



BIR ANNUAL RADIOTHERAPY AND ONCOLOGY MEETING 2021 (PART 2)

24–26 March 2021
Virtual event



#BIRTO21

RCR CPD accredited

BIR ANNUAL RADIOTHERAPY AND ONCOLOGY MEETING 2021 (PART 2)

This is a virtual inaugural meeting for the BIR bringing together national and international experts sharing experiences and expertise in a very wide range of aspects for today's cutting-edge radiotherapy and oncology. The latest techniques, technologies, methods and issues will be discussed in this comprehensive meeting taking place over two days. Opportunities aplenty for networking with fellow professionals and discussing the latest offerings from manufacturers.

Who should attend?

This event will appeal to anyone working within radiotherapy and oncology including clinical oncologists, radiographers, physicists, service managers, Linac and IT engineers, dosimetrists, manufacturers and department heads.

Five reasons to attend

1. Enhance your knowledge
2. Hear expert opinion and share your own
3. Refresh your understanding
4. Share your own research
5. Network with colleagues, peers and industry representatives

CPD credits

The full event is worth up to 7 CPD credits in total:

Day 1 = 3 CPD credits

Day 2 = 3 CPD credits

Day 3 = 2 CPD credits

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ePosters and proffered video clips

There will be electronic posters and video clips available in an online format, which can be viewed anytime from a computer, laptop or mobile device.



BIR ANNUAL RADIOTHERAPY AND ONCOLOGY MEETING 2021 WELCOMES ITS INDUSTRY PARTNERS

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Advanced Accelerator Applications, S.A. (AAA), a Novartis company, is an innovative medicines company developing targeted radioligand therapies and precision imaging radioligands for oncology. We are committed to transforming patients' lives by leading innovation in nuclear medicine. AAA currently has over 1,000 employees working across 31 sites in 12 countries (Canada, France, Germany, Israel, Italy, the Netherlands, Poland, Portugal, Spain, Switzerland, the UK and the US). The company also has global manufacturing capabilities with 19 facilities in eight countries, and six research & development sites. For more information, please visit: <https://www.adacap.com/>



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GE Healthcare is a leading provider of medical imaging, monitoring, and life science technologies. GE Healthcare enables precision health in diagnostics, therapeutics and monitoring through intelligent devices, data analytics, applications and services to help providers, researchers and life sciences companies in their mission to improve outcomes for patients around the world.



Siemens Healthineers is shaping the future of Healthcare. As a leading medical technology company headquartered in Erlangen, Germany, Siemens Healthineers enables healthcare providers worldwide through its regional companies to increase value by empowering them on their journey towards expanding precision medicine, transforming care delivery, improving the patient experience, and digitalising healthcare. Siemens Healthineers is continuously developing its product and service portfolio, with AI-supported applications and digital offerings that play an increasingly important role in the next generation of medical technology. These new applications will enhance the company's foundation in in-vitro diagnostics, image-guided therapy, and in-vivo diagnostics. Siemens Healthineers also provides a range of services and solutions to enhance healthcare providers' ability to provide high-quality, efficient care to patients. For more information and latest product line visit www.siemens-healthineers.co.uk

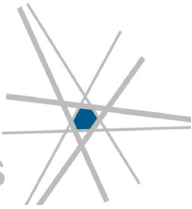


Enabling better health and better care at lower cost Philips is a leading health technology company focused on improving people's lives across the health continuum - from healthy living and prevention, to diagnosis, treatment and home care. Applying advanced technologies and deep clinical and consumer insights, Philips delivers integrated solutions that improve people's health and enable better outcomes. Partnering with its customers, Philips seeks to transform how healthcare is delivered and experienced. The company is a leader in diagnostic imaging, image-guided therapy, patient monitoring and health informatics, as well as in consumer health and home care. www.philips.co.uk/healthcare

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For almost five decades, Elekta has been a leader in precision radiation medicine. Our more than 4,000 employees worldwide are committed to ensuring everyone in the world with cancer has access to – and benefits from – more precise, personalized radiotherapy treatments. Headquartered in Stockholm, Sweden, Elekta is listed on NASDAQ Stockholm Exchange. Visit elekta.com or follow @Elekta on Twitter. A pioneer in precision radiation medicine, Elekta develops and supports a range of advanced linear accelerators (linacs) that enable physicians to deliver precise, rapid and patient-specific radiotherapy for individuals with cancer. Elekta's line of high definition digital accelerators includes the latest generation Versa HD™ – a system designed to treat a spectrum of tumours throughout the body using both conventional and highly sophisticated techniques – as well as the clinically-proven and widely used Elekta Synergy® and Elekta Infinity™ linacs. MOSAIQ® Plaza is a comprehensive suite of digital tools that works seamlessly with Elekta radiotherapy systems to provide the foundation for intelligence-driven, value-based healthcare. MOSAIQ Plaza's smart data centre connects healthcare professionals to patients through every step of their journey to ensure efficient, standardized daily practice. Bringing people and information together, MOSAIQ Plaza allows departments to continuously improve their processes, reduce costs and touch more patients' lives.



ADVANCING CANCER TREATMENT

RaySearch is a committed pioneer of oncology software. Since 2000, we have worked in close cooperation with leading cancer centers to improve life and outcomes for patients. We develop all our products from the ground up and continuously revise every aspect, from algorithms to user interface designs. Medical science never stands still, and neither does RaySearch—our relentless drive to do things better leads us to ever-higher performance, accuracy, safety and usability. And this is just the beginning.

We believe software is the driving force for innovation in oncology today. Our systems use groundbreaking automation and machine learning to create new possibilities. RayCare^{®*}, the next-generation oncology information system, will enable one workflow for all the oncology disciplines, ensuring fluid coordination of tasks and optimal use of resources. RayStation[®] harmonizes treatment planning, providing one point of control for all planning needs—any equipment, any scale.

* Subject to regulatory clearance in some markets.



Sun Nuclear provides innovative solutions for Radiation Therapy, Diagnostic Imaging and Patient Alignment. Our mission is to enable healthier lives by improving the detection and treatment of cancer. More than 5,000 cancer centers worldwide rely on us for independent, integrated Quality Management. With a focus on ongoing support, we aim to ease technology adoption, enhance workflows and improve outcomes – so that healthcare providers can achieve real results for Patient Safety.

varian

Varian is the world's leading manufacturer of integrated systems for treating cancer and other conditions with radiotherapy, radiosurgery, proton therapy, and brachytherapy. Along with making an industry-leading treatment planning software for radiation treatments, Varian also develops informatics software for managing comprehensive cancer clinics, radiotherapy centers and medical oncology practices. For more information, visit www.varian.com and follow @VarianMedSys on Twitter.

Xiel.

Xiel is a specialist distributor of medical technologies in the UK and Ireland. We work with global leading solution providers including Sun Nuclear Corporation, CIRS Inc, CIVCO, Cablon Medical, Adaptiv, Eckert and Ziegler and Rotop, to continuously improve efficiency and quality for all our customers.

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PTW designs, develops, manufactures and distributes high quality dosimetry and quality control equipment mainly for use in the medical field, especially in radiation therapy, diagnostic radiology and nuclear medicine. We have a global network of subsidiaries including here in the UK and ROI. Our products are well known throughout the world and are recognized for their workmanship and high level of quality.



At Rosemont our mission is to improve the health, quality of life and wellbeing of vulnerable patients through the development, manufacture and supply of high-quality prescription oral liquid medicines. Our ambition has always been to support both patients with swallowing difficulties and the healthcare professionals who care for them.

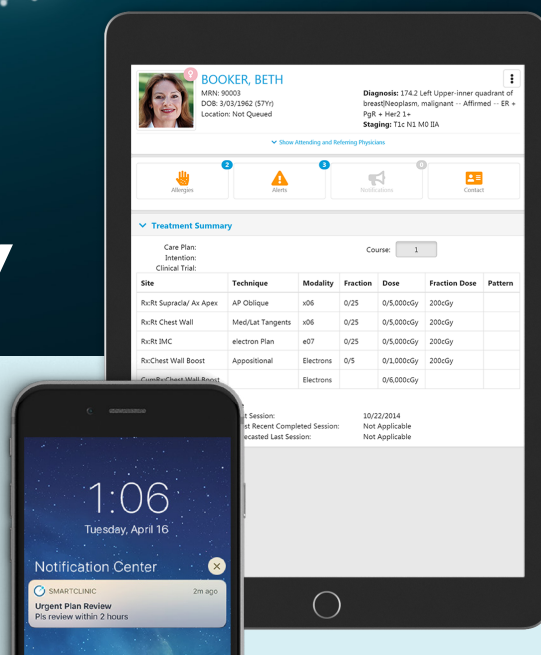


At Terumo Interventional Systems, we constantly work to refine and perfect our products so that physicians can do more. Our QuiremSpheres (Selective Internal Radiation) Holmium Platform delivers a first in SIRT: a comprehensive end-to-end platform for treating unresectable liver tumours.

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Connecting you
to every moment
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MOSAIQ[®] Plaza transforms cancer care by personalizing every patient's treatment pathway. This integrated suite of digital tools ensures you achieve the highest quality decision-making while delivering value-based care—continuously adapting and optimizing based upon each unique individual patient journey.



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 **Elekta**



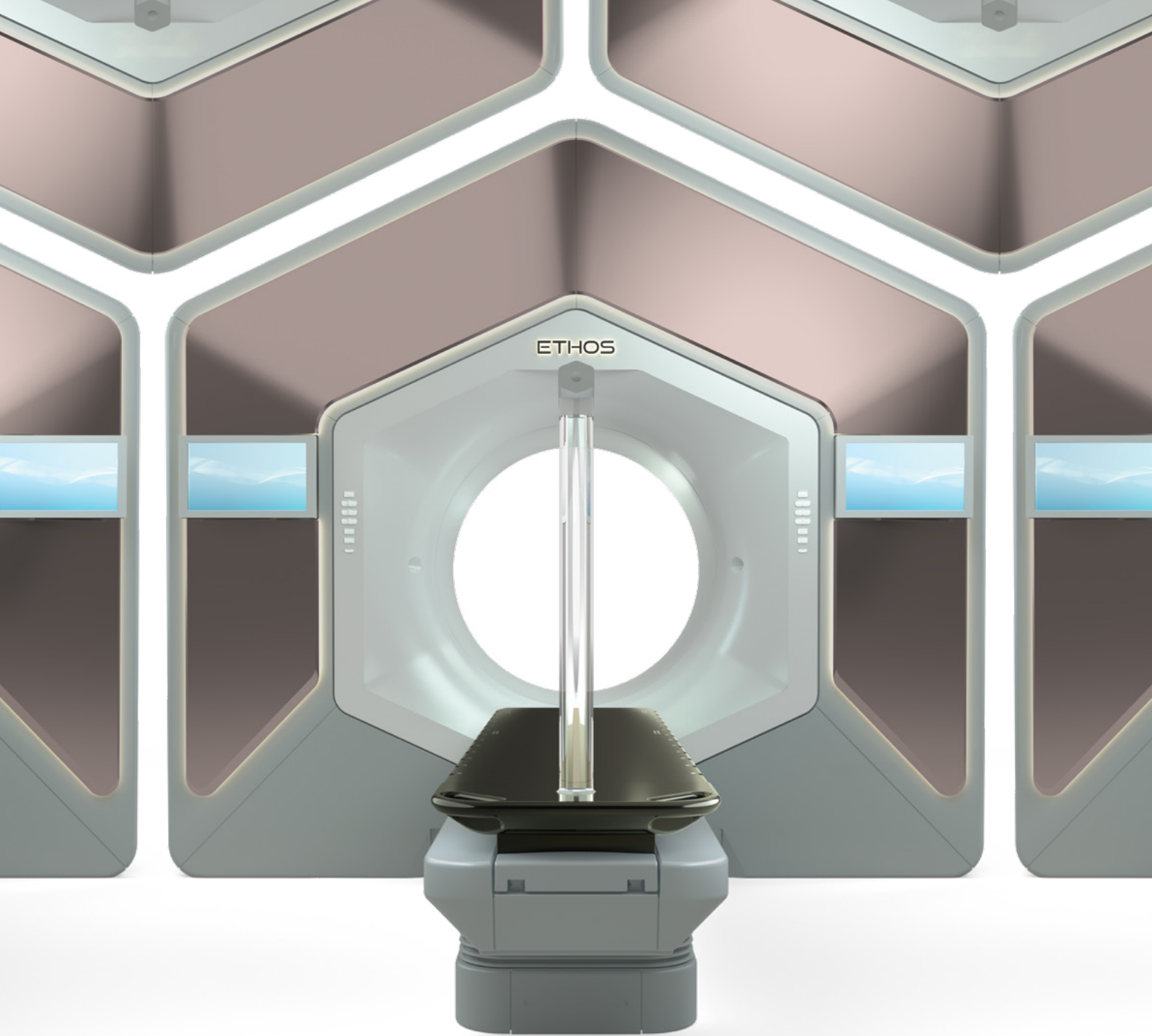
IT'S PERSONAL

Oncology Treatment planning technology is evolving to meet the needs of our growing world population. We've developed machine learning tools* capable of transforming valuable real-time information into predictive and consistent organ segmentation, plan generation and optimization. Almost 10 million people die from cancer annually and treatment planning with machine learning is our latest contribution to the fight. For us, it's personal.

*Subject to regulatory clearance in some markets.

**ADVANCING
CANCER
TREATMENT**





The more efficient, flexible, personal & intelligent way to outsmart cancer.

With Ethos™ therapy, you can adapt treatment plans daily while transforming your cancer fight completely.

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SABR offers best practice, XIEL offers best solutions

Treat

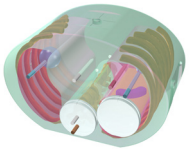
The Body Pro-Lok ONE system™ provides one simple solution for even your most complex SABR patient setups. Allowing improved patient positioning and reliable respiratory movement restriction.



CIVCO
Radiotherapy

Commission

SABR necessitates a high degree of accuracy in target localisation and dose delivery. The E2E SBRT Phantom provides user peace of mind through means of checking the entire treatment chain.



CIRS

Check

SABR plans require precise and informative independent secondary calculations. DoseCHECK provides confidence with an accurate algorithm and 3D calculation.

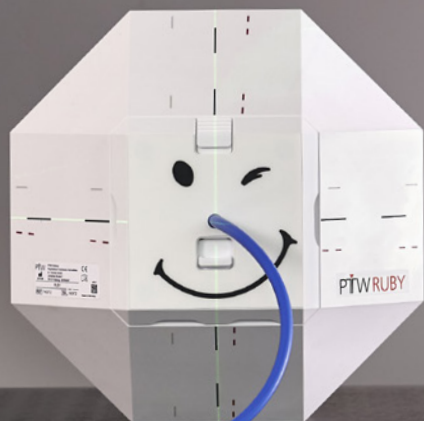


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The New Modular QA Phantom

- ▶ Comprehensive testing of the entire treatment chain with one single phantom
- ▶ Complete end-to-end tests with one single insert
- ▶ Verification of CT/MRI image registration
- ▶ System alignment checks, including 6D couch QA
- ▶ Automated Winston Lutz testing with IsoCheck^{epid}
- ▶ Patient plan verification, including non-coplanar treatments, with film and detector

Developing solutions that aid adherence is in our blood



New Imatinib 80mg/ml Oral Solution Easier to take, easier to titrate



Abbreviated Prescribing Information: Imatinib 80 mg/ml Oral solution. **Consult Summary of Product Characteristics before prescribing.**
Presentation: A clear yellow to brownish yellow coloured solution with characteristic odour filled in amber colour PET bottle with a child-resistant tamper-evident cap, containing 80 mg imatinib/1ml (as mesilate). **Therapeutic Indications:** Adult and paediatric patients with newly diagnosed Philadelphia chromosome (bc²-abl) positive (Ph+) chronic myeloid leukaemia (CML) for whom bone marrow transplantation is not considered as the first line of treatment. Adult and paediatric patients with Ph+ CML in chronic phase after failure of interferon-alpha therapy, or in accelerated phase or blast crisis. Adult and paediatric patients with newly diagnosed Philadelphia chromosome positive acute lymphoblastic leukaemia (Ph+ ALL) integrated with chemotherapy. Adult patients with relapsed or refractory Ph+ ALL as monotherapy. Adult patients with myelodysplastic/myeloproliferative diseases (MDS/MPD) associated with platelet-derived growth factor receptor (PDGFR) gene re-arrangements. Adult patients with advanced hypereosinophilic syndrome (HES) and/or chronic eosinophilic leukaemia (CEL) with FIP1L1-PDGFR rearrangement. The treatment of adult patients with unresectable dermatofibrosarcoma protuberans (DFSP) and adult patients with recurrent and/or metastatic DFSP who are not eligible for surgery. **Posology and Method of Administration:** Therapy should be initiated by a physician experienced in the treatment of patients with haematological malignancies and malignant sarcomas. **CML in adult patients:** 400 mg/day for adult patients in chronic phase CML, 600 mg/day in accelerated phase, 600 mg/day in blast crisis. Dose increases may be considered in changed circumstances. Patients should be monitored closely following dose escalation. **Ph+ ALL in adult patients:** 600 mg/day in combination with chemotherapy in the induction phase, the consolidation and maintenance phases of chemotherapy for adult patients with newly diagnosed Ph+ ALL. The duration of the therapy can vary. **MDS/MPD:** 400 mg/day for adult patients with MDS/MPD. **HES/CEL:** The recommended dose is 100 mg/day for adult patients with HES/CEL. Dose increase from 100 mg to 400 mg may be considered. **DFSP:** 800 mg/day for adult patients with DFSP. Consult the SPC for dose adjustment for adverse reactions. **Hepatic insufficiency:** Patients with liver dysfunction should be given the minimum recommended dose of 400 mg daily which can be reduced if not tolerated. **Elderly:** No specific dose recommendation is necessary. **Paediatric population:** **CML in children:** 340 mg/m² daily is recommended for children with chronic and advanced phase CML (not to exceed the total dose of 800 mg) once or twice daily. Dose increases may be considered in changed circumstances. The patients should be monitored closely following dose escalation. **Ph+ ALL in children:** 340 mg/m² daily is recommended for children (not to exceed the total dose of 600 mg). **There is no experience in children with CML below 2 years of age and with Ph+ ALL below 1 year of age.** There is very limited experience in children with MDS/MPD, DFSP, and HES/CEL. **Contra-indications:** Hypersensitivity to the active substance or to any of the excipients. **Excipient warnings:** Each 1ml contains 0.2 mg of sodium benzoate (E211) and 100 mg of maltitol (E965). **Drug interactions:** Caution should be taken when administering imatinib with inhibitors, inducers and substrates of the cytochrome P450 isoenzyme CYP3A4. Caution should be exercised when using high doses of imatinib and paracetamol concomitantly. Caution is recommended when used with levthyroxine. Concomitant use with L-asparaginase could be associated with increased hepatotoxicity. **Special Warnings and Precautions for use:** Caution should be used when taking imatinib with protease inhibitors, azole antifungals, certain macrolides, CYP3A4 substrates with a narrow therapeutic window or warfarin and other coumarin derivatives. Concomitant use of strong CYP3A4 inducers and imatinib should be avoided. Thyroid-stimulating hormone (TSH) levels should be closely monitored. In patients with hepatic dysfunction, peripheral blood counts and liver enzymes should be carefully monitored. When imatinib is combined with high dose chemotherapy regimens, an increase in serious hepatic reactions has been detected. Severe fluid retention has been reported. Caution should be exercised in patients with cardiac dysfunction. A careful assessment of the benefit/risk of imatinib therapy should be considered in the HES/CEL population before treatment initiation. Correction of clinically significant dehydration and treatment of high urea acid levels are recommended prior to initiation. Patients should be tested for HBV infection before initiating treatment. Carriers of HBV who require treatment should be closely monitored for signs and symptoms of active HBV infection throughout therapy and for several months following termination of therapy. Exposure to direct sunlight should be avoided. Complete blood counts and liver renal function tests must be performed regularly during therapy. Patients with renal impairment should be given the minimum starting dose and treated with

caution. Close monitoring of growth in children under imatinib treatment is recommended. **Fertility, Pregnancy and Lactation:** Women of childbearing potential must be advised to use effective contraception during treatment. Imatinib should not be used during pregnancy unless clearly necessary. Women taking imatinib should not breast-feed. **Effects on Ability to Drive and Use Machines:** Caution should be recommended when driving a car or operating machinery. **Undesirable Effects:** **Very common:** Neutropenia, thrombocytopenia, anaemia, nausea, diarrhoea, vomiting, dyspnoea, periorbital oedema, dermatitis/eczema/rash, muscle spasm and cramps, musculoskeletal pain including myalgia, arthralgia, bone pain, fluid retention and oedema, fatigue, weight increased. **Common:** Pancytopenia, febrile neutropenia, anorexia, insomnia, dizziness, paraesthesia, taste disturbance, hypoesthesia, eyelid oedema, lacrimation increased, conjunctival haemorrhage, conjunctivitis, dry eye, blurred vision, flushing, haemorrhage, dyspnoea, epistaxis, cough, flatulence, abdominal distension, gastro-oesophageal reflux, constipation, dry mouth, gastritis, increased hepatic enzymes, pruritus, face oedema, dry skin, erythema, alopecia, night sweats, photosensitivity reaction, joint swelling, weakness, pyrexia, anasarca, chills, rigors, weight decrease. **Uncommon:** Herpes zoster, herpes simplex, nasopharyngitis, pneumonia, sinusitis, cellulitis, upper respiratory tract infection, influenza, urinary tract infection, gastroenteritis, sepsis, thrombocytopenia, lymphopenia, bone marrow depression, eosinophilia, lymphadenopathy, hypokalaemia, increased appetite, hypophosphataemia, decreased appetite, dehydration, gout, hyperuricaemia, hypercalcaemia, hyperglycaemia, hyponaetremia, depression, libido decreased, anxiety, migraine, somnolence, syncope, peripheral neuropathy, memory impairment, sciatica, restless leg syndrome, tremor, cerebral haemorrhage, eye irritation, eye pain, orbital oedema, scleral haemorrhage, retinal haemorrhage, blepharitis, macular oedema, vertigo, tinnitus, hearing loss, palpitations, tachycardia, cardiac failure, congestive pulmonary oedema, hypertension, haematoma, subdural haematoma, peripheral coldness, hypotension, Raynaud's phenomenon, pleural effusion, pharyngolaryngeal pain, pharyngitis, stomatitis, mouth ulceration, eruption, melena, oesophagitis, ascites, gastric ulcer, haematemesis, cheilitis, dysphagia, pancreatitis, hyperbilirubinaemia, hepatitis, jaundice, rash pustular, confusion, sweating increased, urticaria, ecchymosis, increased tendency to bruise, hypotichosis, skin hypopigmentation, dermatitis exfoliative, onychodystrophy, folliculitis, petechiae, purpura, skin hyperpigmentation, bullous eruptions, joint and muscle stiffness, renal pain, haematuria, renal failure acute, urinary frequency increased, gynaecomastia, erectile dysfunction, menorrhagia, menstruation irregular, sexual dysfunction, nipple pain, breast enlargement, scrotal oedema, chest pain, malaise, blood creatinine increased, blood creatine phosphokinase increased, blood lactate dehydrogenase increased, blood alkaline phosphatase increased. **Rare:** Fungal infection, tumour lysis syndrome, haemolytic anaemia, thrombotic microangiopathy, hyperkalaemia, hypomagnesaemia, confusional state, increased intracranial pressure, convulsions, optic neuritis, cataract, glaucoma, papilloedema, arrhythmia, atrial fibrillation, cardiac arrest, myocardial infarction, angina pectoris, pericardial effusion, pleuritic pain, pulmonary fibrosis, pulmonary hypertension, pulmonary haemorrhage, colitis, ileus, inflammatory bowel disease, hepatic failure, hepatic necrosis, acute febrile neutrophilic dermatosis (Sweet's syndrome), nail discoloration, angioneurotic oedema, rash vesicular, erythema multiforme, leucocytoclastic vasculitis, Stevens-Johnson syndrome, acute generalised exanthematous pustulosis (AGEP), muscular weakness, arthritis, rhabdomyolysis/myopathy, haemorrhagic corpus luteum/haemorrhagic ovarian cyst, blood amylase increased. **Not known:** Hepatitis B reactivation, tumour haemorrhage/tumour necrosis, anaphylactic shock, cerebral oedema, vitreous haemorrhage, pericarditis, cardiac tamponade, thrombosis/embolism, acute respiratory failure, interstitial lung disease, ileus/intestinal obstruction, gastrointestinal perforation, diverticulitis, gastric antral vascular ectasia (GAVE), palmo-plantar erythrodysesthesia syndrome, lichenoid keratosis, lichen planus, toxic epidermal necrolysis, drug rash with eosinophilia and systemic symptoms (DRESS), pseudoporphyria, avascular necrosis/hip necrosis, growth retardation in children, renal failure chronic. **Overdose:** In the event of overdose the patient should be observed and appropriate symptomatic treatment given. **Shelf Life and storage:** 2 years. After first opening: 30 days. Store the bottle below 25°C. Store in the original package to protect from light. **Legal Category:** POM. **Pack Size and NHS Price:** 150ml - £833.41. **Marketing Authorisation Number:** PL 00427/0255. **Marketing Authorisation Holder:** Rosemont Pharmaceuticals Ltd, Rosemont House, Yorkdale Industrial Park, Braithwaite Street, Leeds, LS11 9XE, UK. **Date of Preparation:** January 2021. **DTM204 FEBRUARY 2021.**

Rosemont Pharmaceuticals Ltd. Rosemont House, Yorkdale Industrial Park, Braithwaite Street, Leeds LS11 9XE T +44 (0)113 244 1400 F +44 (0)113 245 3567
E infodesk@rosemontpharma.com Sales/Customer Service: T +44 (0)113 244 1999 F +44 (0)113 246 0738 W www.rosemontpharma.com


Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Rosemont Pharmaceuticals Ltd on 0113 244 1400

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Strategy / Policy / Workforce

Radiotherapy errors and near misses – learning opportunities

13:00 **Welcome and introduction**

Session: Strategy / Policy / Workforce and education

13:20 **The All Party Parliamentary Group for Radiotherapy (APPG-RT)**

Dr Patricia Price, Visiting Professor, Imperial College London

13:50 **Medical workforce issues in oncology**

Ms Julie Massey, Head of Radiation Services, The Clatterbridge Cancer Centre NHS Foundation Trust

14:20 **Break / ePoster viewing / Meet the sponsors**

Session: Radiotherapy errors and near misses – learning opportunities

14:50 **National learning opportunities from the RTE**

Ms Helen Best, Senior Clinical Radiotherapy Officer, Medical Exposures Group, Public Health England

15:20 **Learning opportunities from local and national RTE**

Ms Oonagh Maguire and Una McElroy, Quality Assurance Therapeutic Radiographers, Belfast Health and Social Care Trust

15:50 **Using local radiotherapy error analysis to inform training packages**

Ms Alison Sanneh, Principal Educator – Radiotherapy, The Christie NHS Foundation Trust; and Ms Julie Davies, Lead Radiographer, The Christie at Oldham

16:20 **Close of day**

Proffered presentations

13:00 **Welcome and introduction**

13:05 **Assessment of automated radiotherapy plan generation for bladder cancer using the Ethos TPS**

Dr Matthew Bolt, Radiotherapy Physicist, Royal Surrey NHS Foundation Trust

13:35 **Assessing the impact of COVID-19 on head and neck cancer treatment and preparing for the next wave**

Mr Karan Daga, Medical Student, University of Manchester

14:05 **Hypofractionated radiotherapy as a definitive treatment for Basal Cell Carcinoma: A single institution experience**

Dr Shahid Gilani, Doctor, University Hospitals of North Midlands NHS Trust

14:35 **Break / ePoster viewing / Meet the sponsors**

15:05 **A feasibility study of Velocity deformable image registration of planning CT to cone-beam CT for adaptive proton treatment planning of head and neck cancer**

Ms Virginia Marin Anaya, Proton Therapy Physicist, University College London Hospitals NHS Foundation Trust

15:35 **IPEM Guidance on the use of MRI for external beam radiotherapy treatment planning**

Dr Richard Speight, Principal Clinical Scientist ARTNET, St James University Hospital

16:05 **¹⁸F-FDG PET-CT incidental lung findings in asymptomatic confirmed and suspected COVID-19 patients during the pandemic peak**

Ms Alice Bonanomi, Trainee Radiographer, Papa Giovanni XXIII Hospital, Bergamo

16:35 **Close of day**

Hypofractionation and clinical trials

13:00 **Welcome and introduction**

13:05 **Applied radiobiology in radiosurgical techniques, shorter fractionation schedules and proton therapy**

Professor Bleddyn Jones, Professor of Clinical Radiation Biology, University of Oxford

13:35 **Clinical update – FAST and FAST-forward trials**

Dr Duncan Wheatley, Consultant Clinical Oncologist Royal Cornwall Hospital and Director of Research and Innovation Cornwall

14:05 **Break / ePoster viewing / Meet the sponsors**

14:35 **Clinical trials of novel radiotherapy-drug combinations**

Professor Anthony Chalmers, Chair of Clinical Oncology (Clinical Trials Research), University of Glasgow

15:05 **Close of event**

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