



# BIR ANNUAL RADIOTHERAPY AND ONCOLOGY MEETING 2021

17–19 March 2021  
Virtual event



#BIRTO21

RCR CPD accredited

# BIR ANNUAL RADIOTHERAPY AND ONCOLOGY MEETING 2021

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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 11 CPD credits in total:

Day 1 = 3 CPD credits

Day 2 = 3 (AI) and 2 (MRgRT) CPD credits

Day 3 = 3 CPD credits

# BIR ANNUAL RADIOTHERAPY AND ONCOLOGY MEETING 2021

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## ePosters

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



## Headline sessions

### Plenary lecture

Professor Jean Bourhis  
Chief of Radiation Oncology Service  
Lausanne University Hospital (CHUV)  
Wednesday 17 March 13:30



### Plenary lecture

Professor Michael Baumann  
Chairman and Scientific Director  
German Cancer Research Centre  
Thursday 18 March 13:05



### Plenary lecture

Professor Heidi Probst  
Professor of Radiotherapy and Oncology  
Sheffield Hallam University  
Friday 19 March 13:05



# BIR ANNUAL RADIOTHERAPY AND ONCOLOGY MEETING 2021 WELCOMES ITS INDUSTRY PARTNERS

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## 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<sup>®\*</sup>, 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<sup>®</sup> 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](http://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.

## Silver Sponsor



MVision AI is a pioneering SaaS provider for radiotherapy treatment planning. Our AI-powered segmentation tool helps to standardize and automate contouring, including lymph nodes, to streamline workflow in radiotherapy. Our deep learning model produces consistent contouring in minutes while maintaining the highest standards of quality for every patient, every time.



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.



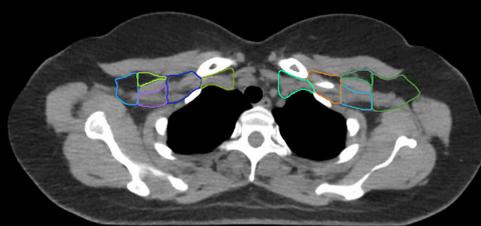
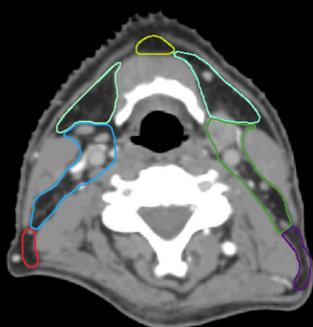
At Terumo Interventional Systems, we constantly work to refine and perfect our products so that physicians can do more. Our QuiremSpheres (Selective Internal Radiation) Holmium Platform delivers a first in SIRT: a comprehensive end-to-end platform for treating unresectable liver tumours.

# MVISION

AI IN MEDICAL IMAGING

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Our AI-powered Segmentation Service helps to standardise and automate contouring to streamline workflow in radiotherapy. The GDPR compliant deep learning model produces consistent contouring in minutes while maintaining **the highest standards of quality for every patient, every time.**

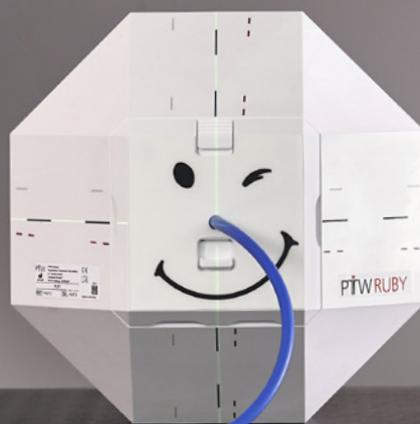


MVision's CE marked automatic segmentation modules cover all major cancer sites as well as **lymph nodes.**

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# 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 (bcr-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/m<sup>2</sup> 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/m<sup>2</sup> 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 levothyroxine. 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 ure 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.**

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

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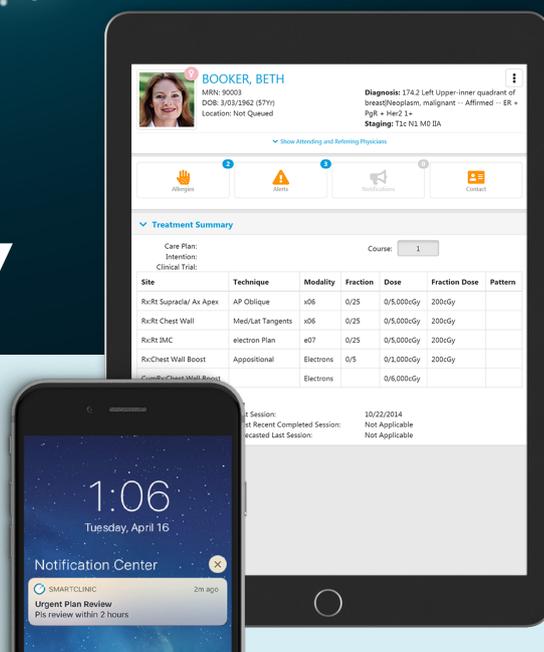
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# Wednesday 17 March

## Particle therapy Manufacturer session

13:00 **Welcome and introduction**

13:30 **Plenary session: 'Flash radiotherapy'**

Professor Jean Bourhis, Chief of Radiation Oncology Services, Lausanne University Hospital (CHUV)

14:30 **Break / ePoster viewing / Meet the sponsors**

15:00 **PBT trials in the UK – a systematic approach to evaluation**

Professor Christopher Nutting, Professor of Radiation Oncology, The Institute of Cancer Research, London

15:30 **More than 100 patients treated with carbon ions at MedAustron – time to reflect on the initial experience**

Professor Markus Stock, Head of Medical Physics, MedAustron

16:00 **Proton beam therapy for head and neck SCC**

Dr Andrew McPartlin, Consultant Clinical Oncologist, The Christie NHS Foundation Trust

16:30 **Break / ePoster viewing / Meet the sponsors**

### Session: Manufacturer

17:00 **Elekta's clinical strategy for Linacs**

John P Christodouleas, SVP of Medical Affairs and Clinical Research Linac-Based Radiotherapy, Elekta



17:15 **AI automated organs at risk contouring for Radiotherapy**

Mr Hasan Jouni, Business Development Manager – Digital Health Services, Siemens Healthineers



17:30 **Close of day**

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# 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.

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**ADVANCING  
CANCER  
TREATMENT**



# Thursday 18 March

Artificial intelligence / Machine learning / Big data

Manufacturer session

MRgRT

13:00 **Welcome and introduction**

13:05 **Plenary session: 'Radiation oncology in the era of personalised medicine'**  
Professor Michael Baumann, Chairman and Scientific Director, German Cancer Research Centre

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

## Session: Artificial intelligence / Machine learning / Big data

14:30 **AI for radiation oncology**  
Dr Kenji Takeda, Director of Health and AI Partnerships (Academic), Microsoft Research

15:00 **Real world data research opportunities and experience**  
Dr Gareth Price, Clinical Scientist, The Christie NHS Foundation Trust

15:30 **(Imaging) biomarker-driven strategies for a new hypoxia-activated prodrug CP-506**  
Professor Philippe Lambin, Head of Department of Radiation Oncology, Maastricht University

16:00 **Break / ePoster viewing / Meet the sponsors**

## Session: Manufacturer

16:30 **SunCHECK – the power of a radiotherapy QA platform**  
Mr Adrian Fleet, Clinical Application Specialist, Sun Nuclear



16:45 **Machine learning in RayStation**  
Fredrik Löfman, Head of Machine Learning, RaySearch Laboratories



## Session: MRgRT

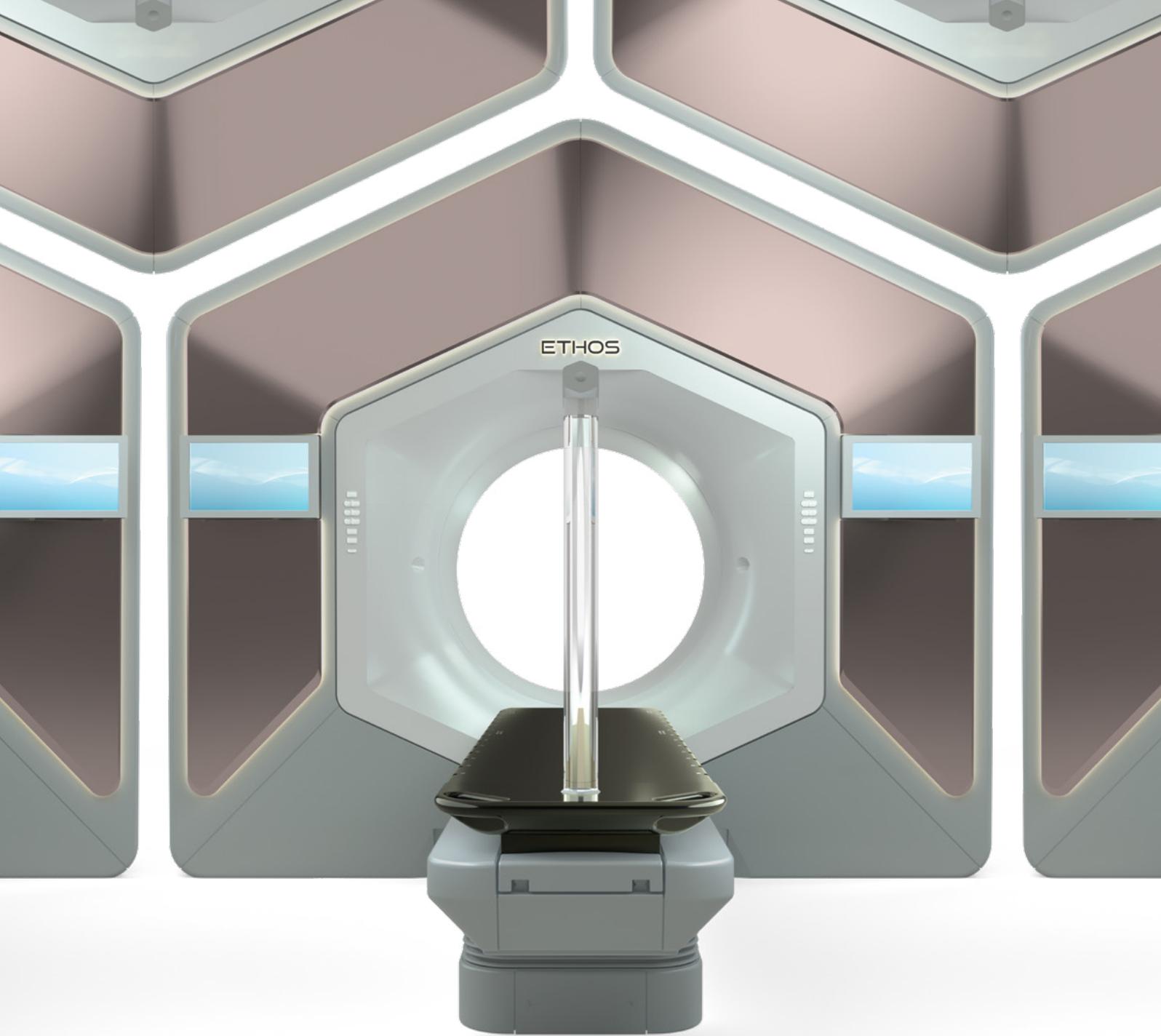
18:25 **Welcome and introduction**

18:30 **MRgRT – the radiographers perspective**  
Dr Helen McNair, Lead Research Radiographer, The Royal Marsden NHS Foundation Trust

19:00 **MR guidance in mainstream radiotherapy – clinician's perspective**  
Dr Charles Kelly, Clinical Oncologist, Northern Centre for Cancer Care

19:30 **MRgRT – the physics perspective**  
Professor Marcel van Herk, Chair in Radiotherapy Physics, University of Manchester

20:00 **Close of day**



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## Adaptive therapy

### Manufacturer session

13:00 **Welcome and introduction**

13:05 **Plenary session: 'Why patient experience matters: Insights from research in radiotherapy and oncology'**

Professor Heidi Probst, Professor of Radiotherapy and Oncology, Sheffield Hallam University

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

#### Session: Adaptive therapy

14:30 **The RAIDER Trial – plan-of-the-day for bladder patients**

Professor Robert Huddart, Lead of Clinical Academic Radiotherapy and Chief Investigator of RAIDER Trial, Institute of Cancer Research

15:00 **Online adaptive treatments for pelvic tumours using CBCT – experience from Herlev Hospital**

Lina Andersson, PhD Student, Technical University of Denmark (Herlev Hospital)

15:30 **Clinical applications of adaptive radiotherapy based on CBCT**

Miriam Eckl, Department of Radiotherapy and Radiation Oncology, University Medical Centre Mannheim

16:00 **Break / ePoster viewing / Meet the sponsors**

#### Session: Manufacturer session

16:30 **Adaptive radiotherapy using an integrated Varian solution**

Ms Rebecca Lynn, Sales Specialist, Varian

**varian**

17:00 **Close of event**

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