

ANNUAL MEETING WRAP-UP SPECIAL EDITION 2013

ASTRO news

**ANNUAL
MEETING
EMPHASIZES
PATIENT-CENTEREDNESS**

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ASTRO news

AMERICAN SOCIETY FOR RADIATION ONCOLOGY

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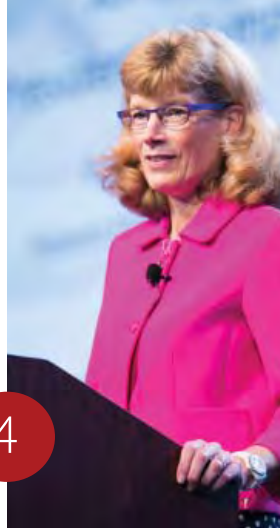
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REUNION

surely spell the difference between success and failure on the oral phase of the boards the following June.

After entering private practice in July 1992, a lengthy drought in Annual Meeting attendance ensued. As low man on the totem pole, I was usually left behind to hold down the fort while the more senior partners traveled to the far-flung Islets of Langerhans for education and entertainment. And while ASTRO assumed responsibility for the meeting itself, health policy and government relations were handled within ACR by committees that were populated with radiation oncologists. ACRO was in its infancy.

By 1999, I was slightly crispy around the edges and migrated to a new three-man practice in the bucolic little town of Cooperstown, N.Y., “A drinking town with a baseball problem,” as they liked to say at the Doubleday Café. We had three sites to cover, but managed to juggle patients during the Annual Meeting so that one of us would get to go every year. I had two great partners and a great quality of life but as sometimes can happen, things fall apart, as Chinua Achebe so eloquently wrote. Promises made became promises broken, and one by one we exited our little slice of heaven for a greener pasture.

After returning to Richmond in 2002, I decided to become more involved with the mechanics of ASTRO as an organization and not simply an acronym with a nifty logo. By this time, ASTRO had broken away from ACR and taken responsibility for health policy and government affairs, the MPFS was fully phased in and we had our first Coding Guide, a few sheets of paper stapled together.

Over the ensuing 10-plus years, I’ve sat on a number of committees and have had the privilege of meeting and working with a number of extraordinarily talented

men and women, both ASTRO staff and fellow physicians. Each Annual Meeting along the way has been a meticulously choreographed large-scale production with more than a years’ worth of “rehearsals” at fly-in meetings and too-numerous-to-count conference calls, culminating in a short but intense five-day “run” played before a sold-out house. Over time, you learn to trust and rely on your fellow “cast members” as you share the responsibility for maintaining a steady hand in changing tides. You become extensions of each other.

There were two highlights for me at this 55th Annual Meeting. The first was Saturday evening, before the meeting had even begun. Those other two guys I mentioned from Cooperstown, N.Y., my old partners—Joe Barthold and Geoff Weidner—and I had dinner together in Atlanta. The meal was forgettable, the wine surprisingly good and the company was sublime. It was like we had never been apart. For me—for the three of us—it was the embodiment of the Annual Meeting. The second moment was having my wife, Alison, present for the ASTRO Fellows ceremony. It was a special moment for both of us; I’m delighted that we were able to share it together.

The Annual Meeting will always be a place to learn new things and window shop for the latest technology. There’s more to it, however. Over an extended period of time, especially if you volunteer for any of the numerous ASTRO committees, the meeting becomes part of your annual routine. It is your yearly pilgrimage. It is that family reunion that you never want to miss.

See you in San Francisco!

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.

THE OLDER I GET, the more I look forward to attending the ASTRO Annual Meeting. Maybe it’s a misplaced sense of premature doom—maybe I won’t be “around” for the next meeting—but I think it’s more a sense of being part of a huge family reunion, seeing favorite “cousins,” long-lost “sisters” and even crazy “Uncle Joe.”

I barely remember my first Annual Meeting in November 1991 in Washington. The most memorable moment was a television flash that Lakers star Magic Johnson was retiring from the NBA after testing positive for HIV. There was no discussion about the Medicare Physician Fee Schedule; the MPFS was still a few months away from beginning its 10-year phase-in period. There were no meetings on the ACR/ASTRO Coding Guide; we didn’t have one. The new chairman was Rodney Million, MD, FASTRO; the new president was Sarah Donaldson, MD, FASTRO. I recall expending considerable energy trying to get copies of the various syllabi used in conjunction with the educational sessions. No CD-ROMs, no virtual meeting, but rather a 12-inch stack of paper with precious information for a resident, critical knowledge that would



PATIENTS REMAIN FRONT AND CENTER

AS PHYSICIANS, ONE OF OUR FIRST DUTIES IS TO RECITE THE HIPPOCRATIC OATH, which includes the statement, “and never do harm to anyone.” Yet we all know that in our efforts to cure cancer with radiation therapy, we will undoubtedly cause toxicity and therefore, do harm. Understanding the level of harm we do by asking patients (patient-reported outcomes) and working to mitigate that harm was a central theme of ASTRO’s 55th Annual Meeting in Atlanta.

Beginning with the Presidential Symposium on Sunday, practical, patient-centered presentations were delivered by an outstanding cast of prostate cancer experts. We learned the pitfalls of PSA screening resulting in overdiagnosis and, worse yet, overtreatment for many patients with low-risk disease. We also learned that we need to work to define better screening procedures to detect the lethal prostate cancers that do exist. Presentations on appropriate treatment for localized prostate cancer ranged from a discussion of active surveillance to aggressive dose-escalated radiation therapy, including an excellent discussion of altered fractionation schemes.

Quality of life was a focus of the Presidential Symposium with discussions of such for localized disease, locally advanced and metastatic disease patients. No question that with the advances in chemotherapy and other forms of systemic treatment, including the recently FDA-approved radium-223, our patients are living longer with less pain and thus better quality of life.

Just in case we as radiation oncologists were wondering if quality of life as measured by our patient-reported outcomes makes a difference for our cancer patients, look no further than the lecture on Sunday afternoon from Jeff A. Sloan, PhD. Dr. Sloan shared valuable data illustrating the survival impact on quality of life as an end-point. His research should be “a call to action” for all of us to evaluate our patients’ quality of life with a few simple questions, so as to improve that quality of life and, thus, improve their survival.

Patient-centered quality of life end-points were also featured in the Plenary session, particularly in the presentation by Benjamin Movsas, MD, FASTRO, in the quality of life analysis from RTOG 0617, a dose escalation trial for lung cancer patients. He demonstrated that quality of life end-points help to explain the decrease in survival seen in the high-dose arm of that trial. Each of the remaining plenary presentations also had a quality of life aspect to them. The need for less hormone therapy for intermediate risk prostate cancer patients was shown by the results of RTOG 9910; then a simple questionnaire to screen for depression

Continued on next page

His [Dr. Sloan’s] research should be “a call to action” for all of us to evaluate our patients’ quality of life with a few simple questions, so as to improve that quality of life and, thus, improve their survival.

Engaging in the *Choosing Wisely* campaign shows our peers, patients and other medical specialties that ASTRO is working to help control wasteful health care spending.

in our patients was presented (RTOG 0841); and finally memory preservation with conformal hippocampus avoidance in patients who require whole brain radiation for metastatic disease was shown in the primary end-point results of RTOG 0933.

Our keynote lectures hit the mark with patient-focused topics. Darrell G. Kirsch, MD, president and CEO of the Association of American Medical Colleges, implored all of us as physicians to help improve patient care by realizing that our actions do affect the current overspending of health care dollars in our country. Despite the amount spent on health care, he showed us that our outcomes in the United States in terms of longevity and infant mortality are low. He pushed us to reconsider how we spend those dollars by ensuring that the tests we order and the treatments we deliver are scientifically based and clearly in the patient's best interest.

On Tuesday morning, we enjoyed the remarks of Otis W. Brawley, MD, chief medical officer of the American Cancer Society. He urged us to decrease overtreatment of patients with non-scientifically based approaches in order to decrease toxicity. He also urged us to employ a palliative care approach very early on in treatment. He shared a plethora of data showing that palliative care (when done well and early in a patient's treatment course) results in both an improved quality of life and an increase in survival.

On Wednesday morning, we had an outstanding Steven L. Leibel, MD, Memorial Lecture by Peter Friedl, MD, PhD. Dr. Friedl is working to improve patient care through his work on identifying and targeting areas of radioresistance. This lecture was not only incredibly informative but entertaining as well. One left feeling as if the future is very bright for combination therapies to help radiation therapy work more effectively.

Finally, Michael L. Steinberg, MD, FASTRO, unveiled our *Choosing Wisely* list, supported by Daniel Wolfson, executive vice president and chief operating officer of the ABIM Foundation, who lauded the efforts of ASTRO. Engaging in the *Choosing Wisely* campaign shows our peers, patients and other medical specialties that ASTRO is working to effectively use health care resources.

It surely was a fantastic meeting in Atlanta. I hope that all who attended the meeting enjoyed it as much as I did.

Dr. Lawton is professor, program director and vice-chairman of radiation oncology at the Medical College of Wisconsin in Milwaukee. She welcomes comments on her editorial at astronews@astro.org.



Dr. Colleen Lawton welcomes attendees to the Presidential Symposium on Sunday, September 22.

ASTRO AND LATIN AMERICA: PRESENT AND FUTURE

THE ASTRO ANNUAL MEETING has been and continues to be the reference meeting for most of the radiation oncologists in Latin America. As the knowledge of and research in the field of radiation oncology continues to expand at unprecedented speed, along with the addition of new technologies, the ASTRO Annual Meeting continues to fulfill its commitment to offer our field the opportunity to keep up with these changes and developments.

This year's meeting had a special meaning to us in Latin America because of its focus on patient-centered care and the implications of the physician's role on the outcome of our patients through the application of quality patient care. This is of utmost concern in our region because of the rapid changes in technology and new concepts and treatment techniques, all while we are experiencing some deficiencies in training and available information to keep up with these new developments.

For ALATRO (Asociación Ibero Latinoamericana de Terapia Radiante Oncológica), this year has been an important and productive one with several events that have contributed to ALATRO's growth and development. One of them was the IV annual Congress in Cartagena, Colombia, held in July. It was the largest and best attended congress in its history, with participation from ASTRO, ESTRO and other international societies, as well as members from almost all of the Latin American countries and the Iberian Peninsula. It was indeed a very successful scientific meeting and an example of international cooperation.

We also had several educational courses through some of the Latin American countries supported by European and American societies that were well attended and recognized by participants as a great educational value.

One of the most important missions in ALATRO is education, and most of the efforts of the present board of directors have focused on finding ways to improve the opportunity for better education of our members, and more importantly, for our young residents, through training programs.

The availability of training opportunities is becoming a real concern in our region because of the shortage of available training programs, making it sometimes almost impossible for young doctors to be properly trained in the field of radiation oncology. In fact, this concern expands to medical physicists, dosimetrists and technologists.

It is because of these problems that this year's ASTRO Annual Meeting was of significance to us. This year during the Annual Meeting, the International Education Subcommittee (IES), chaired by Nina A. Mayr, MD, FASTRO, explained the subcommittee's vision. There was also a detailed discussion among ASTRO's Board of Directors and representatives of several sister societies, including ALATRO. As president of ALATRO, I had the opportunity to discuss the present educational situation in Latin America, some of our concerns, weaknesses and strengths, and the implications of the changes on the availability of training programs for Latin America.

It was refreshing to hear that ASTRO is interested in and committed to

looking into these problems and is willing to participate in the search for solutions through the work of IES.

ALATRO, as a young society, is looking to expand and to have more interactions with established societies. ASTRO traditionally has been the reference society for Latin America; therefore, these type of initiatives, such as IES, are seen with enthusiasm and hope for the opportunity to expand our commitment for better education for our young radiation oncologists.

As I explained to ASTRO's Board of Directors, I believe that through this kind of cooperation there will be a benefit that goes both ways by making some of the training programs in Latin America available for short rotations for American residents, allowing for an experience in the most common pathologies seen in our region through organized programs coordinated by our societies.

As we continue to enter into this world of globalization, I believe that there are only benefits that can be derived from this kind of cooperation between societies, and the ultimate beneficiary of these efforts is our patients.

As president of ALATRO I would like to applaud the initiatives of IES and to thank ASTRO for its vision to improve education throughout the world.

Dr. Linares is president of ALATRO and the medical director at HOPE International in Guatemala. He welcomes comments on this column at astronews@astro.org.

RESIDENTS STRENGTHEN KNOWLEDGE, PERSPECTIVE AT ANNUAL MEETING

“Hope is the companion of power, and mother of success; for who so hopes strongly has within him the gift of miracles.” — Samuel Smiles

AS A JUNIOR RADIATION ONCOLOGY RESIDENT, each day can be daunting. The whirlwind that begins on the first day of residency leaves many young physicians on shaky ground, desperate for solid footing. Immediately residents are inundated with very sick and concerned patients, papers by noteworthy predecessors, anatomical structures named after men from a distant era and dizzying laws of physics—some immutable, others seemingly malleable. For many arriving at their first ASTRO Annual Meeting in Atlanta, the goal was to establish a steady vantage of our discipline.

In her Presidential Address, Colleen A.F. Lawton, MD, FASTRO, eloquently detailed the **hope** provided by decades of innovation in prostate cancer therapy. The clinical trial participation of our patients brought new answers, in turn illuminating the fearful, oftentimes hopeless sensation that follows a “big C” diagnosis. Fatefully, I was able to follow the story presented in her address, and a measure of comprehension was realized. It was invigorating to see the awesome power of this virtue we so carefully nurture in our patients.

Reuniting with mentors, friends from medical school and fellow residents from the now hazy interview trail brought energy to the meeting. There was guidance from an array of accomplished panels featured in the challenging case discussions where, suddenly, faces and voices accompanied many of the names so difficult for young residents to retain. Details came into focus as we were

electronically polled on these cases and repeatedly found ourselves saying, “For this patient, I would have done this—or that.” The integration of concepts during these invaluable sessions will guide us through a variety of challenging clinical scenarios in the future.

Then there was the rare view of the mirage-like finish line provided by Terry Wall, MD, JD, FASTRO, in his yearly lecture, attended religiously by the in-training contingent. We were assured that we would not be alone in this journey through residency. The ARRO events on Saturday clearly illustrated that our seniors wisely left behind bridges intended to **guide** us. Hippocrates would approve; physicians by definition are guides—for our patients and for each other.

With hope and confidence, we braved the Exhibit Hall’s numerous vendors to survey the latest, greatest and, sometimes, the most esoteric of innovations. Many of our own accomplishments were on display at the scientific sessions and expansive poster hall, representing a wealth of knowledge for young physicians to assimilate. Thankfully, there were daily rest stops at watering holes like The Georgia Aquarium and Piedmont Driving Club where informal networking was

encouraged and proved astonishingly fruitful.

Finally, it was the third keynote address that captured many of us and hammered the message home. Peter Friedl, MD, PhD, revealed an absolutely captivating video on giant screens for all to see: tumor cells fluorescently illuminated, actively invading and metastasizing into normal tissue. Collectively we asked, “Is this happening within our patients?” As we saw the villain, the desire to **heal** became palpable in the room.

I left the ASTRO Annual Meeting with the conviction to instill hope and serve as a guide for my **patients** up insurmountable mountains, across expansive valleys or over threatening waterways. As I hoped, my perspective has evolved and matured. Attendance at next year’s Annual Meeting in San Francisco is now a must as the experience in Atlanta so strongly reinforced my belief in our efforts. Back in the clinic, I was refreshed with clear perspective and intellectually better equipped to provide for my patients. For that, I must credit the ASTRO Annual Meeting.

Dr. Mannina is a PGY-3 resident in the department of radiation oncology at Indiana University Simon Cancer Center in Indianapolis. He welcomes comments on this column at astronews@astro.org.

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SOCIETY NEWS

New programs attract members to the 2013 ASTRO Resource Center


LOCATED IN THE BUSY EXHIBIT HALL, the ASTRO Resource Center attracted a large number of members—and those hoping to become members—at this year's Annual Meeting. Attendees were eager to get more information on a number of new ASTRO programs.

APEX: Accreditation Program for Excellence is ASTRO's new practice accreditation program designed to provide an objective peer review of essential functions and processes of radiation oncology practices. ASTRO staff provided information on becoming a surveyor, as well as on the practice review goals and processes.

Staff was also on hand to discuss plans for the new patient safety organization (PSO), RO-ILS: Radiation Oncology Incident Learning System. Other featured products and services in the Resource Center included the PQRS*wizard*, an online registry tool to simplify Medicare PQRS reporting; an update on

the Maintenance of Certification (MOC) changes; and *Choosing Wisely*, a campaign to provide safer, higher-quality care for patients. ASTRO announced its list for the campaign during the Annual Meeting. Attendees had a chance to pick up sample copies of the popular patient brochures, including the just-published Radiation Therapy for Bone Metastases. These patient brochures, available for purchase or free download, are a key part of ASTRO's expanding patient advocacy resources.

A professional photographer was in the Resource Center taking photos of many ASTRO members for the member directory found on the RO*hub*, ASTRO's private online community. Accessible through the ASTRO website, RO*hub* allows members to make connections, share information and documents within restricted online communities and also provides open community forums for members to encourage dialog and networking on a variety of topics.

The Survivor Circle, created in 2003, was also located in the Resource Center. The Survivor Circle honors cancer survivors and raises funds for local patient support organizations through the popular Passport Program. Attendees dropped off their completed "Passport" cards at the Resource Center after getting them stamped by all of the participating exhibitors. These cards were added to the bin for the prize drawings, held daily in the Survivor Circle. This year's donations to the Passport Program benefited the Cancer Foundation of Northeast Georgia and the South Georgia Medical Center, Pearlman Cancer Center. 



ASTRO staff answered questions and shared information on new products at the ASTRO Resource Center in the Exhibit Hall.

2013 ANNUAL MEETING INDUSTRY PARTNERS

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SOCIETY NEWS

2013 Ambassador Recognition

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SOCIETY NEWS

Members receive update on 2014 radiation oncology CPT changes, outlook on reimbursement environment

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

ON SUNDAY, SEPTEMBER 22, ASTRO CPT Advisor David C. Beyer, MD, FASTRO, and ASTRO RUC Advisor Najeeb Mohideen, MD, presented a 2014 coding and reimbursement update to a packed audience during the Health Policy Socioeconomic Luncheon. What is now an annual tradition and one of the most popular non-scientific sessions at the meeting, Drs. Beyer and Mohideen informed members of the new and revised radiation oncology CPT codes for 2014 and discussed the reimbursement challenges facing the specialty from the proposals in the 2014 proposed physician and hospital outpatient payment regulations.


On August 29, the American Medical Association released the 2014 CPT codes effective January 1, 2014. There were sev-

eral changes relevant to radiation oncology. The simulation code family was updated to better reflect changes in the process of care and technology. In addition, a code was created to describe respiratory management at simulation. More details on the changes are available on the ASTRO website at www.astro.org/CPTcodes.

It is estimated that the 2014 proposed physician fee schedule will have a negative impact of around 8 percent on free-standing physicians and a moderate positive impact on hospital-based physicians. A proposal in the hospital outpatient regulations to package, or eliminate separate payment for certain services that are reported on the same claim and same date, has the potential to reduce payment rates for radiation oncology services in the

future. Since hospital outpatient regulations are based on reported costs, hospitals would have to continue reporting the costs of services that do not receive separate payment, in order to ensure rates reflect the current costs of providing a service.

For more information on these and other proposals in the 2014 proposed Medicare payment rules, refer to the ASTRO comment letters to CMS, which are available on the ASTRO website at www.astro.org/Practice-Management/Reimbursement/Medicare/Index.aspx.


The 2014 payment regulations will be finalized in late November. ASTRO will host a webinar on the final regulations to inform members about their impact on radiation oncology. More details will be posted on the ASTRO website. 

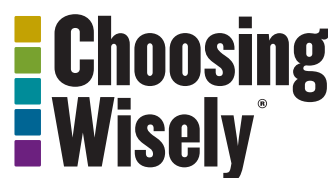
ASTRO releases list of five radiation oncology treatments to question as part of national *Choosing Wisely*® campaign

ON MONDAY, SEPTEMBER 23, ASTRO released its list of five radiation oncology-specific treatments that are commonly ordered but may not always be necessary, as part of the national *Choosing Wisely*® campaign, an initiative of the ABIM Foundation. The list identifies five radiation oncology treatment options that ASTRO recommends for detailed patient-physician discussion before being prescribed. ASTRO's five recommendations are:

- Don't initiate whole breast radiotherapy as a part of breast conservation therapy in women age ≥50 with early stage invasive breast cancer without considering shorter treatment schedules.
- Don't initiate management of low-risk prostate cancer without discussing active surveillance.
- Don't routinely use extended fractionation schemes (>10 fractions) for palliation of bone metastases.

- Don't routinely recommend proton beam therapy for prostate cancer outside of a prospective clinical trial or registry.
- Don't routinely use intensity modulated radiation therapy (IMRT) to deliver whole breast radiotherapy as part of breast conservation therapy.

For more information about ASTRO's involvement in the *Choosing Wisely* campaign, visit www.astro.org/News-and-Media/News-Releases/2013/ASTRO-releases-list-of-five-radiation-oncology-treatments-to-question.aspx, and watch for the Winter 2013 issue of *ASTROnews*. 



An initiative of the ABIM Foundation

APEx standards and goals highlighted, prospective surveyors trained at Annual Meeting

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AMY MUMO, QUALITY IMPROVEMENT COORDINATOR, AMYM@ASTRO.ORG

ASTRO'S ACCREDITATION PROGRAM FOR EXCELLENCE

(APEx) had a successful debut at the Annual Meeting in Atlanta during two sessions led by the Accreditation Advisory Workgroup co-chairmen Prabhakar Tripuraneni, MD, FASTRO, and James Hayman, MD, MBA.

A prospective surveyor training was held on Saturday, September 21, and was co-presented by members of the Accreditation Advisory Workgroup. This event provided an overview of the program and guidance on the surveyor's role. There was also an unveiling of the program's mission, vision, goal, pillars and standards.

The vision is that ASTRO will be the nationally recognized leader for accrediting radiation oncology practices. To realize that vision, the mission for APEx is to accredit facilities that have the systems, personnel, policies and procedures needed to provide high-quality, safe patient care. The goal of APEx is to recognize high-quality facilities by objectively evaluating a practice's performance in areas that affect patient care and safety.

ASTRO's practice accreditation program is organized around five pillars. Those are: patient-centered care, the process of care, the radiation oncology team, safety and quality management and assurance.


With the support of audience response technology, ASTRO staff and presenters learned that 73 percent of the audience believed that practice accreditation leads to quality improvement and were enthusiastic to undergo APEx accreditation, while 54 percent indicated that they were likely to become ASTRO



surveyors and 62 percent of attendees felt that the APEx standards were comprehensive and appropriate.

Additionally, the APEx Highlights Luncheon was held on Monday, September 23 and provided an overview of the program's infrastructure and a review of the standards. The audience was engaged and excited about the prospects of the program. The Annual Meeting APEx events served as a successful launching pad for APEx, and ASTRO is looking forward to the roll-out of the program.

Upcoming important dates for APEx include: the release of program standards and acceptance of surveyor applications in January 2014, acceptance of facility applications opening in May 2014 and on-site survey scheduling beginning in July 2014.

Members of ASTRO's Accreditation Advisory Workgroup include co-chairman Prabhakar Tripuraneni, MD, FASTRO; co-chairman James A. Hayman, MD, MBA; Sarah Thurman, MD; Constantine Mantz, MD; Mary K. Martel, PhD, FASTRO; Yan Yu, PhD, MBA; Jeffery Limmer, MEd, MSc, DABR; Richard Emery, MS, MBA, DABR; Sandra Hayden, MA, BS, RT(T); Dan Ayer, BS, RT(T); Elizabeth Brunton, RN, MSN; Robert Adams, RT(T), CMS, MPH, EdD; and Lukasz Mazur, PhD. 

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SOCIETY NEWS

2013 ANNUAL MEETING SUPPORTERS

*Special thanks to the following companies for supporting
ASTRO's 55th Annual Meeting with an unrestricted educational grant.*



SOCIETY NEWS

National Radiation Oncology Registry holds inaugural pilot site meeting during ASTRO Annual Meeting

BY MARYAM MOJARRAD, SENIOR PROJECT MANAGER, RADIATION ONCOLOGY INSTITUTE, MARYAMM@ASTRO.ORG

Gathering a day before ASTRO's 55th Annual Meeting officially opened, principal investigators and registry coordinators from 19 clinical sites attended the first National Radiation Oncology Registry (NROR) pilot site meeting on Saturday, September 21. Attendees from the selected academic centers, private hospitals and free-standing facilities who volunteered to serve as pilot test sites joined industry representatives and NROR Executive Committee members to hear an update on the pilot project, see an overview of the NROR Electronic Infrastructure and provide feedback on their experience with the NROR to-date. Presentations were given by NROR Pilot Committee co-chairs Jason Efstathiou, MD, PhD, and Justin Bekelman, MD, NROR Information Technology Infrastructure Committee co-chairs Todd McNutt, PhD, and Pete Gabriel, MD, and oncology information system vendors.

The enthusiastic and engaged audience participated in a lively discussion during the question and answer session moderated by Drs. Efstathiou and Bekelman. Following the presentations, attendees enjoyed networking. Participant feedback was very positive. For more information about the NROR, visit www.roinstitute.org.



Dr. Efstathiou kicks off the NROR pilot site meeting during ASTRO's Annual Meeting.



Participants at the NROR pilot site meeting listened to presentations, networked and participated in a question and answer session.



Dr. Bekelman presents to attendees at the NROR pilot site meeting.

RECOGNITION

THANK YOU TO OUR 2013 CORPORATE AMBASSADORS AND ANNUAL MEETING SUPPORTERS



Attendees visiting the Exhibit Hall at ASTRO's 55th Annual Meeting were treated to a fantastic display of products and services in radiation oncology and cancer care. We'd like to take this opportunity to recognize some of our Corporate Ambassadors and Annual Meeting supporters.

1. Brainlab – Peter Rossi, MD, Geraldine Jacobson, MD, MBA, MPH, FASTRO, and Lawrence Marks, MD, FASTRO, thank Peter Johnsamson and David Brett for their Corporate Ambassadorship.



2. CIVCO Medical Solutions – Jeff Michalski, MD, MBA, FASTRO, Stephen Milito, MD, Rahul Parikh, MD, and Brian Kavanagh, MD, MPH, meet with CIVCO Medical Solutions in thanks for their Bronze level support.

3. Elekta – Peter Rossi, MD, Geraldine Jacobson, MD, MBA, MPH, FASTRO, and Lawrence Marks, MD, FASTRO, thank Tomas Puusepp, Dee Mathieson, Jay Hoey and Laurent (Larry) Leksell for their Corporate Ambassadorship.

4. Mevion Medical Systems – Skip Rosenthal, Lionel Bouchet, Joseph Jachinowski, Michael Cogswell and George Rugg meet with Rahul Parikh, MD, Stephen Milito, MD, and Brian Kavanagh, MD, MPH, in thanks for their Gold level support.

5. Philips Healthcare – Francine Halberg, MD, FASTRO, and Laura Dawson, MD, meet with Melanie Traughber, Jim Moran, Charles Cassudakis, Christopher Busch and Marieke van Grootel-Rensen in thanks for their Corporate Ambassadorship.



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6. Varian Medical Systems – Christopher Toth, Dow Wilson, Kolleen Kennedy, Richard Levy, PhD, and Tim Guertin meet with Rahul Parikh, MD, Brian Kavanagh, MD, MPH, Stephen Milito, MD, and Jeff Michalski, MD, MBA, FASTRO, in thanks for their Corporate Ambassadorship and educational grant support.

7. ViewRay – Michael Brandt, David Chandler, Chris Raanes, James F. Dempsey, PhD, and Michael Saracen meet with Peter Rossi, MD, Geraldine Jacobson, MD, MBA, MPH, FASTRO, and Lawrence Marks, MD, FASTRO, in thanks for their Silver level support.

8. Vertual – Peter Rossi, MD, Lawrence Marks, MD, FASTRO, and Geraldine Jacobson, MD, MBA, MPH, FASTRO, meet with Arthur Kay, James Ward and Prof. Andy Beavis in thanks for their Copper level support.

9. Xoft – Stephen Milito, MD, Jeff Michalski, MD, MBA, FASTRO, Rahul Parikh, MD, and Brian Kavanagh, MD, MPH, meet with Peter Espo and Donna Breault in thanks for their Bronze level support.

10. Xstrahl – Martin Robinson, Adrian Treverton and Ian Wilson meet with Francine Halberg, MD, FASTRO, and Laura Dawson, MD, in thanks for their Silver level support.

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ASTRO president addresses importance of providing hope to patients

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

COLLEEN A.F. LAWTON, MD, FASTRO, then-president of ASTRO, delivered her Presidential Address, “Hope, Faith, Cancer: Keeping Patients First,” on Monday, September 23.

Dr. Lawton highlighted the theme of the Annual Meeting, “Patients: Hope, Guide, Heal,” throughout her address, which focused on hope and faith in radiation oncology cancer care over the past three decades, using prostate cancer care as an example, as well as an exploration of providing hope to all cancer patients.

She outlined some of the main differences in prostate cancer from 1983 to 2013, including declining death rates, changes in categorizing disease (from Category A-D to low-, intermediate- and high-risk) and the increasing role radiation plays in treating prostate cancer.

“How did we get from 1983 to the present? I would argue that we got here by providing hope,” Dr. Lawton said.

She explained that hope was provided through quality research from single institutions, Radiation Therapy Oncology Group (RTOG) research and other cooperative groups. The discovery of PSA (prostate-specific antigen) in the mid-1980s “proved radiation oncologists and urologists didn’t know it all.”

“Hope provided understanding of PSA and its role, and prostate cancer realigned completely,” Dr. Lawton said.

In addition to the introduction to the concept of low-, intermediate- and high-risk disease, four categories of disease burden were developed (organ confined, locally advanced, metastatic and post-op). Dr. Lawton continued, explaining the myriad treatment options available today that have evolved over the past few



Dr. Lawton spoke about providing hope to patients as exemplified in prostate cancer treatment over the past three decades during her Presidential Address.

decades, including low-dose-rate and high-dose-rate brachytherapy, external beam radiation therapy with dose escalation and external beam radiation therapy with hypofractionation. She also cited various trials that “provided hope” to the different categories of disease burden.

Dr. Lawton highlighted the *Adjuvant and Salvage Radiotherapy After Prostatec-*

tomy: ASTRO/AUA Guideline as another means of providing hope to prostate cancer patients.

“Collaborative efforts like these between two medical societies offer additional hope for our patients,” she said. “Going forward, this type of collaborative work with our surgical oncologic

Continued on next page

“In the end, it’s about providing hope through research for our patients so that they can give us the gift of faith.”

colleagues and our medical oncologic colleagues is critical for the best results and greatest hope for our patients.”

It is not only clinicians and researchers that provide hope to patients. As Dr. Lawton sees it, patients also provide hope through their participation in clinical trials.


“These patients put their own treatment into question to help advance medical care, and, most importantly, to provide hope to other patients,” she said.

Dr. Lawton also addressed the improvements in quality attained through research for brachytherapy, hormone therapy, external beam radiation therapy and overall patient quality of life.

She explained the multiple research

efforts that have occurred and are ongoing in improving overall patient quality of life, including registries, practice accreditation, practice guidelines and patient-reported outcomes.

“Each of these initiatives is important in raising the overall quality of patient care and improving every aspect of the patient care experience,” Dr. Lawton said. She emphasized that “providing hope” is not unique to prostate cancer, but can also be seen in breast, lung, colorectal and other malignancies.

“In the end, it’s about providing hope through research for our patients so that they can give us the gift of faith,” Dr. Lawton said. “Hope and faith—every patient, every time.” 



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ASTRO

AAMC CEO addresses “realities” of healing health care system

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

DARRELL G. KIRCH, MD, PRESIDENT and CEO of the Association of American Medical Colleges, addressed the question “Is There Hope for ‘Healing’ Health Care?” during his keynote address on Monday, September 23.

When Dr. Kirch learned the theme of the Annual Meeting was “Patients: Hope, Guide, Heal,” he said he thought, “What I hope we heal is our health care system” and questioned “who was going to guide us to this place of healing health care?” Dr. Kirch believes there is hope to heal the health care system but only if physicians, such as ASTRO members, guide the process. He framed his keynote address around three “realities:” political, economic and health care.

On the political front, Dr. Kirch expressed frustration that the health care reform debate is displayed as a democrat or republican idea. “The history of health care reform looks much different,” he said. “If you trace the [history of] key provisions of the Affordable Care Act, it is a bipartisan issue, not a democrat or republican issue.”

For Dr. Kirch, the political reality ties closely to the current economic reality, which is that we “have to deal with the debt. It is not going to be solved with simple solutions like sequestration.”

He cited a paper from Neal C. Horgan, PhD, of BDC Advisors, titled “The End of the Third Bubble,” which outlines three bubbles: the “Dot Com Bubble of 2000,” the “Housing Bubble of 2008” and the “Health Care Bubble of 2010.” Dr. Kirch noted that we are now in the health care bubble, and we “can’t allow ourselves to be deceived by recent stories that health care costs have gone down,”



Dr. Darrell Kirch highlighted the political, economic and health care realities that will impact the ability to heal the current health care system.

citing research that the health care bubble will grow.

Dr. Kirch understands the dynamics and the importance of controlling the budget, and he is “proud of what the U.S. spends on health care because the outcomes are so great.” However, the question of who is responsible for reducing the cost of health care needs to be addressed. He cited a recent study from Tilburt et. al. that posed this question to U.S. physicians. The top five responses from 2,556 physicians on who has a “major responsibility” for reducing health


care costs were: trial lawyers (60 percent), health insurance companies (59 percent), hospitals and health systems (56 percent), pharmaceutical and device manufacturers (56 percent), and patients (52 percent) (Tilburt et al, Views of US Physicians About Controlling Health Care Costs, *JAMA*, 2013; 310(4):380-388). Dr. Kirch was surprised by the results, but also saw some truth in those numbers.

“In the face of these realities, what future are we trying to create?” Dr. Kirch asked. “Medical students and trainees don’t want to practice in this environment.”

He explained that there needs to be an overall health care system in which there is better care provided and better health for populations to reduce the costs and deflate the health care bubble.

“It’s a compelling concept, but we have to figure out if we are the problem or do the solution,” Dr. Kirch said. “I would argue we not only want to be the solution, we have to be.”

He outlined areas health care needs to address to create a true health care system. Those areas include fixing the fee for service model that rewards volume, the expansion of medical schools along with the need for Congress to expand residency funding, and the need for a change in Americans’ sense of entitlement (e.g., deserving the latest treatment and suing if it is wrong).

Dr. Kirch ended his keynote address by applauding ASTRO for participating in the *Choosing Wisely* initiative because it makes health care take ownership. “*Choosing Wisely* may be the most extraordinary thing we are doing,” he said. “I am proud of ASTRO for participating in *Choosing Wisely*.” 

ACS executive emphasizes use of palliative care throughout patient's treatment

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

CONTINUING THE ANNUAL MEETING'S FOCUS on the patient, Otis W. Brawley, MD, chief medical officer and executive vice-president of the American Cancer Society, spoke to attendees about "Advancing a Quality of Life Agenda: Innovation, Ingenuity and Advocacy" during his keynote address on Tuesday, September 24.

Dr. Brawley focused on the health care economy, rising health care costs, how palliative care has changed over time and how palliative care should be used throughout a patient's care.

He illustrated that health care costs are double in the United States compared with any other country and are rising exponentially. The increase in insurance premiums means fewer people can afford to pay that cost.

"The rise in health care costs is not sustainable, so we will have health care reform," Dr. Brawley said. "Meaningful health care reform requires the use of evidence-based care and prevention."

Dr. Brawley believes health care outcomes could be better in the United States if people consumed resources in a more rational way, suggesting a rational use of medicine rather than a rationing of medicine.

In addition to addressing rising health care costs, Dr. Brawley wants to get away from the idea of curative versus palliative care and instead use palliative care alongside the usual care a patient receives. For him, this is particularly important for pediatric and young adult patients.

"Integrated early pediatric palliative care is essential," he said. "We need care continuity and a transition plan for long-



Dr. Otis Brawley emphasized the use of palliative care throughout a patient's care during his keynote address.

term survivorship, especially for child and adolescent patients."


Dr. Brawley suggested a reorientation of priorities to focus more on quality of life as an essential aspect of quality of care. This is possible, he explained, because physicians' ability to relieve pain symptoms has never been better, and he encouraged physicians to use the "quality of life toolbox," which includes palliative care.

"Palliative care is about quality of life and quantity of life. It's about personal choices and respecting what the patient wants," he said.

There are additional benefits to using palliative care at any age and any stage of

disease, Dr. Brawley added. "Studies show that palliative care can lead to cost savings and can help meet the triple aim of better health, better care and lower cost."

Dr. Brawley concluded his address by highlighting four key actions needed in the 21st century as part of a "cancer control agenda." Those four actions are: respect science, intensify tobacco control, encourage good nutrition and physical activity and support palliative care and quality of life.

Expanding on the American Cancer Society's tagline, Dr. Brawley wants to "create a world with more *and better* birthdays." 

"We need care continuity and a transition plan for long-term survivorship, especially for child and adolescent patients."

Researcher explains techniques for identifying and targeting radioresistant niches

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

PETER FRIEDL, MD, PHD, of the St. Radboud University Nijmegen Medical Centre at the University of Nijmegen in the Netherlands and MD Anderson Cancer Center in Houston, delivered the Steven L. Leibel, MD, Memorial Lecture on “Identifying and Targeting Radioresistant Niches” on Wednesday, September 25.

Dr. Friedl’s research activities aim to identify the mechanism of immune cell and cancer cell migration, with an emphasis on routes, plasticity and outcome of migration in physiological (immune cell migration) and pathological context (cancer invasion and metastasis).

“Understanding the mechanisms of radiation resistance is critical to developing novel ways to enhance radiation therapy efficacy and decrease toxicity for our patients,” said Catherine Park, MD, of the University of California San Francisco and vice-chairman of the Annual Meeting Education Committee, during her introduction of Dr. Friedl. “Investigating properties that allow cells to survive radiation is an important opportunity to improve outcomes.”

During his address, Dr. Friedl highlighted six areas related to the identification and targeting of radioresistant niches. Those six topics were: principles of cell migration, preclinical intravital microscopy, steps and routes of cancer invasion *in vivo*, identification of a radioresistant niche, integrin-based targeting of radioresistance and conceptual and clinical implications.

While Dr. Friedl is no longer a clinician and has a strong science focus, he emphasized that the patient is always at the forefront.

“With everything we do, we always have the patient in the back of our minds,” he said.

Niches are an important aspect of understanding a tumor, Dr. Friedl explained, because cancer is not a uniform problem, there must be a subset analysis of niches to further understand the tumor.

Microscopy, which allows scientists to see a very small set of cells, is a “very strong, powerful technique to identify niches,” he said.

Dr. Friedl continued by explaining how radioresistant niches are identified, both *in vitro* and *in vivo*. He also shared some of the results of his laboratory’s work on targeting integrins with radiation therapy. The data show the resistance of tumor microniches and highlight strategies to overcome resistance by combining radiation therapy and molecular therapy targeting integrin adhesion receptors.

“Integrins are difficult targets because they are in every cell, and we are concerned about side effects,” he added.


For Dr. Friedl, there are several clinical implications to his work in targeting integrins. He explained that because integrins are the highest in the hierarchy of the signaling pathway, hitting that “initial hub is a good approach to minimize plasticity of downstream signaling networks because cells can rewire.”

He added, though, that because integrin families can compensate for one



Dr. Peter Friedl explained methods of identifying and targeting radioresistant niches during his keynote address.

another, it is important to do a careful, initial profiling of lesions to decide what route to take. Dr. Friedl continued by saying to “hit [integrins] short but hard during radiation therapy” so there is an intermittent rather than continuous application of treatment.

Dr. Friedl emphasized that “because of potential side effects, we probably need to [focus on] the patient at least until we know how they are doing and monitor the patient’s clinical status.” 

“With everything we do, we always have the patient in the back of our minds.”

Presidential Symposium session focuses on ways to use patient-reported outcomes

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

AS THE FOURTH AND FINAL SESSION of the 2013 Presidential Symposium, Jeff A. Sloan, PhD, of the Mayo Clinic in Rochester, Minn., presented a featured lecture on “Patient-reported Outcomes: Making It Real” on Sunday, September 22.

Dr. Sloan, whose recent research has focused on quality of life of cancer patients and other patient-reported outcomes, explained that recent information and data results show that patient-reported outcomes can be used in a real way in the clinic.

“We can integrate patient-reported outcomes and quality of life domains as vital signs, another clinical piece of information that you as clinicians can incorporate into your research and practice,” he said, adding that the goal is “to improve survival and quality of life and reduce time in the emergency room.”

Although as recently as 15 years ago, quality of life and patient-reported outcomes were experiencing big problems with too many ways to measure and disappointing clinical trial results that produced missing data and inconsistent scientific findings, Dr. Sloan emphasizes that “today we have solved a vast majority of those problems and issues. The main message I want you to take away from today is this [patient-reported outcomes] is scientifically sound and doable.”

He highlighted various guidelines and models that provide solid science for quality of life and patient-reported outcomes. “There is now a body of work for each one of the issues that had been identified as a problem with quality of life and patient-reported outcomes data,” Dr. Sloan said.

The “tricky part,” as Dr. Sloan put it, is taking the clinician’s desire to use




Dr. Jeff Sloan shared ways patient-reported outcomes can be used in a clinic as another vital sign for clinicians to measure.

patient-reported outcomes and make it a reality. He explained that clinicians and researchers have been clear about what they want with patient-reported outcomes. Those goals are to: make assessing patient-reported outcomes simple, make patient-reported outcomes easy to understand, link patient-reported outcomes to “hard outcomes,” answer “what do I do with patient-reported outcomes data” and treat patient-reported outcomes like any other vital sign or lab test with the same scientific rigor and application.

One way to simplify patient-reported outcomes is to focus on one question, he explained, suggesting that physicians ask

the patient, “If I could do one thing for you, what would it be?” Dr. Sloan pointed out that the answer to that question can provide tremendous insight into what the patient needs and ways the physician can help, such as providing additional support resources.

Dr. Sloan added that patient-reported outcomes are becoming easier to incorporate into practice, particularly because of advances in technology that make collecting patient-reported outcomes easier and that reduce institutional error.

“We are making patient-reported outcomes real,” he said. “We are on our way to making the vision a reality.” 

“We can integrate patient-reported outcomes and quality of life domains as vital signs, another clinical piece of information that you as clinicians can incorporate into your research and practice.”

GAO director discusses self-referral reports

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

AS ASTRO CONTINUES EFFORTS TO CLOSE the self-referral loophole, a featured lecture from James Cosgrove, PhD, director in the health care team of the Government Accountability Office (GAO), addressed the issue directly as he spoke about “Physician Self-referral: Recent Research from the Government Accountability Office (GAO),” on Monday, September 23.

Over the past year, the GAO has released three of four reports in a series examining the impact of self-referral. The first focused on advanced diagnostic imaging (released in November 2012), the second on anatomic pathology (released in July 2013), the third on radiation oncology (released in August 2013) and the final report will focus on physical therapy (to be released in the next several months).

Before explaining the process and findings of the three released reports, Dr. Cosgrove outlined GAO’s responsibility as an independent, nonpartisan Congressional agency to “improve how government works and hold executive agencies accountable.” This is done, he said, by conducting various studies, either at the request of Congress or self-initiated by GAO, and making recommendations to agencies on ways to improve or to Congress on possible changes.

Dr. Cosgrove then expanded on the findings of each of the three released reports dealing with self-referral.

For the report on self-referral in advanced imaging, GAO analyzed Medicare claims data from 2004-2010. Dr. Cosgrove emphasized that GAO analyzed all of the data, “not a sample, not a case study,” focusing on CTs and MRIs. GAO found that during that period of time there was “much faster growth of self-referred MRIs and CTs. It was dramatically different.”

Self-referred MRIs increased by 80 percent, while non-self-referred MRIs increased by 12 percent. Dr. Cosgrove added that the numbers were similar for CTs, doubling for self-referrers and increasing by roughly 30 percent for non-self-referrers.

One of the take-aways for Dr. Cosgrove was that the differences could not be explained by practice size, specialty, geography or patient characteristics, such as age, gender and health status. “None of those could explain why there was a difference in self-referring and non-self-referring,” he said.

In the report on self-referral in anatomic pathology, GAO also examined complete Medicare data from 2004-2010, focusing on one code (88305), which represented two-thirds of Medicare anatomic pathology spending in 2010. The report concentrated on urology, dermatology and gastroenterology because those three specialties represented roughly 90 percent of self-referred anatomic pathology services in 2010.

GAO concluded that there were dramatically different growth rates among self-referrers in anatomic pathology with self-referring rates doubling and non-self-referrers increasing 18 percent. As with the advanced diagnostic imaging report, GAO could not determine any other reasons to explain the referring pattern.


For the report on self-referral in radiation oncology, GAO had two objectives: compare trends in Medicare prostate cancer-related intensity modulated radiation therapy (IMRT) services provided

by self-referring and non-self-referring groups from 2006-2010, and examine how the percentage of Medicare prostate cancer patients referred for IMRT may differ on the basis of whether providers self-refer.

GAO found that IMRT utilization among self-referring groups increased by 356 percent. Overall increases in IMRT utilization rates and spending were due entirely to services performed by limited-specialty groups. IMRT utilization among non-self-referrers decreased by 5 percent.

As with the other two studies, GAO was not able to find other reasons (age, geography, etc.) for the differences in self-referring versus non-self-referring data. The increased use of IMRT by self-referring providers raises two concerns: that the treatment course may not best meet the patient’s individual needs, and that there is a higher cost for Medicare and beneficiaries.

“When a patient goes to see their provider, they want objective advice on what to do in the situation,” Dr. Cosgrove said. “The patient is expecting that they are getting objective information, and our concern based on these results is that may not be happening.”

While the report was not well-received by some groups, Dr. Cosgrove emphasized that GAO can address all of the concerns that have been brought forward. “Nobody has identified significant flaws in the way we did our work,” he said. “We stand behind it.” 

“The patient is expecting that they are getting objective information, and our concern based on these results is that may not be happening.”

Patient safety organization expert shares current state, goals of patient safety reporting

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

FURTHERING THE ANNUAL MEETING THEME with a focus on patients, William B. Munier, MD, director of the Center for Quality Improvement and Patient Safety at the Agency for Healthcare Research and Quality (AHRQ), presented a featured lecture, “Patient Safety Organizations: An Overview,” on Monday, September 23.

In his role at AHRQ, Dr. Munier is responsible for overseeing the implementation of the Patient Safety and Quality Improvement Act of 2005 (PSQIA), which includes the oversight of patient safety organizations (PSOs). During his lecture, Dr. Munier explained how PSOs came about, the current status of PSOs, the development and use of common formats and the ultimate goal of patient safety reporting, all particularly relevant to ASTRO as the Society prepares to launch a radiation oncology-specific PSO.

Prior to the PSQIA, people hesitated to do analysis and reports of medical errors and near-misses because the information was public and could be used against them in court. There were also inconsistent statutes from state to state, a lack of protection and a lack of standard measurement, which prevented data from being aggregated quickly.

The PSQIA authorized PSOs, established a network of patient safety databases, authorized establishment of common formats and required reporting of findings in a report by the AHRQ. “It aims to improve quality and safety by addressing the problems I just mentioned,” Dr. Munier said.

When providers enter into a contract with a PSO, they are conferred confidentiality and privilege protections. While

the PSQIA does not relieve other federal, state or local reporting requirements, it protects the information so it is not available for discovery in legal proceedings.

“It does set up uniform national protection, confidentiality and privilege for clinicians and entities performing quality and safety activities,” Dr. Munier said. “It’s something that’s been sorely needed for a long time. Protections afforded by PSOs are crucial to establishing a culture of safety where people feel free to report things, report on themselves, report on others and have a constructive learning environment where the objective is to make care better.”

Currently, there are 79 PSOs in 29 states and the District of Columbia. Although Dr. Munier has seen 48 PSOs listed and then delisted for various reasons, he does see an increasing stability in PSOs.

“Maturity and financial stability of PSOs is improving, and the collection of quality and safety data is increasing rapidly,” he said.

Measurement is the key in PSOs. To ensure measurement is done in a meaningful way and that data can be easily aggregated, the PSQIA requires PSOs to use common formats, or common definitions and reporting formats, which were developed by the AHRQ.

“Common formats are oriented around specific sites, like hospitals,” Dr. Munier explained. “They apply to all patient safety concerns and include incidents, near-misses and unsafe conditions. For any event, no matter how rare, we can collect information.”


Dr. Munier explained that common formats are designed as a concurrent event



reporting system and contain more information than the electronic health record (EHR) because the PSO allows protective space to gather information that would not typically be contained in the EHR.

“Common formats are there to help rationalize, structure and organize information so we can begin to aggregate data in a common way,” he said. “We have a rule when developing common formats that every data item we specify, we need to outline where it is going to be used and what for. If it can’t stand the test of being clinically useful, it shouldn’t be collected.”

As ASTRO launches the radiation oncology-specific PSO, Dr. Munier encouraged the Society to not get caught up in listing everything just to be thorough, but to make sure the elements listed are critical and important to radiation oncology.

“I never lose sight of the fact that in administering the PSO program, the ultimate goal is to improve the quality and safety of patients,” Dr. Munier said. “We really are trying to do a program that helps providers make care safer in an efficient manner.” 

Educational session features panel of cancer survivors who help others

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

IN KEEPING WITH THE THEME of this year's Annual Meeting, "Patients: Hope, Guide, Heal," there were several educational sessions focusing on improving patient care. One of those sessions, Educational Session 312 – Patients First: Cancer Care from the Patient's View, held on Tuesday, September 24, got patients directly involved in the meeting as three cancer survivors discussed their experiences and the organizations they have founded that continue to impact thousands of other cancer patients.

Raphael Yechieli, MD, a radiation oncology resident at the Henry Ford Health System in Detroit, opened the session and outlined three learning objectives: recognize the unique challenges facing each patient, identify gaps in providing patient-centered care and implement solutions to provide care that is patient first.

"I hope that by the end of this session, we will have taken one more step to creating a patient-centered, patient-first system that supplies the hope, provides the guidance and promotes the healing that each one of us would demand for ourselves," he said.

The session's panel featured Jonny Imerman, founder of Imerman Angels, Matthew Zachary, founder of Stupid Cancer, and Tamika Felder, founder of Tamika and Friends.

Imerman, a testicular cancer survivor, founded Imerman Angels, which provides one-to-one mentoring for cancer survivors and caregivers, matching them with someone (a Mentor Angel) who has experienced the same thing.

"Our job is to find somebody to give them hope, to give them guidance," Imerman said, who started Imerman Angels

"Each one of us has a story, and I think we give that story back to the next person. That's how we find meaning and purpose in what we do."

because he felt isolated during his treatment because he had never met another young adult cancer survivor.

"My friends and family were great, but it just wasn't the same," he said. "No one could look me in the eye and say, 'I get it. I've been there. There's a finish line to all of this.' That's what I got pumped up about, fixing the isolation."

That's what he has done. Since its inception in 2003, Imerman Angels has made nearly 8,000 mentoring matches.

"People mentor because they've been there, and they want to provide something positive," Imerman said. "Each one of us has a story, and I think we give that story back to the next person. That's how we find meaning and purpose in what we do."

Zachary, a pediatric brain cancer survivor, founded Stupid Cancer to help childhood and young adult cancer survivors find their voice.

The organization started as Steps for Living in 2004, then became I'm Too Young For This! Cancer Foundation in 2007 and finally morphed into Stupid Cancer in 2012.

"I wanted a national brand that the world could understand that sent the message that young adults do get cancer and childhood cancer survivors need a voice," Zachary said. "When your doctor says you're disease free, that's not the end of the story."

Today, Stupid Cancer is the largest support organization in the United States for the young adult cancer movement. The


organization runs a young adult community resource website, a radio show and an annual young adult cancer conference.

"I find it extraordinary that ASTRO has the courage to put patients in front of you because we speak our minds. Hopefully all of you appreciate the value of being a patient," Zachary said. "And that we all have the right to survive with dignity and quality, and we are entitled to be made aware of resources that can help us get busy living."

Felder, a cervical cancer survivor, took her experiences as a cancer patient and founded Tamika and Friends in 2005, a community-based organization that is dedicated to raising awareness about cervical cancer and its link to the human papillomavirus (HPV).

"I started my organization so that no person with cervical cancer would feel alone or ashamed because of the stigma of HPV," Felder said. "I can be that voice; I can be the voice for the voiceless."

Tamika and Friends' website provides detailed information on the prevention, testing for and treatment of cervical cancer; survivor, tribute and caregiver stories; an online support group and email newsletter; information on financial assistance; and links to additional resources.

"What we are doing here now is making sure that patients always have a voice," Felder said. "We are all trying to live our best life after cancer. I want my quality of life after surviving cancer to be the best quality of life it can be." 

ASTRO/AUA joint prostate guideline, other ASTRO guideline efforts presented at Annual Meeting

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

ASTRO HIGHLIGHTED the recently published *Adjuvant and Salvage Radiotherapy After Prostatectomy: ASTRO/AUA Guideline* during a special ASTRO Guidelines session on Monday, September 23, immediately following the Plenary session.

Richard K. Valicenti, MD, MBA, lead author on behalf of ASTRO, presented an overview of the guideline's process and the nine guideline statements, including five clinical principles, two recommendations, one standard and one option.

"The purpose of this guideline is to provide a clinical framework for the use of radiation therapy in patients with or without evidence of prostate cancer recurrence," he said. "It's important in achieving this goal that we arrive at a set of actionable clinical guideline statements in order to guide our decision process for the benefit of the patient."

The *Adjuvant and Salvage Radiotherapy After Prostatectomy: ASTRO/AUA Guideline* is a comprehensive review of 324 research articles of English-language publications within the Pubmed, Embase and Cochrane databases, published from January 1, 1990 through December 15, 2012. The guideline is available online free as a PDF document at www.redjournal.org and www.auanet.org, and was published in the August 1, 2013, print issue of the *International Journal of Radiation Oncology • Biology • Physics* (Red Journal) and in the August 2013 print issue of *The Journal of Urology* (read the Q&A from AUA on page 26).

Carol A. Hahn, MD, an author of the guideline and chairman of ASTRO's Clinical Affairs and Quality Council, followed Dr. Valicenti's presentation with



Dr. Carol Hahn discusses ASTRO's guideline efforts as part of a session featuring the ASTRO/AUA joint prostate cancer guideline.

a discussion about ASTRO's guideline efforts and how those guidelines are used.

"In this time of limited health care resources, quality of care measures are becoming increasingly important," she said. "So we need guidelines because quality measures are generally derived from evidence such as guidelines."

Dr. Hahn also demonstrated that ASTRO's guidelines on fractionation for whole breast irradiation and palliative radiotherapy for bone metastases contributed to the development of two of the items on ASTRO's *Choosing Wisely* list.

"We are using our guidelines to produce recommendations like these that are visible in a very public venue," she said.

Other guideline sessions included a panel on a guideline under development, "The Role of Radiotherapy in Radical/

Adjuvant Non-Small Cell Lung Cancer: ASTRO Practice Guideline Evidentiary Base." In this session, panelists described the process for guideline development and methods for systematic review and grading the evidence; a review of the key clinical questions helped to provide the framework for the evidence discussion.

An additional session, "Bringing Forth Evidence to put Patients First: How Guidelines will Impact Practice of Radiation Oncology," used a diverse panel of radiation oncologists and health insurance physician leaders to discuss the challenges associated with implementing evidence-based guidelines into practice and the electronic health record. The panel summarized the session by giving examples of the benefits of implementing evidence-based practices in radiation oncology.

Continued on next page

ASTRO/AUA joint prostate guideline, other ASTRO guideline efforts presented at Annual Meeting | *Continued from Page 25*

Q&A: Adjuvant and Salvage Radiotherapy After Prostatectomy: ASTRO/AUA Guideline

The following Q&A appeared in the October 1, 2013 issue of the American Urological Association's (AUA) Health Policy Brief, a bi-monthly, interactive newsletter.

In this edition of the bi-monthly AUA Guidelines Q&A, AUA Practice Guidelines Committee Chair Dr. Stuart Wolf Jr. discusses the findings of the guideline on radiotherapy after prostatectomy with Dr. Jeff M. Michalski, one of the ASTRO representatives on the guideline panel.

Q. There seemed to be a strong evidence basis for this document supporting the use of adjuvant radiotherapy after prostatectomy in selected patients, but this use of radiotherapy appears to be limited. Why do you think that is?


A. There may be several reasons to explain why early adjuvant therapy might not be offered routinely. First of all, there is a strong desire on the part of patients and physicians alike to choose a primary therapy that reduces future uncertainty. For many men, radical prostatectomy represents the end of their conflict with prostate cancer. They believe that surgical extirpation of their cancer has eliminated the problem and allows them to move towards social, emotional and physical healing. A discussion of adjuvant therapy opens the uncomfortable topic of surgical failure. It is an unpleasant conversation for surgeon and patient alike, one that both wish to avoid.

More importantly, the prospective randomized trials that have demonstrated the value of adjuvant radiation therapy were conducted in the pre-PSA or early PSA era. Today we have more effective and sensitive means of monitoring patients for disease progression. It is presumed that early recurrences will be salvaged with as high a rate of cure as seen in patients being offered adjuvant therapy. This would allow avoidance of radiation therapy in men who have actually been cured by radical prostatectomy. Of course, this is conjecture and requires confirmation in a prospective clinical trial.

Q. Why is there not a distinct guideline statement about adjuvant versus salvage radiotherapy?

A. There is growing sentiment that the two circumstances are a continuum of the same disease process. Increasingly sensitive PSA assays are finding detectable PSAs sooner after surgery, and what would have qualified as adjuvant therapy for the clinical trials is actually salvage therapy in the modern era. The volumes of radiation therapy, the doses required, and the side effects of treatment are not dissimilar in these two contexts.

Q. Are you aware of any additional RCTs being performed that might alter the guideline statements in the future?

A. One of the key questions that remain about postoperative radiation therapy is whether or not early salvage radiation therapy will yield the same outcome as adjuvant radiation therapy to all high-risk cases. There are two studies that currently address this question. The Radicals Trial being conducted in the UK and Canada randomizes high risk postoperative patients to adjuvant versus salvage radiation therapy. A second randomization is testing whether or not adjuvant hormone therapy offers any value above and beyond postoperative radiation therapy. The RAVES trial is being conducted in Australia and New Zealand. It too is randomizing patients to immediate adjuvant radiation therapy versus early salvage radiation therapy. In the USA, the RTOG is conducting trials for men with rising PSA following radical prostatectomy. In these studies, all patients receive salvage radiation therapy and are randomized to receive or not receive temporary androgen deprivation with or without elective nodal irradiation. 

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Atlanta-area cancer survivor honored for her volunteer work in the community

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

SHERRI GRAVES SMITH WAS RAISED to volunteer and give back to others. So it's not a surprise that the cancer survivor has turned her experiences into efforts to help other cancer survivors in need in her community.

Her efforts and willingness to help others in the Atlanta area earned her ASTRO's 2013 Survivor Circle Award, which recognizes a cancer survivor who lives in the ASTRO Annual Meeting host city and who has dedicated his or her time and energy in service and support of their local community.

"Volunteering is one of the most fulfilling parts of my life because it helps me focus on being productive and helping others," Smith said. "It gives me a great sense of personal fulfillment and gratification to be able to assist and support others, and it keeps my life in perspective. The more I help, the more I want to help."

Smith was diagnosed in November 2007 at age 36 with stage IV colorectal cancer, which has since been diagnosed as a chronic condition. She received radiation therapy at Saint Joseph's Hospital in Atlanta and continues to receive chemotherapy treatment at Atlanta Cancer Care.

While receiving treatment at Atlanta Cancer Care, Smith noticed that some patients were experiencing dire financial challenges, ranging from bankruptcy and foreclosure to skipping treatments because of the inability to pay for a babysitter or transportation. Smith expressed an interest in helping these patients, and a nurse informed her about the Atlanta Cancer Care Foundation (ACCF), which provides monetary assistance to those financially challenged by cancer, in addition to funding professional and public education on

cancer-related issues and funding for cancer research. After learning about ACCF, Smith's lifelong commitment to volunteer work inspired her to get involved with ACCF.

"I am incredibly grateful that I have been able to keep my home and that I have transportation and access to physicians and medicine. People should not have to worry about daily living essentials due to financial distress, which can impact their quality of life and recovery while undergoing cancer treatment," continued Smith. "I love that ACCF is an all-volunteer organization and that it fills the gaps by helping people with food, medicine, shelter and transportation. It truly gives people the freedom to concentrate on getting better."

At the time of her diagnosis, Smith was a corporate attorney for The Coca-Cola Company, a position from which she had to resign in order to focus on her cancer treatments. After learning about ACCF, she asked her previous manager in the legal department of The Coca-Cola Company if they would host a benefit for ACCF. That discussion led to a biennial benefit for ACCF—the inaugural event was held in 2011, raising nearly \$150,000 for ACCF, and the 2013 benefit raised almost \$240,000. Smith served on the steering committee for the 2011 event and as co-chairman of the 2013 event.


"It gives me great joy to serve the Atlanta community, and I am proud to receive this honor from ASTRO," said Smith, who donated her \$1,000 award to ACCF. "ACCF has been able to increase the level of grants it provides, and it has also been able to be proactive to find other private cancer care practices in the com-



Sherri Graves Smith received ASTRO's 2013 Survivor Circle Award for her volunteer work in the Atlanta area.

munity and let them know about ACCF's services."

"ASTRO is privileged to present Ms. Smith with the 2013 Survivor Circle Award," said Colleen A.F. Lawton, MD, FASTRO, chairman of ASTRO's Board of Directors. "It is truly inspiring that she has transformed her cancer diagnosis into such extraordinary service and support of cancer patients in the Atlanta area, especially while still undergoing treatment herself."

For more information on the Survivor Circle Award, visit www.ranswers.org/survivorcircle. For more information about ACCF, visit www.atlantacancer-carefoundation.org. 

ASTRO honors 2013 award recipients and Fellows

ASTRO recognized its 2013 award recipients and Fellows during the annual Awards Ceremony at the Annual Meeting in Atlanta on Tuesday, September 24. Michael L. Steinberg, MD, FASTRO, then-chairman, Board of Directors, presided over the ceremony, which honored the 2013 class of Fellows, Gold Medalists, Honorary Member and Survivor Circle Award winner.

For more information on the 2013 Gold Medalists and Honorary Member, view the Annual Meeting Special Edition 2013 of *ASTROnews* on the ASTRO website at www.astro.org/News-and-Media/ASTROnews/Annual-Meeting-Guide-2013/index.aspx. For more information on the 2013 Survivor Circle winner, see the related story on page 27 of this issue. For more information on how to nominate individuals for ASTRO recognition awards, visit www.astro.org/Recognition-Awards.



1

1. The 2013 class of Fellows included 10 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): Silvia C. Formenti, MD, Phillip M. Devlin, MD, Bhudatt R. Paliwal, PhD, Geraldine M. Jacobson, MD, MPH, MBA, Tariq Altaf Mian, PhD, Stephen M. Hahn, MD; (back row, from left) Peter B. Schiff, MD, PhD, Jonathan J. Beitler, MD, MBA, Seth A. Rosenthal, MD, Thomas J. Eichler, MD.



2

2. Michael L. Steinberg, MD, FASTRO (third from left), then-chairman, Board of Directors, congratulates the three 2013 ASTRO Gold Medal recipients, representing each of the three disciplines: biology, radiation oncology and physics. The Gold Medalists are (from left): Amato Giaccia, PhD, Prabhakar Tripuraneni, MD, FASTRO, and Radhe Mohan, PhD, FASTRO.



3

3. Jean B. Owen, PhD, was recognized as ASTRO's 2013 Honorary Member. She is congratulated by Phillip M. Devlin, MD (left), and Michael L. Steinberg, MD, FASTRO, then-chairman, Board of Directors. "It is an honor to receive this award. It has been a great pleasure for so many years to work with ASTRO and QRRO leaders," Dr. Owen said.



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4. Sherri Graves Smith (center) received ASTRO's 2013 Survivor Circle Award from Otis W. Brawley (left), chief medical officer of the American Cancer Society, and Michael L. Steinberg, MD, FASTRO, then-chairman, Board of Directors. Smith donated the \$1,000 award to the Atlanta Cancer Care Foundation.