

# THE Visionary

A PUBLICATION OF THE RADIATION ONCOLOGY INSTITUTE | PUBLISHED BY THE AMERICAN SOCIETY FOR RADIATION ONCOLOGY VOLUME 2 SERIES 1 | SPRING 2011



## 5k run a sunrise success



In the early morning hours of November 1, 2010, over 250 runners showed their support of the Radiation Oncology Institute (ROI) by participating in the first annual 5K Run for the Future to benefit the ROI at the 2010 ASTRO Annual Meeting in San Diego. One speedy radiation oncology resident, Matthew McCurdy, pulled away from the pack to finish the race in an astonishing 16:07 minutes.

McCurdy was one of three racers who accepted the challenge brought forth by the premier sponsor of the race, Radiation Business Solutions (RBS). The challenge: successfully outrun RBS employee John Ramsay, a seasoned Leadville Trail 100 competitor, and RBS will make a \$5,000 donation to the ROI in the winner's name. John came in third place with a time of 17:08.

Dan Moore, president of RBS, was the brainchild behind the 5K run and challenge and was thrilled to support both.

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## Research results unveil top issues

Last summer, ROI contracted with the Yale New Haven Health System Center for Healthcare Solutions to conduct the ROI National Research Needs Assessment. The focus of the assessment is to better understand the gaps that currently exist in evidence and knowledge about the specialty. The study is now entering its final phase.

The Yale Center began its work in early fall 2010, gathering perspectives

from a broad constituency on needed research in the field of radiation oncology. These perspectives are currently being considered by an expert Delphi panel during three rounds of evaluation. The Delphi panel technique is a structured process in which a group of experts in a given field is organized to reach consensus on a given topic.

Opinions from two additional groups, the cancer patient community, which

includes current patients, survivors and family members, and a representative sample of ASTRO membership, will soon be added to the Delphi panel's deliberations.

"We want to make sure to provide as many avenues for input as possible," Jim Kupel, project manager, said. "If you have not been involved in one of the focus groups, interviews or online surveys,

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# LETTER FROM THE PRESIDENT

BY TED S. LAWRENCE, MD, PHD, FASTRO



We are pleased to present you with ROI's Spring 2011 issue of *The Visionary*. Exciting things are happening at ROI and momentum is building to propel initiatives forward that are in keeping with ROI's mission to enhance and promote the critical role of radiation therapy in the treatment of cancer by supporting research and education that demonstrates the life-saving and quality-of-life benefits of radiation therapy.

In fulfilling our primary goal to strategically fund and advance research in the field, we are currently undertaking three major research initiatives involving many dedicated individuals. Many of you are involved in our research projects, and we thank you for everything you are doing to get ROI off the ground and recognized as a research organization in radiation therapy. If you are not involved and are motivated by our progress, let us hear from you. We welcome your participation.

In this issue we will provide details on the progress of our important National Radiation Oncology Research Needs Assessment. From the assessment, a prioritized national research agenda will emerge and guide us in funding research for the next three to five years. Also, our collaborative project with RTOG resulted in two ASTRO abstract submissions. Our fingers are crossed.

Under the leadership of Christopher Rose, MD, FASTRO, and Jatinder Palta, PhD, the reality of a national registry for our profession has been pushed forward at a rapid pace. This is obviously a monumental effort, though it seems the goal is within our reach. They have marshaled the spirit and force of some of the best individuals our profession has to offer. See more in this issue.

Finally, our infrastructure continues to strengthen. The board approved a master communications plan that will integrate our research with outreach. One key outreach area is to strengthen our development efforts. Thanks to every donor out there. And, if you've yet to sign on, I always like to remind you of the ASTRO matching grant available to members. With a pledge minimum of \$12,500 (payable over multiple years) your donation will be matched dollar for dollar. Act now by going to the website at [www.roinstitute.org](http://www.roinstitute.org) to donate.



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## ROI Mission Statement

To enhance and promote the critical role of radiation therapy in the treatment of cancer by supporting research and education that demonstrates the life-saving and quality-of-life benefits of radiation therapy.

## Research results unveil top issues

please plan to participate in the upcoming quantitative survey.”

The ROI Board will consider the results gathered from the Delphi panel and recommend guidelines to the ROI Research Committee for translating final study results into a prioritized, well-informed national research agenda. The agenda will form the basis for research conducted by the ROI for the next three to five years.



Stephen Hahn, MD, chairman of the ROI Research Committee, said he is convinced that “the National Research Needs Assessment is an important first step toward establishing a research agenda for ROI that reflects the issues that confront our patients and radiation oncologists who are directly involved in patient care.”

By late September, the ROI Research Committee will have developed recommendations for an agenda of research topics for consideration by the board. The Research Committee will then begin detailed work on the ROI research pipeline.

### **Pictured left to right:**

Stephen Hahn, MD, chairman of the ROI Research Committee;  
Reshma Jagsi, MD, DPhil, co-chairman of the ROI Research Committee

Phase 1 of the assessment included discussions with ROI leadership, stakeholder interviews with many of the nation’s leaders in the field of radiation oncology, focused discussions with diverse stakeholder groups and a broad-based electronic survey. Each of these sources contributed unique learning to the process and, together, forged an understanding of leading research issues among diverse segments of the radiation oncology field.

“To leverage the resources generously provided to the ROI by its donors most effectively, the research committee sought to involve all stakeholders, from physicians to patients and from payers to industry, in a systematic, scientifically valid, collaborative process to help define research priorities for our field,” Reshma Jagsi, MD, DPhil, co-chairman of the ROI Research Committee, said.



## RESULTS FROM PHASE I OF THE ASSESSMENT

### *A need for more evidence*

The most frequently cited category of issues in radiation therapy during the data collection was “Improving the efficacy of radiotherapy.” Respondents indicated that more research was needed to compare the effectiveness of different approaches of cancer treatment, as well as to improve the efficacy of radiation treatment, including technological advances and other novel strategies, such as radiosensitizers.

Comments from participants illustrate a profound frustration regarding the increasing need for evidence-based results and the lack of comparative effectiveness research, compounded by the current lack of funding and infrastructure to conduct the necessary research. This struggle was also seen in the participants’ often interchangeable use of “comparative effectiveness” and “clinical efficacy.”

### *Challenging environmental conditions*

The participants agreed that in addition to national demographic and budgetary challenges, the environmental challenges include:

- Increased regulatory focus and publicity on safety and efficacy.
- Tying reimbursement to quality measures.
- Improving consistency of RO’s role in patient referral patterns, treatment and follow-up.
- Maintaining practitioner satisfaction and effectiveness amid changes in the field and the unknown future of health care reform.

### *Scope of practice*

Issues related to scope of practice also emerged early as a major theme. Variability in the scope of treatment and follow-up, as well as in treatment across hospital- and clinic-based practices poses

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## Dan Moore talks to us

### WHAT IS SOMETHING NOT MANY PEOPLE KNOW ABOUT YOU?

I am a member of a group called the Marathon maniacs. You can only join if you've completed a certain number of marathons in a very short period of time. So, I am a maniac as many may have already known; though, now I am a certified one. I enjoy running on trails and find great satisfaction in helping others to reach their fitness goals and will soon run alongside my 15-year-old daughter as she ventures into her first half marathon.

I also have a passion for public education and its improvement, as I want children today to have the chance to choose their own opportunities. I am the current chairman of the county education development committee, which encourages businesses to work with our local public school programs and improve our educational community.

### WHAT HAVE YOU LEARNED ABOUT GIVING?

I have learned that true giving comes from our sustenance, not just our surplus. We start our staff meetings each week with a "grateful" moment. Each staff member and visitor shares something they are grateful for this past week. This approach of gratefulness from the outset of our work generates a sense of generosity by focusing first on what we are grateful for. There is a passage of scripture that motivates me, "Carrying out this social relief work involves far more than helping meet the bare needs of poor. It also produces abundant and bountiful thanksgivings to God. This relief offering is a prod to live at your very best, showing your gratitude to God by being openly obedient to the plain meaning of the Message of Christ." 2 Corinthians 9:12-13.

Giving has very little to do with how many material possessions one has. I'm

amazed at how easy it is to speculate on what one would do and how one would give millions away if they won the \$240 million lottery, yet we don't give from what we already have of our time, money or energy to the causes we believe in. I have found that when giving is a natural focus of one's life it comes out in all areas and becomes a way of living.

### WHY DO YOU SUPPORT ROI?

I see ROI as a way of guaranteeing the success of the specialty. In many ways the field of radiation oncology is behind other fields, not because of lack of ingenuity and focus in the field but because there is so much in the field still to discover and to make the specialty even more effective and efficient. With new changes coming in the medical industry as a whole every day, ROI provides a platform for the networking that is essential and the push for excellence to drive all those involved to be more than prepared to be at their very best.

ROI also provides an opportunity that combines two important causes to me, the specialty of radiation oncology and running. I was grateful that ASTRO approved the inaugural 5k run at their Annual Meeting this past fall and look forward to a growing tradition of raising money for a worthy cause by doing something many feel passionate about. This also provides an opportunity for companies to benefit themselves by encouraging participation in a fitness event benefiting the field.

### WHY DID YOU GET INTO THE RADIATION ONCOLOGY FIELD?

The radiation oncology field offered me the chance to utilize both my math and business degrees. I have been involved in health care for 20 years and found radiation oncology to be just the right



combination of needed skills. I've found radiation oncology a good place to offer hope. One radiation oncologist shared that we might be able to make the "C" (cancer) word more tolerable and not the death sentence within the next generation. I want to be part of that specialty. I'm grateful for the chance to make an impact, albeit statistically and from a macro analysis approach and not in clinical delivery, for people with cancer. I appreciate the openness to business practices found in radiation oncologists.

### WHY SHOULD A COMPANY GIVE TO ROI?

If you follow the idiom "purse strings follow passion," then how can you not support ROI if you believe in the benefits to the patients and the physicians? From presence, consolidated structure and benchmarking, ROI provides a vehicle to help the specialty communicate the value to patients.

*Dan Moore is the president and CEO of Radiation Business Solutions. He is a Benefactor in the ROI Founder's Circle.*

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Dan Moore, pictured above, presents a \$5,000 check to Matthew McCurdy, who finished the race in an astounding 16:07 minutes.

## 5k run a sunrise success

As he accepted the \$5,000 check to the ROI, McCurdy acknowledged Moore's involvement by saying, "Many thanks to Dan Moore and RBS for having the foresight and initiative to put together this event; job well done."

As the organizing body, ASTRO is also to thank for lending its expertise and support of the event.

We are pleased to present the following top finishers of the race:

### Top Male Finishers:

- 1st Place**  
Matthew McCurdy 16:07
- 2nd Place**  
Jonathan Feddock 16:36
- 3rd Place**  
John Ramsay 17:08

### Top Female Finishers:

- 6th Place**  
Megan Daly 17:59
- 8th Place**  
Kara Leonard 18:33
- 15th Place**  
Emilie Soisson 19:30

We look forward to the second annual 5K Run for the Future to benefit the ROI this year in Miami Beach, Fla. Registration is already open at [www.signmeup.com/site/reg/register.aspx?fid=072VTJ7](http://www.signmeup.com/site/reg/register.aspx?fid=072VTJ7). And once again, 100 percent of the net proceeds will go to the ROI.

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## Research unveils top issues

particular challenges. Lack of follow-up and out-referral may be prompted by multiple factors, including:

- Patient referral patterns from primary care physicians and/or other cancer specialists.
- Limited means to follow patients after radiation therapy has been completed.
- Lack of coordination regarding the management of non-radiation medical problems.
- Inefficient screening for cancer in patients who may be better served by receiving radiation treatment.

Preliminary results suggest unanimity among both private practitioners and academics about the leading categories of issues. The bulk of more than 1,150

annotations and 275 proposed research questions can be summarized in two primary categories:

1. Acceptance of RO as a niche specialty becoming more dependent upon increasingly complex technology.
2. A future in which radiation oncologists are patient-oriented clinicians in multidisciplinary teams that participate in and encourage ethical and appropriate use of high-technology.

"The members of the Research Committee and the ROI Board have challenged us to see the larger context for this important work and to focus the results. The combination will serve both patients and the field," Joseph Albanese, Co-Principal Investigator of the project, said.

It is anticipated that detailed final results, conclusions and the resulting research agenda will be presented by a panel of researchers and stakeholders at the 2011 ASTRO Annual Meeting.

## Ways to Give

THE FOUNDER'S CIRCLE is a club for those who have elected to ensure the infrastructure of the ROI by investing in our endowment. We welcome you to join the 105 generous individuals, corporations, private practice groups and academic institutions that have made commitments of \$12,500 or more payable over multiple years. Their commitment has yielded an endowment of nearly \$10 million. Exclusive for ASTRO individual members, giving at that level qualifies you for a dollar for dollar matching contribution.

ANNUAL GIVING SOCIETY is also a club of wonderful donors who give to the ROI annually. Annual contributions support the research operation. Contributions of \$100, \$250 or more will help guarantee that ROI's goals will not be hindered by a lack of resources.

To make your tax-deductible contribution to the ROI, please contact Kathy Peters in the ROI office at 703-839-7342 or visit [www.roinstitute.org](http://www.roinstitute.org).

# Research Updates

## National Radiation Oncology Registry (NROR)

Registries are gaining traction in the medical community as an alternative to the gold standard of randomized clinical trials for testing hypotheses. Christopher Rose, MD, FASTRO, (*pictured below*) co-chairman of the ROI Registry Steering Committee, makes several observations about the essential role that treatment registries are and will play moving forward:

“Comprehensive treatment registries can do a number of things that even randomized clinical trials cannot do, such as:

- Be used for post-FDA approval to assess the safety and efficacy of the intervention.
- Confirm that interventions, effective in prior clinical trials, continue to have efficacy when used in unselected groups of patients in the community. Continued proof of efficacy is a strong



endorsement of the interventions for patients, their physicians and for third-party payers.

- Generate hypotheses suggesting relationships between treatment process and outcome, which can be subsequently tested and proven in a clinical trial.
- Demonstrate patient subgroups for whom the intervention is not efficacious and can narrow the indications for the intervention to groups who will show greater benefit.”

Development of the National Radiation Oncology Registry (NROR) is moving forward and promises to provide real world data about radiation therapy treatment plans for various cancer disease sites and stages, physician- and patient-reported outcomes from treatment and side effects, and when the registry reaches a “critical mass” of data, associations and correlations between variables.

“The establishment of the National Radiation Oncology Registry will be of great benefit to treating physicians and other care providers, payers, vendors, policy-makers and most importantly cancer patients by capturing reliable information on population based treatment delivery and health outcome,” Jatinder Palta, PhD, (*pictured next page*) co-chairman of the Registry Steering Committee, said.

To that end, members of four committees (the Executive, Steering, Data Dictionary and IT Infrastructure

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## Joint ROI/RTOG Initiative: *Funding analysis of RTOG 0126 clinical trial data*

Because solid, observational data about radiation therapy collected through a registry is not yet available, ROI and RTOG have collaborated to provide reliable data and analysis in a key area of the radiation oncology field: a comparison of high-dose 3D-CRT versus IMRT in patients treated for localized prostate cancer.

Funded by the National Institutes of Health, the analysis included data collected from 1,532 patients over a six-year period from March 2002 through August 2008. Analysis of the RTOG data set has been submitted as two abstracts for presentation at this year’s ASTRO Annual Meeting. The abstracts relate to toxicity levels and quality-of-life for patients treated with high-dose 3D-CRT compared to those treated with IMRT.

Look for details of the analysis on [www.roinstitute.org](http://www.roinstitute.org) and in future editions of *The Visionary*.

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“Comprehensive treatment registries can do a number of things that even randomized clinical trials cannot do.”

—Christopher Rose, MD, FASTRO

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## Research Updates (*Continued*)

### National Radiation Oncology Registry (NROR): *continued from Page 6*

committees) are devoting countless hours of effort and expertise to the registry initiative. Collectively, they are defining the strategic parameters of a pilot project for the NROR and developing database content and architecture. A vision paper on the initiative outlining the purpose, premises, research questions and implications of the project is being considered for publication in *Practical Radiation Oncology (PRO)*, ASTRO's new clinical practice journal.

Anticipated to begin during the first half of 2012, a pilot program among a network of institutions will demonstrate the collection of data for treating prostate cancer and the resulting patient outcomes.

As a start-up registry, it will take some time to gather enough data for the NROR to deliver its full potential, but as the first registry of treatment and outcomes specifically for radiation oncology, it will one day provide enormous benefits.



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#### OVERARCHING FEATURES MAINTAIN THAT THE NROR:

- Is intended to be an outcomes registry capturing treatment of organ-confined prostate cancer with radiation therapy (external beam, brachytherapy and/or combination of both), resulting in disease-free survival and quality of life (QOL).
- Will have an open architecture in the public domain maintained on the NCI Common Data Element (CDE) browser. The intention is to encourage as much use as possible of standard data elements and definitions among organizations so that sharing data will be easier. The data captured in the database will, of course, not have public domain access.
- Will have a radiation oncology Data Dictionary comprised of data elements, definitions, values and taxonomy that will initially best serve data captured in the pilot disease site (prostate cancer) but will eventually expand after the pilot to capture treatment and outcomes data about other disease sites.
- Will have data infrastructure created to accommodate the content generated by the Data Dictionary Committee.
- Will create and launch the pilot program (in the first half of 2012) for a year and analyze “mistakes made/lessons learned” before expanding the pilot toward a full-feature registry.

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“The establishment of the National Radiation Oncology Registry will be of great benefit to treating physicians and other care providers, payers, vendors, policy-makers and most importantly cancer patients by capturing reliable information on population based treatment delivery and health outcome.”

— Jatinder Palta, PhD

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