OREGON HEALTH & SCIENCE UNIVERSITY
Non-operative Management of Acoustic Neuroma in Geriatric Patients: A Nationwide Cancer Database Analysis
Knight Cancer Institute
RTHP-12
BACKGROUND
The in-hospital mortality rate of acoustic neuroma (AN) surgery is 0.5% and increases exponentially with age: a 65 year old is nearly three times (176%) more likely to die following surgery than a comparable 50 year old, and nearly 5.5 times (443%) more likely to die in the hospital postoperatively than a comparable 40 year old
Partially for these reasons, non-operative AN management; the non-operative treatment modalities are radiation or observation
However, there has been no analysis examining the utilization of non-operative treatment modalities in the geriatric (≥ age 65) AN population.
MATERIALS AND METHODS
Data source was the Nationwide Cancer Data Base (NCDB) from 2004-2013, representing 70% of all newly diagnosed cancers in the USA
Inclusion criteria:
Admissions ≥ age 65
International Classification of Diseases for Oncology (ICD-O) codes of 9560 and 9570 (neurilemmoma, neuroma)
ICD-O topography code of C72.4 (tumor primary site of "acoustic nerve")
Patients without surgery (and either no radiation, or a radiation code indicating that beam radiation had been performed at a medical oncology center or a hospital inpatient RT center)
Exclusion criteria
Any patients who were not active follow-up cases (eliminates patient data recorded from death certificates/autopsy)
Demographic data collected
Age, Race, Gender, Primary payer, Median household income, Medical comorbidities, Tumor size
Statistical analysis
Multivariable logistic regression model controlled for patient demographic data
Significance = P < 0.05
RESULTS
Table 1: Patient demographics of geriatric (≥ age 65) acoustic neuroma population analyzed
Table 2: Additional demographics of tumor size and treatment modalities utilized in the geriatric AN population
Table 3: Multivariate analysis regarding receipt of radiation for AN in geriatric patients
Table 4: Multivariate analysis regarding receipt of observation for AN in geriatric patients
RESULTS
Of the 11,614 AN patients contained in the NCDB from 2004-2013, 1,725 were geriatric
Median tumor size was 2.1 cm
Solitary treatment was administered as
Surgery (1,285 patients: 75%)
Radiation (225 patients: 13%)
Observation (147 patients: 9%)
African-American race predicted increased observation, while increased comorbidity score predicted decreased observation
Male gender and comprehensive cancer center treatment predict increased receipt of radiation, while private insurance and increased comorbidity score predicted decreased receipt of radiation
CONCLUSIONS
Fifteen percent of the AN population is at least age 65
Surgery is the most commonly used treatment modality
Predictors of radiation
Male gender
Comprehensive cancer center
Predictors of observation
African-American race (by 50%)
Given the small proportion of geriatric AN patients receiving non-operative treatment, there is fertile ground for dissemination of radiation treatment for geriatric AN patients
DISCLOSURES
McClelland, Kim, Murphy, Thomas, Jaboin – nothing to disclose
CONFERENCE
4153
Development of a Preclinical Model to Test Adjuvant Immunotherapy in Combination with SBRT
Purpose/Objective
Model
Results and Methods
Conclusions
Financial Conflicts-of-Interest are Correlated with Publication Productivity Among Academic Radiation Oncologists
YOU'RE THE COFFEE TO MY BAGEL.
YOU'RE THE COFFEE TO MY BAGEL.


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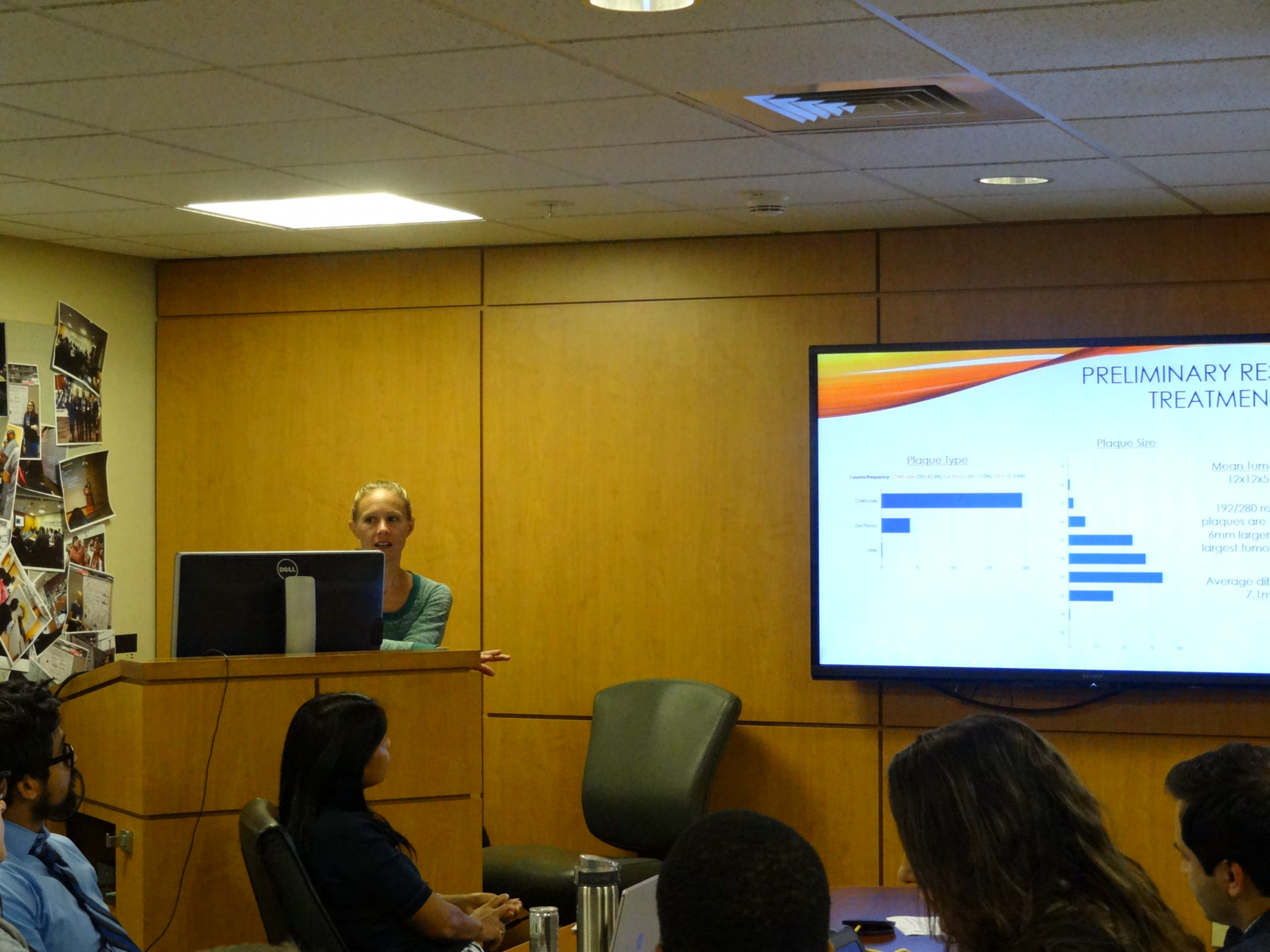
PRELIMINARY RE
TREATMEN
Plaque Size
Plaque Type
Counts/frequency: COMS-style (295; 82.4%), Eye Physics (61; 17.0%), Other (2; 0.6%)
COMS-style
Eye Physics
Other
0
75
150
225
300
Mean Tum
12x12x5
192/280 re
plaques are
6mm larger
largest tumo
Average dif
7.1m

Please erase boards when you are finished. Whiteboards are erased every Friday. Thank you!

What do you like about working for CMS?


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What do you like about working for CARE?
PRELIMINARY

Dissecting the effects of high dose
radiation on the vasculature

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What do you like about working for ...?


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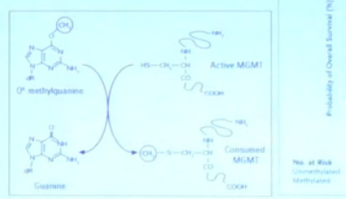
Develo
and Ra


THE ROLE OF RADIOTHERAPY IN
REVERSING TUMOR-ASSOCIATED
T CELL ANERGY AND EXHAUSTION
Josh Walker, MD/PhD, OHSU Radiation Medicine

O^6-methylguanine methyltransferase (MGMT)
Prognostic biomarker in Glioblastoma



Kaplan–Meier Estimates of Overall Survival, According to MGMT Promoter Methylation Status.

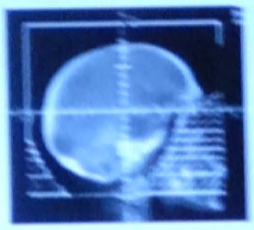
- 45% methylated
- In those that received radiation and Temozolamide
  - MGMT methylated: 46% alive at 2 Yr
  - MGMT Unmethylated : 13% alive at 2 Yr

Hegi ME et al. N Engl J Med 2005;352:997-1003.

Brain radiation-induced fatigue

- 200,000 patients/year
  - Brain metastasis
  - Primary intracranial tumor
  - Pediatric brain tumors

- >80% of patients report fatigue
- Cognitive impairment
- Growth Restriction
- Metabolic dysregulation



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OHSU

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STRITCH SCHOOL *of* MEDICINE

Radiation Dose and Fractionation for Limited-Stage Small Cell Lung Cancer: A Survey of US Radiation Oncologists on Practices

Matthew J. Farrell[1], Jehan Yahya[1], Catherine Degnin[1], Yiyi Chen[1], John M. Holland[1], Mark A. Henderson[1], Jerry J. Jaboin[1], Matthew M. Harkenrider[2], Charles R. Thomas Jr.[1], Timur Mitin[1]

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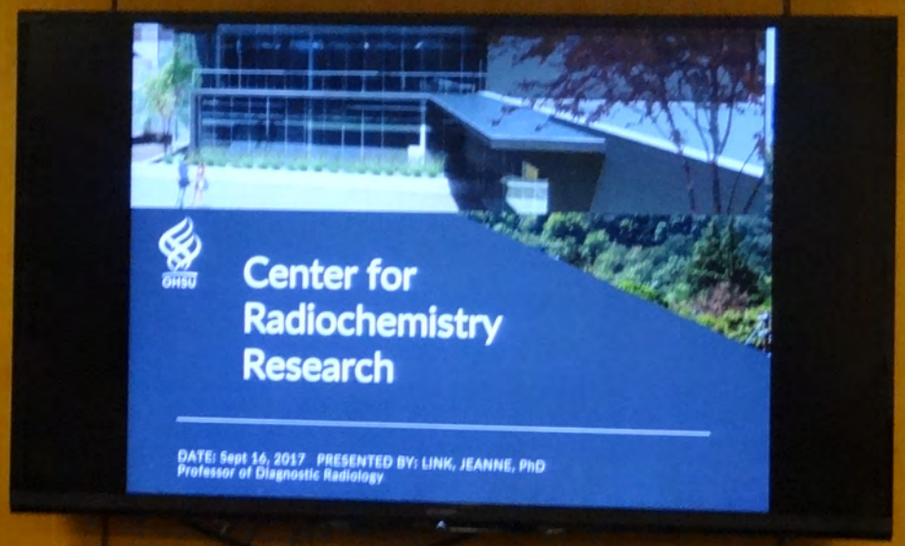
Alternating electric field therapy
as alternative to brain irradiation
in patients with
Small Cell Lung Cancer

Timur Mitin, MD PhD
Department of Radiation Medicine
11th Annual Research Retreat
September 16, 2017

PURPOSE

- >50% of patients with advanced melanoma will eventually develop brain metastasis
- Anti CTLA-4 and anti-programmed cell death-1 (PD-1) antibody therapies improve survival of patients with metastatic melanoma.
- Therapeutic interactions between SRS and immunotherapy have yet to be optimized


PRECISION MEDICINE: iden
pathways that make hypoxic tumors
combinations of molecular agents and
• Radiation enhancement by direct sen
• Targets: PARPi, repair inhibitors
• Antiangiogenic agents, sorafenib
• Drug's effectiveness is reduced by h
• Bleomycin, trastuzumab, gefitinib, ima
• Determining sequencing of drug/rad
• Checkpoint immunotherapy affects rad
• Rads most effective at G2/M; most res
• Also cycle-selective drugs such as 5-F
MESSAGE: let's redefine radiation e
types of radiation-based combination th


OHSU
Center for Radiochemistry Research
DATE: Sept 16, 2017 PRESENTED BY: LINK, JEANNE, PhD
Professor of Diagnostic Radiology

The darkest hour is just before the dawn

- Radiation license ~4/2016
- First IND -FLT 4/2017
- Radiopharmacist Joined team 5/2017
- FDA registration manufacturer 6/2017
- License with OBOP - manufacturer + nuclear pharmacy 8/2017
- Approval human IND manufacture by Rad. Protection 9/2017.
- 2nd. IND submitted, first DMF to send
- ASAP add manufacturing / Nuclear Pharmacy to Rad. License
  Instrumentation / data analysis.
- Data analysis room, (SPECT/PET/CT SARIC), PET/CT
  - PET- MR, PET / SPECT ONPRC ~ 1 yr, GE / flat table?
  - Research Nuc Med partners – Stevens- Mallak, Mitra

We can finally do human studies and soon will be able to do state of the art imaging.

Is Survivorship Care Plan Discussion Important to Patients?

PRESENTED AT THE ASCO 2ND ANNUAL SURVIVORSHIP SYMPOSIUM

SAN DIEGO, CA, JANUARY 27-28, 2017

AMY E.B. LEATHERWOOD

DEPARTMENT OF RADIATION MEDICINE

SURVIVORSHIP NURSE PRACTITIONER

INSTRUCTOR

MSN, UNIVERSITY OF SAN FRANCISCO, 2002

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11th Annual Research Retreat for the Dept. of Radiation Medicine, 9/16/2017

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Assistant Professor

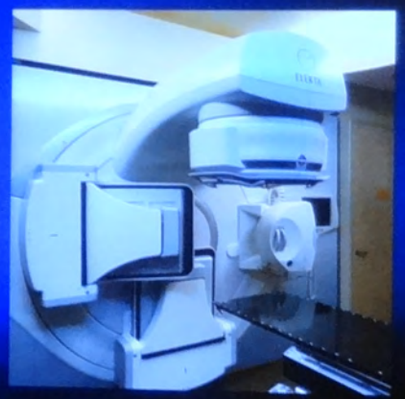
Medical Director, Medical Oncology Services, Columbia Memorial Hospital / OHSU Cancer Care Collaborative

MD, University of Washington, 2000

Residency, Internal Medicine, BIDMC, 2003

Fellowship, Hematology & Medical Oncology, OHSU, 2006

Current areas of expertise: community oncology, rural oncology, narrative medicine



Background

- There had been a significant paucity observed in large academic radiation oncology programs in providing palliative care to hospitalized cancer patients
- To combat this deficiency, several programs have been initiated to address this issue (Tseng et al., Pract Radiat Oncol 2014; Stavas et al., Pract Radiat Oncol 2017)
  - Supportive and Palliative Radiation Oncology (SPRO) service at Brigham and Women's Hospital (started in 2011)
  - Inpatient Palliative Radiation Oncology Service at Vanderbilt University Medical Center
  - Supportive Oncology and Palliative Radiotherapy at the University of Pennsylvania

Association of Pre-Residency Peer-Reviewed Publications with Radiation Oncology Resident Choice of Academic Versus Private Practice Career

Shearwood McClelland III, M.D.

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