicini, MD**
  University of Michigan in Ann Arbor

- **Brian Czito, MD**
  Duke University in Durham, North Carolina

- **Fang-Fang Yin, PhD**
  University of Vermont College of Medicine in Burlington

- **George Rodrigues, MD, PhD**
  London Health Sciences Centre in London, Ontario

- **Douglas W. Arthur, MD**
  Virginia Commonwealth University in Richmond, Virginia

- **Jeffrey D. Bradley, MD**
  Washington University School of Medicine in St. Louis

- **Hak Choy, MD**
  UT Southwestern Medical Center in Dallas

- **Brian Czito, MD**
  Duke University in Durham, North Carolina

surrogate endpoint. Is it really an important option? I don’t think it is,” he said.

The last theme he will discuss during his keynote is multiplicity, noting that some areas of research are being studied by multiple research teams, which can lead to statistically significant positive or negative associations that are not necessarily true if you look at all the data. “One of the principal rules of science is you need to adjust your results based on how many times you’ve done the analysis so you’re not just cherry-picking the best results,” he said.

Ethics in Radiation Oncology Panel:
“**You Can’t Contour Integrity**”

The Ethics in Radiation Oncology panel promises a “not to be missed,” interactive, SA-CME special session, on Tuesday, September 26, from 2:45 p.m. to 4:15 p.m. Featured leaders in radiation oncology, including Joel Tepper, MD, FASTRO, Terry J. Wall, MD, JD, FASTRO, and Anthony Zietman, MD, FASTRO, along with moderator Sarah Donaldson, MD, FASTRO, will speak of misbehaviors observed in publication, such as fabrication, falsehoods and plagiarism, and other surprising behaviors that seem to proliferate in the culture of publication as a measure of academic productivity.

The experienced and respected panelists speaking at this session are committed to their task of setting a high “ethical bar” to enable a culture providing value to our ASTRO societal mission and purpose. Don’t miss this session!

“I think hype has distorted our ability to appraise new technologies and drugs in a rational way.”

Be sure to attend Dr. Prasad’s keynote on Wednesday morning in Ballroom 20, from 9:15 a.m. to 10:15 a.m., to hear his take on possible solutions to these quandaries.
Plenary Session Provides the Latest on Cutting-edge Research in Breast, Endometrial, Cervical and Lung Cancer

O
n Monday, ASTRO Scientific Committee Chairs Benjamin Movsas, MD, FASTRO, of the Henry Ford Health System, and Vice-chair Lisa Kahnich, MD, FASTRO, of the Vanderbilt University Medical Center, moderated the Plenary Session. During this four, the top abstracts, which were selected out of 3,000 submissions, were presented.

In the first abstract, researchers found that, in patients with high-risk breast cancer who had undergone mastectomy, 43.5 Gray (Gy) delivered in 15 fractions over three weeks had comparable efficacy and toxicity outcomes at five years to standard fractionation. “This is really an incredible example of moving more toward value-based care, which is really the goal,” said Dr. Movsas.

The randomized, phase III study enrolled 811 patients between 2008 and 2016; they were randomized after mastectomy to receive hypofractionated radiotherapy or conventional fractionation radiotherapy to the chest wall and supravacular nodal region.

After a median follow-up of 52 months, the five-year cumulative incidence of locoregional recurrence was 92.8 percent. The 5-year distant metastasis was 22.7 percent, disease-free survival (DFS) was 74.9 percent, and overall survival (OS) was 86 percent.

In the second abstract, researchers found that vaginal cuff brachytherapy and chemotherapy (VCB/C) was not superior to pelvic external beam radiation therapy (PXBRT) in women with high-risk endometrial cancer.

The randomized, phase III trial included 601 patients; those assigned to receive PXBRT were treated with standard four-field or intensity modulated radiation therapy techniques. Patients assigned to VCB/C received high- or low-dose rate brachytherapy followed by paclitaxel 175 plus carboplatin. After a median follow-up of 33 months, the 36-month relapse-free survival was 82 percent for both PXBRT and VCB/C. The 36-month OS was 91 percent for PXBRT and 88 percent for VCB/C. Pelvic or para-aortic nodal recurrences were significantly more common in the VCB/C group (23 versus 12), which was largely driven by the difference in pelvic nodal failure (20 versus six patients), according to the authors.

“It’s important that they asked this question, as the results were not what we may have suspected—vaginal brachytherapy with chemotherapy actually produced higher toxicity and more failures lending support to our current standard approach of postoperative pelvic radiation,” Dr. Kahnich commented.

In the third abstract, researchers found that four fractions of 7 Gy high-dose rate brachytherapy was significantly superior to two fractions of 9 Gy for patients with cervical cancer.

The prospective, randomized, multicenter, international trial included 601 women with stages IIB and IIBb cervical carcinoma who were treated with curative intent between September 2005 and May 2010. All patients received external beam radiotherapy of 46 Gy in 23 fractions to the pelvis.

“It is admirable that this trial, performed in developing countries, was exploring an abbreviated brachytherapy course with the hope that results would be equivalent to our standard multiple fraction brachytherapy in order to conserve resources,” said Dr. Kahnich.

However, tumor control was lower in those receiving two applications of 9 Gy (78 percent; 95 percent CI 71-84) compared to those receiving 4 applications of 7 Gy (88 percent; 95 percent CI 81-92; p=0.0007). The five-year OS was 62.2 percent in those receiving four applications of 7 Gy and 68.3 percent in those receiving two applications of 9 Gy.

In the final abstract, researchers found that consolidative stereotactic body radiation therapy (SBRT) prior to maintenance chemotherapy nearly tripled progression-free survival (PFS) in patients with limited metastatic stage IV non-small cell lung cancer compared to maintenance chemotherapy alone, with no difference in toxicity.

“I have been in the lung cancer field for many years, and to me, this is a real paradigm shift,” said Dr. Movsas. “It shows that even in patients who have metastatic lung cancer, there’s still a very important, evolving role for focused radiation.”

The trial enrolled 29 patients between April 2014 and July 2016 to receive maintenance chemotherapy alone or maintenance chemotherapy plus SBRT, “which is a kind of focused millimeter-precise radiation that gives a higher dose to any of the sites where there was some initial spread of the disease,” Dr. Movsas explained. “[And they] include patients with up to 6 sites of metastatic disease, which is interesting, because other studies have limited it to 3 or 4.

“This is a noninvasive type of radiation, and they found a significant improvement,” said Dr. Movsas. “I think this study shows that as systemic therapy gets better, the importance of radiation or local control becomes more important, because now that we’re able to control the chance of the cancer spreading somewhere else, we really better make sure that we can control where we know it has been or where it is.”
Latest Treatment Recommendations Revealed in ASTRO Guidelines Highlight Session

By Caroline Patton, ASTRO Quality Improvement Manager

The ASTRO Guidelines Highlight session will take place on Wednesday, September 28 from 10:00 a.m. to 10:45 a.m. in Ballroom 20. This session will outline the recommendations from three recent ASTRO guidelines, as well as briefly explain the process by which guidelines are developed. ASTRO guidelines utilize a robust process that includes a systematic literature review, grading of the strength of recommendations and quality of evidence based on the GRADE approach, and a modified Delphi method for determining consensus with the recommendations.

Gregory Videtic, MD, CM, will discuss the newly published guideline for the use of stereotactic body radiation therapy (SBRT) in early-stage lung cancer, which was written by a task force of lung cancer specialists that included radiation oncologists, thoracic surgeons and a patient representative. While SBRT is considered the current standard of care for peripherally located tumors in patients who cannot undergo surgery, the present guideline focuses on the use of SBRT in clinical scenarios that remain challenging and sometimes controversial. These include medically inoperable patients who may be at a higher risk of toxicity when treated with SBRT, such as those with tumors invading the chest wall or greater than 5 centimeters, with multiple nodules in the lungs or who are receiving treatment without biopsy or after pneumonectomy. The session will also examine the recommendations regarding SBRT for salvage and the appropriateness of SBRT in the operable patient. The guideline is published in Press in Practical Radiation Oncology.

Next, Benjamin J. Moeller, MD, PhD, will preview recommendations in the upcoming partial update of the ASTRO palliative thoracic radiation therapy guideline. When the original guideline was published in 2011, there was insufficient evidence to recommend chemotherapy concurrent with palliative thoracic radiotherapy. However, two randomized controlled trials published since then now provide rationale for the original recommendation statement to be revised. Armed with evidence for improved survival times and quality of life, the targeted guideline revision recommends consideration of a platinum-containing chemotherapy doublet concurrent with palliative thoracic radiotherapy for a very specific population. The session will evaluate the new trials, with emphasis on their inclusion criteria, strengths and weaknesses, as well as how these studies shape the target population identified in the revised recommendation statement. It will also assess the current data and recommendation for palliative radiation therapy in stage IV patients.

Finally, Reshma Jagsi, MD, PhD, will speak to the recommendations of the new ASTRO guideline on whole breast irradiation, which will replace the current guideline originally published in 2011. The recommendations reflect the maturation of clinical trials and generation of high-quality observational data that now support the use of hypofractionation in a much broader population of patients with ductal carcinoma in situ (DCIS) and invasive breast cancer. This guideline also addresses important questions about boost radiotherapy following whole breast treatment and optimal techniques for the administration of both whole breast radiotherapy and boost that have not been the focus of prior ASTRO guidelines. By comprehensively compiling the evidence and using a multidisciplinary task force of experts to consider key questions of practical importance and generate consensus, the whole breast guideline effort is intended to improve the consistency and quality of care by promoting evidence-based, individualized radiotherapy decisions for patients with early-stage breast cancer.

To learn more about these guidelines and see all their recommendations, make sure to attend the session on Wednesday. The lung SBRT guideline was also presented in detail in Panel 05: Stereotactic Body Radiotherapy for Early Stage Non-Small Cell Lung Cancer: ASTRO Clinical Practice Guideline Recommendations and Evidentiary Base on Monday, September 25. If you missed that session, you can access it via the Virtual Meeting through the Online Conference Planner, or you can log in to MyASTRO and click on My Virtual Meeting/FlashProducts.

And the Winners Are…

The eighth annual Running Strong 5K Run for the Future to Benefit the Radiation Oncology Institute (ROI) is complete and the results are in! On Monday morning, more than 300 attendees gathered at the Hilton San Diego Bayfront hotel to run or walk the 5K course along the edge of San Diego’s beautiful harbor. Runners travelled past the Embarcadero North and South, Seaport Village and Waterfront Park with spectacular views of the water and the city for most of the run.

This year’s race was especially significant, as it was held in the same city as the inaugural 5K Run for the Future eight years ago. Since then, the race continues to be a staple of the ASTRO Annual Meeting.

“The ROI 5K is a great way to start the day. I was really excited to see a race happening at the ASTRO Annual Meeting and to see so many radiation oncologists enjoying the sport,” said first-time race participant Ben Li.

Individual attendees competed for the titles of fastest male and female runners but, equally important, many race attendees set new personal best times, pushed beyond their limits, met new acquaintances and had fun in the process.

Congratulations to Ben Li of Vanderbilt University, who won the title of fastest male runner and Lindsay Burt, MD, of the University of Utah, who won the title of fastest female runner. Additionally, 19 academic teams and 11 corporate teams participated in their respective team challenges. Emory University pulled out the win for the Academic Team Challenge, securing them a $1,000 donation to their institution’s scholarship fund, and Varian and Siemens won the esteemed title and trophy of the Corporate Team Challenge.

Radiation Business Solutions (RBS), host of the race for the eighth year, established the running Strong 5K Run for the Future to Benefit the ROI to support the important research and education programs funded by the Institute. And multiple companies generously help sponsor the event annually. This year’s sponsors included: Elekta and Varian at the Hope Sponsor Level ($10,000), Accuray at the Compassion Sponsor Level ($5,000) and Northwest Medical Physics Center at the Discovery Sponsor level ($2,500).

“The event brings together industry, academic institutions and ASTRO members to support groundbreaking research in a fun and unique way,” said ROI Vice President, Colleen A.F. Lawton, MD, FASTRO. “We are so grateful to RBS for hosting this event each year and to the companies that help sponsor it.”

All sponsorships and registration fees went directly to the ROI to fund practical research for the field. All in all, everyone wins when we elevate research and education efforts for the field of radiation oncology. To learn more about the ROI’s efforts in these areas, be sure to stop by booth 3639 in the Innovation and Solution Showcase.
Søren M. Bentzen, DSc, PhD, is passionate about science and math. By the numbers, this passion has led to more than 400 published articles, around 1,400 scientific citations per year, more than 300 invited talks at international scientific meetings, 54 visiting professorships, 15 trial steering committee memberships and four clinical trial or research group chairmanships.

Dr. Bentzen is currently a professor and director of the Division of Biostatistics and Bioinformatics in the Department of Epidemiology and Public Health at the University of Maryland School of Medicine in Baltimore. He holds a secondary faculty appointment there as a professor of radiation oncology and is a member of the University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center.

After earning his doctorate in medicine and medical physics from the University of Aarhus in Denmark, Dr. Bentzen was a visiting scientist at the University of Texas MD Anderson Cancer Center from 1987-1988. While in Houston, he studied under radiation oncology stalwarts, such as Howard Thames, PhD, FASTRO, Lester Peters, MD, FASTRO, and K. Khan Ang, MD, PhD, FASTRO, all ASTRO Gold Medalists themselves.

For years, he has studied the long-term effects of normal tissue toxicity as a result of radiation treatment. According to one nominating letter, “Søren’s work on normal tissue injury is probably the most important work of this type in the radiation oncology literature.”

This work led him to consider dose-fractionation schedules and how radiation therapy might be best tailored to maximize tumor control while minimizing toxicity to normal tissue. In another nominating letter, the writer concludes, “His work on modeling and fractionation have been essential to how we can use radiation safely in the clinic.”

Dr. Bentzen is now focusing on a new frontier of cancer care: personalized medicine using big data to better tailor treatments. He said, “At the end of the day, it’s about optimizing the treatment for each individual. There are so many new possibilities that we didn’t have 15 years ago. With population-level registry data and electronic health records and then with what we know about genomics—combining data and knowledge across all of those fields is challenging and also very exciting.”

Louis B. Harrison, MD, FASTRO, is a renaissance man of radiation oncology. From developing a customized high-dose-rate (HDR) radiation therapy applicator to writing a textbook to leading multidisciplinary teams, Dr. Harrison’s accomplishments in the field are varied and far-reaching.

From 1999-2014, he served as the Physician-in-Chief of Continuum Cancer Centers of New York and was instrumental in developing multidisciplinary programs across all cancer sites in the Continuum health care system. Under his leadership, the cancer program received Gold Level Accreditation for the Continuum Network from the American College of Surgeons Commission on Cancer, one of the few health systems to earn this level of accreditation.

Dr. Harrison is an authority in the field of head and neck cancer: he literally wrote the book on it. Dr. Harrison is the lead editor of the major textbook, “Head and Neck Cancer: A Multidisciplinary Approach,” currently in its fourth edition. According to one of Dr. Harrison’s nominating letters, “his contributions in brachytherapy and intraoperative radiation therapy (IORT) have shaped the field.”

Developing novel therapies and new ways to deliver treatment has always been a motivator for Dr. Harrison. He was one of the first investigators to combine concomitant chemotherapy with radiation therapy for head and neck cancer, now a standard of care. Along with Lowell Anderson, DSc, and Felix Mick, Dr. Harrison created the Harrison Anderson Mick (HAM) Applicator, a medical device used to deliver HDR brachytherapy or HDR IORT treatments.

Never one to rest on his laurels, Dr. Harrison brought his entrepreneurial spirit to the Board of Directors of ASTRO from 2005-2009. As President and Chair, he advocated for a name change for the Society to stress the importance of cancer care to its members. At ASTRO’s 50th Annual Meeting in Boston in September 2008, the membership voted to change its name from the American Society for Therapeutic Radiology and Oncology to its current name, the American Society for Radiation Oncology.

After spending most of his career in New York, Dr. Harrison joined the H. Lee Moffitt Cancer Center and Research Institute in Tampa, Florida, in 2014. He serves Moffitt as the Chair of Radiation Oncology, as well as Deputy Physician-in-Chief.

Michael L. Steinberg, MD, FASTRO, is driven by his professional commitment to provide excellence in patient care through his expertise in health policy, and he has worked tirelessly in service to the specialty of radiation oncology as an advocate and leader.

In the early years of his private medical practice, Dr. Steinberg developed an expertise in health care economics and health policy through teaching and working in health services research at UCLA and the Rand Corporation. Dr. Steinberg was tapped to serve as a representative to the Relative Value Update Committee (RUC) for ASTRO from 1997-2002 and as the radiation oncology representative to the CPT Editorial Committee from 2002-2010.

Dr. Steinberg understood and foresaw the increasing demands of managing health care economic issues for the specialty of radiation oncology. “This is not just about billing, this is also about access to radiation oncology care and the quality of that care,” Dr. Steinberg would say. In 2002, the Health Policy Council was formed as part of the reorganization of ASTRO governance. Dr. Steinberg was subsequently elected to the ASTRO Board of Directors as the inaugural Chair of the Health Policy Council, from 2003-2007.

In 2008, Dr. Steinberg’s career took a turn when he left community practice to become Professor and Chair of the Department of Radiation Oncology for the David Geffen School of Medicine at UCLA, a post he still holds. Under Dr. Steinberg’s leadership, the department has become a leader in radiation oncology research and education.

In 2010, Dr. Steinberg was elected to the presidential track of ASTRO. In addition to his advocacy for the specialty of radiation oncology on Capitol Hill and with the Centers for Medicare and Medicaid Services, Dr. Steinberg introduced the notion of the Value Proposition in health care for radiation oncology. He also led ASTRO Board initiatives such as “Choosing Wisely” and the R-ILS: Radiation Oncology Incident Learning System®.

Dr. Steinberg has also been appointed to a number of leadership posts, including Director of Clinical Affairs for UCLA’s Jonsson Comprehensive Cancer Center and, after election by his peers, to the Chair of Clinical Chairs for the David Geffen School of Medicine at UCLA. He also sits on the executive governing group for UCLA Health.
Head and Neck Cancers Symposium to Highlight Practical Management and Future Directions for Multidisciplinary Care

By Robert I. Haddad, MD, Dana-Farber Cancer Institute, Chair, Head and Neck Cancers Symposium

The Multidisciplinary Head and Neck Cancers Symposium has been described by attendees as “the best head and neck cancer meeting,” “truly multidisciplinary,” “practice-changing” and “a must-attend for all of those who treat head and neck cancers.” Make plans to join us February 15-17, 2018, in Scottsdale, Arizona, at the Westin Kierland Resort and Spa. The meeting is co-sponsored by ASTRO, the American Head and Neck Society and the American Society of Clinical Oncology.

The management of head and neck cancer is rapidly evolving with newer modalities of treatment available to patients, such as minimally invasive surgery, innovative radiation targeting techniques and immunotherapy. These advances are already directly impacting patients—a review of the appropriate use and sequence of these modalities is needed to achieve the best patient outcomes.

“The management of head and neck cancer is rapidly evolving with newer modalities of treatment available to patients.”

This two-and-a-half day symposium will cover new multidisciplinary therapies, immunotherapy, treatment guidelines, new staging systems and supportive care in head and neck cancer. A major focus will be placed on the multidisciplinary nature of disease management and the incorporation of all treatment modalities—including promising novel therapies and immunotherapy—to achieve best outcomes. Interactive sessions and tumor boards will provide dynamic and timely education while oral abstracts and posters will highlight cutting-edge science and evidence-based practice.

The multidisciplinary format of the Head and Neck Cancers Symposium fosters the continued collaboration of surgical, medical and radiation oncologists to provide the best cancer care for patients. The program is designed for all members of the care team, including medical oncologists, radiation oncologists, head and neck surgeons, physicists, nurses, diagnostic and interventional radiologists, pathologists, radiation therapists, radiation dosimetrists, speech language scientists/pathologists, dentists, oral surgeons, speech and swallowing therapists, audiologists, physical therapists, physician scientists and rehabilitation specialists. Symposium attendees are encouraged to take advantage of the opportunity to network and share information with their colleagues in the field, as well as earn continuing education credits.

Be sure to check out the online schedule of events to see session information, including three keynote addresses. ASTRO is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. ASTRO designates this live activity for 19.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Interested in submitting a late-breaking abstract? The submission site will open November 8 and the deadline to submit a late-breaking abstract is December 6. Visit www.headandnecksymposium.org for more information. I hope to see you there!

ASTRO’s 60th Annual Meeting Heads to San Antonio

Translating Discovery to Cure

By Paul Harari, MD, FASTRO, ASTRO President-elect

Save the dates, October 21-24, 2018, as ASTRO celebrates its 60th Annual Meeting in San Antonio, Texas. The theme of the 2018 meeting, “Translating Discovery to Cure,” will feature many scientific discoveries that are affecting the specialty of radiation oncology and consider how we can best translate cutting-edge science into clinical practice. In this fast-moving era of personalized medicine, there remains a compelling need for thoughtful oncologists—experts who know how to consider the whole patient in designing cancer treatment recommendations.

I invite you to think ahead and submit your scientific abstract. The Call for Abstracts will open on December 15, 2017, and close on February 14, 2018.

The vibrant and festive city of San Antonio will once again host ASTRO for what should be a lively, informative and memorable experience in the newly renovated Henry B. Gonzalez Convention Center. I look forward to seeing you at ASTRO’s 60th Annual Meeting!
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