



ESTRO  
**35**

29 April - 3 May 2016  
Turin, Italy

**FINAL ANNOUNCEMENT**



[WWW.ESTRO.ORG](http://WWW.ESTRO.ORG)

 **ESTRO**  
European Society for  
RADIOTHERAPY  
& ONCOLOGY

## DEADLINES

ESTRO and Company Awards: **16 October 2015**

Abstract submission: **19 October 2015**

Late breaking abstract submission: **31 January 2016**

Early registration: **20 January 2016**

Late registration: **29 March 2016**

Desk registration: **as of 30 March 2016**

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# TABLE OF CONTENTS

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<b>WELCOME LETTERS</b>	<b>4</b>
<b>SCIENTIFIC AND ORGANISING COMMITTEES</b>	<b>6</b>
<b>PRE-MEETING COURSES</b>	<b>8</b>
<i>Clinical Pre-Meeting Course   8</i>	
<i>Physics Pre-Meeting Course   9</i>	
<i>Radiobiology Pre-Meeting Course   10</i>	
<i>RTT Pre-Meeting Course   11</i>	
<i>Interdisciplinary Pre-Meeting Course   12</i>	
<b>CONTOURING WORKSHOPS</b>	<b>13</b>
<b>CALL FOR ABSTRACTS</b>	<b>14</b>
<b>SCIENTIFIC PROGRAMME</b>	<b>22</b>
<i>Saturday 30 April 2016   22</i>	
<i>Sunday 1 May 2016   24</i>	
<i>Monday 2 May 2016   26</i>	
<i>Tuesday 3 May 2016   28</i>	
<b>ESTRO FINANCIAL SUPPORT AND AWARDS</b>	<b>30</b>
<b>COMPANY FINANCIAL SUPPORT AND AWARDS</b>	<b>32</b>
<b>GENERAL INFORMATION</b>	<b>34</b>
<b>REGISTRATION</b>	<b>37</b>
<b>2016 ESTRO CANCER CENTRES PAVILION</b>	<b>39</b>
<b>SUPER RUN</b>	<b>40</b>
<b>LINGOTTO FIERE, TURIN: AN ICONIC PLACE</b>	<b>42</b>
<b>ESTRO MEMBERSHIP</b>	<b>44</b>

# WELCOME LETTER

It is our privilege and great pleasure to invite you to ESTRO 35 that will take place from 29 April to 3 May 2016 in Turin, Italy.

ESTRO is an interdisciplinary society where radiation oncologists, medical physicists, biologists, brachytherapists and radiation therapists aspire to join forces with other organisations in the oncology field that share ESTRO's vision of excellence in cancer treatment. At ESTRO 35, we draw attention to the multidisciplinary and interdisciplinary components of our practice, with emphasis on the new opportunities that they represent for all professionals of oncology, not only in research but also in the daily care of patients.

The interdisciplinary component of the scientific programme will include sessions on the following topics:

- Adaptive radiotherapy for coping with anatomical variations: hope or hype?
- Adaptive radiotherapy based on functional / biological imaging / ART head and neck
- Dose painting
- Long term toxicity / cardiovascular
- How to select the right patients for proton therapy and collaborate in Europe?
- Protons or heavy ions?
- Quality beyond accuracy: are we failing to see the forest for the trees?
- Safety, standardisation, automatisisation
- Hybrid imaging / MR-PET
- Combination radiotherapy and targeted agents
- Secondary cancer induction
- Quality assurance in clinical trials
- Hot topics in SBRT
- Radiomics
- Radiotherapy resistance, new concepts
- Personalised medicine
- Health Economics in Radiation Oncology (HERO)
- Communications with media / patients
- Advisory Committee on Radiation Oncology Practice (ACROP)
- Debate: In 2020 every patient will be treated with hypo-fractionation.

The multidisciplinary component of our profession will be highlighted in several joint sessions with other European and international oncology societies. The Scientific Programme Committee (SPC) and Scientific Advisory Groups of ESTRO 35 are hard at work to develop the multidisciplinary component of the scientific programme.

The educational aspects of ESTRO 35 will include pre-meeting courses, contouring workshops and multidisciplinary tumour board sessions.

As in previous conferences, ESTRO 35 will offer a Young Scientists Track. This track is fully organised by our young members and it enables them to meet young colleagues, share common interests, network and start to build their own collaborative projects at an international level.

Last but not least, the ESTRO annual meeting has developed into a successful scientific event due to high level contributions via abstract submissions. The Scientific Programme Committee is committed to offering large visibility to promising abstracts by including them in the scientific symposia or via dedicated poster viewing sessions. We therefore strongly encourage you to take note of the abstract submission deadline and to send your abstracts in due time.



All of the leading industry partners will contribute to ESTRO 35, Europe's largest industrial exhibition in radiation oncology, offering the opportunity to view the latest products and services in cancer treatment and cancer care.

Stay tuned for more information coming soon. We look forward to welcoming you in Turin.

With warm regards,



Philip Poortmans  
*ESTRO 35 Chair*



Yolande Lievens  
*ESTRO 35 SPC Chair*



Ben Heijmen  
*ESTRO 35 SPC Chair*

# SCIENTIFIC AND ORGANISING COMMITTEES

## CHAIR OF THE CONGRESS

P. Poortmans (NL)

## ESTRO 35 SCIENTIFIC PROGRAMME COMMITTEE (SPC)

**Chairs** Y. Lievens (BE), B. Heijmen (NL)

**Members** M. Baumann (DE), J-E Bibault (FR), A. Boejen (DK), A. Chalmers (UK), C. Fiorino (IT), D. Georg (AT), J. Kazmierska (PL), J.C. Lindegaard (DK), C. Marijnen (NL), M. Mast (NL), L. Muren (DK), U. Ricardi (IT), M. Stasi (IT), V. Valentini (IT), W. van Elmpt (NL), C. Vens (NL), D. Zips (DE).

## SCIENTIFIC ADVISORY GROUP (SAG) OF YOUNG ESTRO MEMBERS

**Chairs** J-E Bibault (FR), W. van Elmpt (NL)

**Members** P. Blanchard (FR), P. Mancosu (IT), R. Mazon (FR), L. Mullaney (IE), O. Person (IL), K. Rouschop (NL), M. Schmid (AT), T. Schuffenhauer (DE), E. Sterpin (BE).

## SCIENTIFIC ADVISORY GROUP (SAG) FOR CLINICAL RADIOTHERAPY

**Chair** Y. Lievens (BE)

**Members** I. Barillot (FR), A. Bossi (FR), J. Bourhis (CH), K. Bujko (PL), N. Burnet (UK), C. Faivre-Finn (UK), K. Haustermans (BE), M. Hoyer (DK), J. Kazmierska (PL), A. Kirby (UK), P. Lara (ES), C. Marijnen (NL), A.H. Ree (NO), V. Valentini (IT), D. Zips (DE).

## SCIENTIFIC ADVISORY GROUP (SAG) FOR RADIATION PHYSICS

**Chair** B. Heijmen (NL)

**Members** M. Aznar (DK), C. Clark (UK), M. do Carmo Lopes (PT), C. Fiorino (IT), D. Georg (AT), N. Jornet (ES), B. McClean (IE), G. Meijer (NL), L. Muren (DK), U. Oelfke (UK), M. Schwarz (IT), K. Tanderup (DK), D. Thorwarth (DE), U. van der Heide (NL), P. van Luijk (NL), D. Verellen (BE).





### SCIENTIFIC ADVISORY GROUP (SAG) FOR BRACHYTHERAPY

**Chair** J.C. Lindegaard (DK)

**Members** D. Baltas (DE), P. Hoskin (UK), C. Kirisits (AT), R. Nout (NL), P. Papagiannis (GR), B. Pieters (NL), C. Polgár (HU), J. Skowronek (PL), K. Tanderup (DK).

### SCIENTIFIC ADVISORY GROUP (SAG) FOR RADIOBIOLOGY

**Chair** C. Vens (NL)

**Members** J. Alsner (DK), A. Chalmers (UK), R. Coppes (NL), N. Cordes (DE), A. Kiltie (UK), H. Lyng (NO), F. Paris (FR), R. Syljuåsen (NO), P. Tsoutsou (GR), M-C. Vozenin (CH), B. Wouters (CA).

### SCIENTIFIC ADVISORY GROUP (SAG) FOR RADIATION TECHNOLOGY

**Chair** A. Boejen (DK)

**Members** B. Bak (PL), E. Bloemen-van Gurp (NL), M. Coffey (IE), M. Leech (IE), M. Mast (NL), F. Moura (PT), A. Osztafvics (AT), D. Pasini (IT), P. Scherer (AT), B. Speleers (BE), A. Vaandering (BE).

### SCIENTIFIC ADVISORY GROUP (SAG) FOR RANDOMISED TRIALS

**Chairs** Y. Lievens (BE), D. Zips (DE)

**Members** W. Budach (DE), E. Deutsch (FR), V. Grégoire (BE), J. Johansen (DK), P. Maingon (FR), C. Nutting (UK), H. Schmidberger (DE), M. Verheij (NL).

### NATIONAL ORGANISING COMMITTEE

**Chairs** U. Ricardi (Turin), M. Stasi (Turin)

**Members** F. Alongi (Negrar), L. Begnozzi (Rome), G. Biti (Florence), S. Clemente (Rionero in Vulture), R. Corvó (Genoa), C. Fiandra (Turin), C. Fiorino (Milan), M. Iori (Reggio Emilia), L. Livi (Florence), S. Magrini (Brescia), R. Maurizi Enrici (Rome), R. Orecchia (Milan), D. Pasini (Rome), N. Romeo (Taormina), E. Russi (Cuneo), V. Valentini (Rome).



# PRE-MEETING COURSES

## CLINICAL PRE-MEETING COURSE

*Re-irradiation: background, state-of-the-art and perspectives*

**FRIDAY 29 APRIL 2016**

**Course directors:** N. Burnet (UK) and V. Valentini (IT)

### COURSE AIM

To provide an update on background, state-of-the-art and perspectives of re-irradiation in clinical practice.

### LEARNING OBJECTIVES

- To assess the clinical effectiveness of re-irradiation in the different tumour sites
- To understand the radiobiology and clinical background in tumour and normal tissue re-irradiation
- To identify patient and tumour characteristics helping to select tailored re-irradiation strategy
- To explain how biomarkers and concomitant therapies may (or may not) improve treatment stratification and outcomes
- To understand the role of modern technology in re-irradiation approaches
- To compare and understand limitations of alternative treatments compared to re-irradiation.

### WHO SHOULD ATTEND?

Radiation oncologists, senior residents and radiobiologists who are interested in learning and improving their knowledge in re-irradiation background, state-of-the-art and perspectives.

### CONTENT

#### Session 1: Background

- Normal tissue tolerance constrains to re-irradiation
- The issue of volumes, fractionation and total dose in the perspective of modern radiotherapy
- Possibility to increase therapeutic ratio with sensitisers, cytotoxic drugs, targeted agents, hyperthermia.

#### Session 2: State-of-the-art in:

- Brain tumours
- Head and neck cancer
- Breast cancer.

#### Session 3: State-of-the-art in:

- Prostate cancer
- Rectal cancer
- Bone metastases.

#### Session 4: New perspectives

- Re-irradiation and modern imaging
- Re-irradiation and modern planning
- Re-irradiation and new beams
- Recommendation for the practice when you will be back in your hospital.





## PHYSICS PRE-MEETING COURSE

### *Multidimensional dosimetry systems*

**FRIDAY 29 APRIL 2016**

**Course directors:** D. Georg (AT) and J. van de Kamer (NL)

#### **COURSE AIM**

Dosimetry has always played a major role in the safe implementation of new treatment techniques and technologies (e.g. IMRT, VMAT, IMPT) and will continue to do so for upcoming and emerging treatment concepts (e.g. adaptive radiotherapy, dose painting and irradiation with MR linac hybrid systems). The course aim is to review existing and address future detectors for multidimensional and time resolved dosimetry including the underlying physical or chemical principle. The participants will learn the advantages and limitations, including uncertainties, of various systems when used in realistic, modulated dose distributions. Additionally, the participants will be provided with insight in the complexity of dosimetric comparisons.

#### **LEARNING OBJECTIVES**

Upon completion of the course, successful learners will be able to:

- Gain insight into principles of radiation detection
- Understand advantages and drawbacks of existing dosimetric systems
- Appreciate the importance of detector calibration and uncertainty analysis
- Assess current standards in multidimensional and time resolved dosimetry
- Assess needs and latest dosimetric developments for upcoming dose delivery techniques
- Understand the concepts of dosimetric analysis and comparison
- Appreciate the role of experimental dosimetric procedures in patient specific QA of treatment plans.

#### **WHO SHOULD ATTEND?**

The target group consists of medical physicists, medical physics assistants, dosimetrists and researchers who are interested in improving their knowledge of multidimensional dosimetric systems, their operational principles and their utilisation, including advantages and drawbacks and principles of dosimetric analysis. Although the course will also be of interest to graduate or senior scientists undertaking research related to dosimetry, research or scientific experience is not required.

#### **CONTENT**

- 2D and 3D detectors for absorbed dose measurements (e.g. radiochromic films, arrays, EPID, scintillators, transmission detectors, gels, phantoms...)
- Emerging detectors multidimensional and/or time resolved dosimetry (e.g. deformable silicon dosimeter, scintillator detectors, calibration...)
- General aspects of (solid) phantoms supporting multidimensional dosimetry
- Detectors and phantoms for 4D/time resolved dosimetry
- Dosimetric aspects in magnetic fields
- Dosimetry for charged particle therapy
- Analysis of multidimensional dosimetric information
- Rationale, procedures and analysis of dosimetric patient specific pre-treatment QA.

## RADIOBIOLOGY PRE-MEETING COURSE

*Clinical application of new combinations: how to test and optimise novel biological agents in combination with radiotherapy*

**FRIDAY 29 APRIL 2016**

**Course directors:** A. Chalmers (UK) and D. Zips (DE)

### **COURSE AIM**

Enable participants to understand the scientific and methodological principles associated with pre-clinical and clinical development of novel combinations of biological agents with radiotherapy, and raise awareness of key challenges as well as controversies in this rapidly evolving field.

### **LEARNING OBJECTIVES**

- To understand the range of current and emerging molecular targets, and the scientific rationale for combining radiotherapy with agents that act on these targets
- To appreciate the extent and quality of pre-clinical evaluation that is required before new agents can be safely and effectively combined with radiotherapy in the clinic
- To understand the principles of clinical trial methodology that are relevant to early phase testing of novel radiotherapy-drug combinations
- To become familiar with the concepts of patient selection and 'umbrella' trials in the context of radiotherapy-drug combinations
- To acquire a basic understanding of how imaging and molecular biomarkers can increase the value of clinical trials of novel radiotherapy-drug combinations.

### **WHO SHOULD ATTEND?**

1. Radiation oncologists, particularly those in the early stage of their career, who are keen to understand how the new generation of biological agents might be used to enhance radiotherapy outcomes
2. Radiation biologists seeking information on how to maximise the clinical impact of their scientific discoveries
3. Radiation physicists and radiation therapists (RTTs) looking for an overview and update of recent and ongoing developments in the field of radiotherapy-drug combinations

### **CONTENT**

- Introduction and overview
- Current/emerging/rational targets
- Requirements for pre-clinical models and evaluation: *in vitro*, early *in vivo*, advanced *in vivo*
- Clinical trial design methodology: phase I, dose selection and dose escalation, umbrella and biomarker driven trials
- Biomarkers: molecular and imaging, patient selection, early response, predictive
- Lessons learned: examples from ongoing trials.

## RTT PRE-MEETING COURSE

### *Contouring of organs at risk: theory and practice*

**FRIDAY 29 APRIL 2016**

**Course directors:** M. Leech (IE) and D. Pasini (IT)

#### **COURSE AIM**

Sparing of critical normal structures in radiotherapy remains an important topic in the era of novel delivery techniques. Reports such as QUANTEC and those from the RTOG have summarised the scientific evidence of many studies relating to the dose tolerance of the main OAR and also remark on the importance of normal tissue delineation, considering both anatomical and functional aspects.

In order to achieve the best level of accuracy in the delineation of OAR we need to improve knowledge of the anatomical limits of selected structures. It is also important to become familiar with contouring on different imaging modalities implemented in treatment planning systems, without neglecting the organ dose-volume tolerance.

This course will specifically focus on the anatomical definition of normal structures in the head and neck, thorax and pelvis.

#### **LEARNING OBJECTIVES**

On completion of this course, participants will be able to:

- Appreciate the role of contouring and evidence-based concepts in treatment planning
- Assess anatomical limits and evidence-based dose constraints of the selected structures
- Conduct OAR contouring in the thorax, pelvis and head and neck regions
- Critically evaluate their own daily clinical practice in accordance with the evidence.

#### **WHO SHOULD ATTEND?**

The course is primarily for radiation therapists (RTTs) involved in contouring, virtual simulation and treatment planning as well as radiation oncologists and physicists in training.

#### **CONTENT**

- A theoretical component for each site: this will consist of a lecture overview by a radiation oncologist on the delineation of some selected organs at risk in accordance with evidence-based recommendations.
- This will be followed by a practical session in which the participants will apply this theory to practice with the support of the faculty. They will be asked to contour structures on FALCON\*, an e-learning software tool based on ESTRO's Educase platform. Participants will be required to bring their own laptop for the contouring exercise on site.
- In preparation for the course and to ensure optimal learning, the participants will be asked to use the FALCON platform at home to practice with the tools, adhering to the user guide that will be sent in advance.



\* Fellowship in Anatomic DeLineation and CONtouring

## INTERDISCIPLINARY PRE-MEETING COURSE

### *Planning and delivering high-dose lung radiotherapy in clinical practice*

**FRIDAY 29 APRIL 2016**

**Course directors:** D. De Ruysscher (BE) and M. Schwarz (IT)

#### **COURSE AIM**

The improvement of lung radiotherapy is clinically needed as much as it is technically non-trivial. Several tools are available for imaging, planning and treatment delivery that can help achieve better treatments, as long as their use is guided by both a clear clinical perspective and an understanding of their possibilities and limitations.

The aim of the course is to identify bottlenecks and challenges in the optimal planning and execution of high-dose radiotherapy in lung cancer in daily practice and to discuss/propose solutions. At the same time, technical evolutions that will become available in the coming years will be discussed.

The course will leave plenty of time for interactions between the participants and the teachers.

#### **LEARNING OBJECTIVES**

Upon completion of the course, participants should be able to:

- Know the current status of lung radiotherapy in terms of clinical results, prescription doses to the tumour and dose tolerance for the normal tissues
- Gain insight for revisiting their clinical practice concerning the whole treatment process of lung cancer patients
- Describe technical solutions for target delineation, treatment planning and motion management in lung cancer treatment
- Describe technical and clinical solutions for image guidance with cone-beam CT and adaptation in routine practice
- Describe at least a few future technical developments in radiotherapy of the lung.

#### **WHO SHOULD ATTEND?**

The target group consists of radiation oncologists, medical physicists and experienced radiation therapists (RTTs), who are interested in discussing and revisiting their knowledge and clinical practice in lung cancer treatment.

#### **CONTENT**

- How to deal with anatomical and molecular imaging in planning
- Optimal delineation of GTV, CTV and OARs and the possible role of automatic contouring and atlases
- How to handle motion of the tumour and lymph nodes in preparation, planning and delivery
- Plan optimisation and dose calculation of high-dose treatments
- 3D and 4D CBCT matching in daily practice
- How to make adaptive schemes reality?
- Future perspectives
  - Particle therapy
  - Radiomics and genomics integration: feasible or a day dream?

# CONTOURING WORKSHOPS



FALCON (Fellowship in Anatomic DeLineation and CONtouring) is the multifunctional ESTRO platform for contouring and delineation. Eight such workshops have been planned for ESTRO 35.

## PROGRAMME

- Spine SBRT (NEW): Friday 29 April 2016 from 08:00-10:00 (repeated Saturday 30 April from 14:30-16:30)
- OAR for the upper abdomen: Friday 29 April 2016 from 10:30-12:30 (repeated Sunday 1 May from 14:30-16:30)
- Anal canal (NEW): Friday 29 April 2016 from 13:30-15:30 (repeated Monday 2 May from 14:30-16:30)
- Prostate cancer in the post-prostatectomy setting: Friday 29 April 2016 from 16:00-18:00 (repeated Tuesday 3 May from 08:30-10:30).

## TARGET AUDIENCE

The delineation workshops are aimed at all radiation oncology professionals who want to improve their contouring skills. Three types of cases are dedicated to radiation oncologists: a common case, a rare case and a more advanced case. The OAR case is especially targeted to radiation therapists (RTTs) and dosimetrists.

## STRUCTURE OF THE WORKSHOPS

- Presentation of the clinical case and the delineation exercise
- Explanation of the contouring software
- 20 minutes for the first delineation on site
- Presentation of the delineation guidelines
- 20 minutes for the second delineation on site
- Discussion between experts and participants.

## PRACTICAL ARRANGEMENTS

- Participants should bring their own laptops
- Wifi and wired connection will be available
- Participants will be limited to 40 per workshop to keep a strong interactivity in the group.

## ABOUT FALCON

FALCON workshops have been organised at ESTRO congresses since 2010 and have been growing steadily in popularity. Attending a FALCON workshop offers the opportunity for individual professionals to:

- Validate their contouring practice during live workshops by comparing them with those from experts and other participants
- Learn the indications proposed by the experts that coordinate the workshops
- Discuss with other participants, experts and panellists
- Communicate and use the delineation guidelines in order to further integrate them into daily practice.

## COUNTOURING WORKSHOP FEES

	Initial Workshop	Additional Workshop
Student*/In Training Member**	75 €	25 €
Member	100 €	40 €
Non Member	150 €	50 €

\*To register as a student you should send a copy of your valid student card to [events@estro.org](mailto:events@estro.org) before registering. Institute letters are not accepted.

\*\*Members with specialty RTT may register at the In-training fee.

# CALL FOR ABSTRACTS

## GUIDELINES FOR SUBMISSION OF ABSTRACTS

ABSTRACT SUBMISSION DEADLINE: 19 OCTOBER 2015 (MIDNIGHT CET)

### GENERAL INSTRUCTIONS

Abstracts must be submitted on-line on the ESTRO website at: [www.estro.org](http://www.estro.org). For questions regarding the on-line submission process, please e-mail [abstracts@estro.org](mailto:abstracts@estro.org).

### REGULATIONS

With the submission of an abstract for ESTRO 35, the first (presenting) author:

- Accepts responsibility for the accuracy of the abstract and ascertains that all authors are aware of the content before submission.
- Accepts to be the contact person for all correspondence related to the abstract and to inform the co-authors about its status.
- Accepts to identify any financial interest in products or processes described in the abstract. This includes stock ownership, membership on any advisory boards, commercially sponsored research or any other substantial relationships.
- Certifies that the information to be reported is for exclusive presentation in the session to which the abstract will be assigned if accepted and that the information will not be presented as such at any commercially sponsored satellite symposia during the conference.

Abstracts must be submitted and presented at the conference in English. The Scientific Committee reserves the right to reject an abstract written in poor English.

Abstracts will be anonymised before review to ensure fairness and eliminate possible bias. Therefore it is **strictly forbidden** to include the authors' names or institutions in the body of the abstracts. Submitted abstracts that include such references may be penalised by the Abstract Reviewing Committee.

### ABSTRACT FORMAT

- **Track:** choose a track keeping in mind that:
  - Abstracts submitted under the **Clinical track** are reviewed by clinicians and considered for the clinical track of ESTRO 35.
  - Abstracts submitted under the **Physics track** are reviewed by physicists and considered for the physics track of ESTRO 35.

- Abstracts submitted under the **Radiobiology track** are reviewed by radiobiologists and considered for the radiobiology track of ESTRO 35.
- Abstracts submitted under the **Brachytherapy track** are reviewed by brachytherapists and considered for the GEC-ESTRO brachytherapy track of ESTRO 35.
- Abstracts submitted under the **RTT track** are reviewed by radiation therapists (RTTs) and considered for the RTT track of ESTRO 35.

**It is extremely important that you submit your abstract under the correct track. Submitting under the wrong track will result in your abstract being sent to the wrong experts for review and being scored low as a consequence.**

- **Topic category:** choose the topic category that refers to the main subject of the abstract. The Scientific Committee reserves the right to re-categorise the abstract.
- **Keywords:** authors are required to select a keyword from a pre-defined menu. **The list of keywords corresponding to each topic category indicated in the table (next pages) can be a useful guide to determine the most appropriate topic category under which to submit the abstract.** When submitting your abstract only one keyword can be selected from the pre-defined keywords.
- **Presentation preference:** authors should indicate the presentation preference (oral, poster or no preference). Please note that the final decision on the presentation format rests with the Scientific Committee.
- **Title:** abstract titles should be brief and reflect the content of the abstract. The title (maximum 100 characters) is important since it focuses attention (it is the "showcase" for the presentation). Do not use capital letters in the title except for words that are always capitalised and do not use non-standard abbreviations.
- **Body of the abstract:** abstracts should be structured in such a way as to include (1) Purpose/Objective; (2) Material/methods; (3) Results; (4) Conclusion.
- **The use of standard abbreviations** is desirable. A special or unusual abbreviation must be placed (in round brackets) after the first appearance of the word for which it stands.



- **Word count:** the on-line abstract submission procedure will not accept abstracts that exceed 2,500 characters (body of the abstract, excluding spaces).
- **Table and image:** authors may include one data table in the body of the abstract in JPG format (this is not included in the number of characters) and one image in JPG format. The maximum file size of each image should be 500 KB. The maximum pixel size of the image is 600(w) x 800(h) pixel.
- **Equations** can be inserted in the text as images (only JPG format).

### ABSTRACT SELECTION PROCESS

Abstracts submitted for presentation will be reviewed by an international panel of experts in the field of the subject. Abstract review criteria are based on clarity, supporting data, scientific rigour, potential significance, interest in the topic chosen and innovation or usefulness. Research obviously not yet performed and results not yet obtained will be banned.

Abstracts will be selected for one of the following presentation formats:

- Oral presentation: the abstract is selected for oral presentation at any of the proffered paper sessions.
- Poster presentation: abstracts that have been selected for presentation in a poster format. The posters are grouped by topic and are displayed throughout the meeting. Only a limited number of abstracts will be selected for poster presentation.
- E-poster: abstracts are available for viewing in electronic format in special stations available at the conference venue.

### WITHDRAWAL OF AN ABSTRACT

- To withdraw your abstract you should send an email to [abstracts@estro.org](mailto:abstracts@estro.org)
- Abstracts submitted for ESTRO 35 can be withdrawn until **9 December 2015**. After this date, withdrawal of abstracts is no longer possible.
- Abstracts selected for oral/poster presentation should be presented at the meeting. If the first (presenting) author cannot attend the conference, he/she should assign a replacement and inform the ESTRO office of the replacement as soon as possible.

**Notification of outcome of abstract submission will be sent by email by end December 2015.**

### LATE BREAKING ABSTRACTS

- The work and/or update must be novel, ground-breaking, of high significance, evidence-based and with scientific merit.
- The work and/or update must be original and not previously have been published or presented at any other scientific meeting.
- The abstract must present timely findings which were not available at the time of the deadline (19 October 2015). The late breaking abstract deadline is not intended to be a second deadline for abstract submissions.
- A limited number of late-breaking abstracts will be accepted.
- Submissions will be accepted for oral presentation only.
- The deadline for late-breaking abstracts is 31 January 2016.

**TOPICS**

**KEYWORDS (APPLIES TO ALL TOPICS)**

CLINICAL	
Head and neck	Stereotactic radiotherapy
CNS	Intraoperative radiotherapy
Haematology	Brachytherapy
Breast	3D conformal
Lung	IMRT
Upper GI (oesophagus, stomach, pancreas, liver)	IGRT
Lower GI (colon, rectum, anus)	Functional imaging
Gynaecological (endometrium, cervix, vagina, vulva)	MRI guidance
Prostate	Delineation
Urology-non-prostate	Targeted therapy
Skin cancer/ malignant melanoma	Chemoradiotherapy
Sarcoma	Altered fractionation
Paediatric tumours	Dose escalation
Palliation	Particle therapy
Elderly	Normal tissue
Health services research / health economics	Aetiology
Communication	Personalised medicine
Other	Symptom control
	Shared decision making
	Quality of life
	Cost-effectiveness
	Cost/reimbursement
	Randomised controlled trial
	Guideline
	Patterns of care
	Other

**TOPICS**

**KEYWORDS**

PHYSICS	
Basic dosimetry and phantom and detector development	Dosimetry protocols
	Dosimetry fundamentals
	New detectors
	New phantoms
	Particle therapy
	Time resolved dosimetry
	Other
Dose measurement and dose calculation	Validation of dose calculation
	Characterisation of treatment equipment
	QA of treatment units/sources
	New dose calculation algorithms
	<i>In vivo</i> dose measurement
	Pre-treatment verification
	Other



Radiation protection and low dose (incl. imaging)	Shielding calculations
	Dose monitoring
	Incidents and accidents
	Out-of-field dosimetry
	Imaging dose
	Particle therapy
	Other
Treatment plan optimisation: algorithms	VMAT
	IMRT
	Protons
	Ions
	Beam angle optimisation
	Automated planning
	Robust planning
	Real-time planning
	Optimisation for dose painting
	Radiobiological optimisation
	Particle therapy
	Other
Treatment planning: applications	4D planning
	New treatment techniques
	Treatment technique comparison
	Radiobiological planning
	Particle therapy
	Other
(Radio)biological modelling	Outcome prediction
	Normal tissue complication probability models
	Tumour control models
	Data-mining and method for variable selection
	Multi-variable predictive models
	Modelling of hypo-fractionation particle therapy
	Other
Intra-fraction motion management	Immobilisation and positioning systems
	In room imaging/monitoring
	Motion prediction algorithms
	Gating
	Tracking
	Breathhold
	Particle therapy
	Other

Inter-fraction motion management (excl. adaptive radiotherapy)	Immobilisation and positioning systems
	In room imaging/monitoring (EPID, CBCT, US...)
	Correction protocols
	Margins
	Particle therapy
Adaptive radiotherapy for inter-fraction motion management	Other
	Clinical application
	Novel strategies
	Simulation of clinical impact
	Dose accumulation
CT Imaging for treatment preparation	Particle therapy
	Other
	4DCT
	Dual energy CT
(Quantitative) functional and biological imaging	Synthetic CT
	Other
	Pre-treatment imaging
	Use for dose painting
	Use for ART
	Response assessment and prediction
Images and analyses	Validation
	QA and technical aspects
	Other
	(Deformable) image registration
	Automatic contouring
	Contour propagation
Implementation of new technology, techniques, clinical protocols or trials (incl. QA & audit)	Geometrical accuracy
	Image quality
	Other
	Treatment units
	Treatment techniques
Professional and educational issues	Imaging equipment
	Risk and quality management
	Audits
	Other
	Application of EU directives
Professional and educational issues	Continuing professional education methodology
	Staffing levels
	Networks
	Other

## TOPICS

## KEYWORDS

## BRACHYTHERAPY

Brachytherapy: Breast

Indications  
Clinical outcome  
Complications  
Image guidance  
Other

Brachytherapy: Gynaecology

Cervix  
Endometrium  
Vulva  
Vagina  
Clinical outcome  
Complications  
Image guidance  
Other

Brachytherapy: Head and neck

Oral cavity  
Hypopharynx  
Clinical outcome  
Complications  
Image guidance  
Other

Brachytherapy: Physics

Dosimetry  
Quality assurance  
Dose measurement  
Image guidance  
Dose planning  
Treatment verification  
Other

Brachytherapy: Prostate

Indications  
Clinical outcome  
Complications  
Image guidance  
Other

Brachytherapy: Anorectal

Indications  
Clinical outcome  
Complications  
Image guidance  
Contact brachytherapy  
Other

Brachytherapy: Miscellaneous

Skin  
Sarcoma  
Paediatric  
Hepatobiliary  
Intraoperative brachytherapy  
Electronic brachytherapy  
Other

TOPICS

KEYWORDS

RADIOBIOLOGY	
Molecular targeted agents and radiotherapy	Radiosensitisers
	Early drug radiation combination trials
	Novel combinations and strategies
	Scheduling and fractionation issues
	Other
Tumour biology and microenvironment	Angiogenesis
	Hypoxia
	Immune response
	Tumour stem cells
	Other
Normal tissue effects: pathogenesis and treatment	Retreatment
	Stem cells
	Signalling
	Radiation protectors
	Other
Biomarkers and biological imaging	Predictive assays/prognostic factors
	SNP
	Microarray signatures
	Imaging
	Other
Cellular radiation response	DNA damage repair and response
	Cell signalling
	Cellular death mechanisms
	Other
	Radiobiology of protons and heavy ions
Carbon and heavy ions	

TOPICS

KEYWORDS

RTT	
Strategies for treatment planning	Treatment planning protocols
	IMRT
	3DCRT
	Rotational therapy
	Brachytherapy
	Advanced planning techniques
	QA in treatment planning
	Plan comparison
	Patient preparation
	Proton therapy

Additional tools for contouring	Delineation of normal tissue and OAR
	Recontouring
	Deformable registration
Head and neck reduction of margins and side effect	Guidelines
	Immobilisation
	IMRT
	IGRT
	ART
	Side effects
	Patient care
	Psycho-social support
Elderly and radiation therapy	Geriatric assessments
	Care of elderly
	Palliative radiotherapy treatment summaries
	Treatment choices
Adaptive treatments in the pelvic region	Treatment in the pelvic region: bladder filling, rectum filling, prostate QA
	IMRT
	IGRT
	ART
	Side effects pelvic and IMRT
	Side effects pelvic
	Patient care
	Psycho-social support
	Brachy pelvic
MRI-Linac	
Other topics for RTTs	Education and learning
	Communication
	Clinical workflow
	Quality management
	Incident reporting
	Incident management
Position verification	Organisation
	ART
	IGRT
	CBCT
	EPID
	Immobilisation systems
Immobilisation protocols	

# SCIENTIFIC PROGRAMME

SATURDAY 30 APRIL 2016

08:00 – 08:40	TEACHING LECTURE	TEACHING LECTURE	TEACHING LECTURE	TEACHING LECTURE
	Technology assessment	CRISPR/CAS technology: from cells to mice to stem cell therapy	Partial breast irradiation: who, when and how?	TBC
08:45 – 10:00	SYMPOSIUM	SYMPOSIUM	SYMPOSIUM	SYMPOSIUM
	<b>Selection of patients for proton therapy</b> Selection of patients for proton therapy: a clinician's view - Selection of patients for proton therapy: a physicist's view - Future selection practice for proton therapy: selection of patients based on treatment planning comparison and NTCP-modelling	<b>Mitigating normal tissue toxicity</b> ACE inhibitors and lung / cardiac / vascular damage - Mitigation of skin fibrosis - Mitigation of lung fibrosis by anti-macrophage strategy	<b>Regional nodal irradiation for breast cancer</b> The axilla - less surgery, more radiotherapy? - The internal mammary chain- should we treat it in every node-positive patient? - Technical approaches to regional LN irradiation	<b>Assessment and management of rectal morbidity</b> Morbidity scoring - Measuring anorectal toxicity and function - Rectal spacers to minimise morbidity in radiotherapy for prostate cancer
10:00 – 10:30	COFFEE BREAK			
10:30 – 11:30	SYMPOSIUM	PROFFERED PAPERS	PROFFERED PAPERS	PROFFERED PAPERS
	<b>Protons or heavy ions?</b> Radiobiological benefits of protons and heavy ions - advantages and disadvantages - Physical advantages of particles: protons vs. heavy ions, what is certain what is not? - How strong is the current clinical evidence for protons and heavy ions ?			
11:45 – 12:20	PRESIDENTIAL SYMPOSIUM			
12:20 – 13:00	EMMANUEL VAN DER SCHUEREN AWARD LECTURE			
13:00 – 14:30	LUNCH AND INDUSTRY SYMPOSIA			
14:30 – 15:45	SYMPOSIUM	SYMPOSIUM	DEBATE	SYMPOSIUM
	<b>Hot topics in SABR: time for randomised clinical trials?</b> Do we need randomised clinical data to justify the use of SABR for primary and oligometastatic cancer? - Preclinical and clinical data on the radiobiological mechanism for the efficacy of SABR - Technical developments in high precision radiotherapy: a new era for clinical SABR trials?	<b>Tumour targeting - considering normal tissue biology</b> Tumour - normal tissue models for individualised tumour screening - The role of ATM and p53 in normal tissue radiation response - DNA repair in stem cells - A radiation system biology view of radiation sensitivity of normal and tumour cells	<b>This house believes that treatment intensification should be pursued in locally advanced NSCLC</b>	<b>Active surveillance for low risk prostate cancer: to treat or not to treat?</b> Does (very) low risk prostate cancer really exist? - The role of imaging in active surveillance - Active surveillance: challenges and perspectives. The clinician point of view
15:45 – 16:15	COFFEE BREAK			
16:15 – 17:15	SYMPOSIUM	PROFFERED PAPERS	PROFFERED PAPERS	PROFFERED PAPERS
	<b>MR-PET</b> What MR-PET can offer for radiation oncology - How to use MR-PET for radiation oncology - Making hybrid MR-PET ready for radiation oncology			
17:30 - 18:15	HONORARY MEMBERS LECTURES			
18:15 - 19:15	POSTER RECEPTION - POSTER AWARDS			



**INTERDISCIPLINARY SESSION**

**RADIOBIOLOGY SESSION**

**CLINICAL SESSION**

**RTT SESSION**

**PHYSICS SESSION**

**YOUNG SCIENTIST SESSION**

**BRACHYTHERAPY SESSION**

TEACHING LECTURE	TEACHING LECTURE	TEACHING LECTURE	TEACHING LECTURE		
<b>Role of brachytherapy in the management of paediatric tumours</b>	<b>Challenges in MR guidance</b>	<b>Patient specific quality assurance in proton therapy</b>	<b>Side effects – actual clinical benefit in particular considerations, from photons to protons</b>		
<b>SYMPOSIUM</b>	<b>SYMPOSIUM</b>	<b>SYMPOSIUM</b>	<b>SYMPOSIUM</b>	<b>POSTER VIEWING</b>	
<b>Towards user oriented QA procedures for treatment verification</b> How to ensure the quality in brachytherapy treatment planning systems? - Imaging - Dose verification	<b>Robust and accurate functional MRI for radiotherapy</b> Needs and technical requirements for functional MRI in radiotherapy - Variation in DCE-MRI methodology and its implications for radiotherapy - Importance of b-value selection and geometrical accuracy in DW-MRI for radiotherapy	<b>Joint ESTRO-IAEA efforts on dosimetry, QA and audit for advanced treatment techniques</b> New code of practice for small- and non standard fields Which dosimetric uncertainties in small fields are clinically acceptable for IMRT/VMAT? - IAEA external audits for advanced radiotherapy - lessons learnt and their relevance for industrialised countries	<b>Strategies for treatment planning</b> Comparisons of dose planning for photon and proton - When to re-plan - how to use modern techniques - a practical perspective - Auto planning: consequences for the department		
PROFFERED PAPERS	PROFFERED PAPERS	PROFFERED PAPERS	PROFFERED PAPERS	POSTER VIEWING	
SYMPOSIUM	SYMPOSIUM	DEBATE	SYMPOSIUM	POSTER VIEWING	MULTIDISCIPLINARY TUMOUR BOARD
<b>Achieving excellence in image guided brachytherapy</b> Physician training in contouring - Physicist training in 3D dose planning - New avenues for training with e-learning	<b>Imaging markers for response prediction and assessment</b> Imaging markers for response prediction: the clinical need - Response prediction in rectal cancer using PET radiomics - Imaging of normal liver tissue for <i>in vivo</i> verification and function assessment	<b>No need for in-room MR-guidance for the main tumour sites!</b>	<b>Additional tools for contouring</b> Functional and molecular imaging techniques and personalised radiotherapy - General recontouring with deformal registration - Automation of contouring		<b>Breast</b>
PROFFERED PAPERS	PROFFERED PAPERS	PROFFERED PAPERS	PROFFERED PAPERS	POSTER VIEWING	

	<b>TEACHING LECTURE</b>	<b>TEACHING LECTURE</b>	<b>TEACHING LECTURE</b>	<b>TEACHING LECTURE</b>	<b>TEACHING LECTURE</b>
08:00 – 08:40	<b>Pitfalls and risks of standardisation in high-tech radiotherapy</b>	<b>DNA repair and response for beginners</b>	<b>Anal cancer: current guidelines and remaining questions</b>	<b>Radiotherapy and immunotherapy on the biological basis</b>	<b>Underestimated importance of intraluminal brachytherapy: bronchus, oesophageal, anorectal and hepatobiliary duct cancer</b>
	<b>SYMPOSIUM</b>	<b>SYMPOSIUM</b>	<b>SYMPOSIUM</b>	<b>SYMPOSIUM</b>	<b>SYMPOSIUM</b>
08:45 – 10:00	<b>Quality beyond accuracy: are we failing to see the forest for the trees?</b> Did the higher accuracy in treatment delivery translate into noticeable clinical improvements? - The patient: an active partner in quality and safety process in radiotherapy - Beyond accuracy: how can medical physics help improve treatment quality?	<b>Targeting DNA repair / DDR pre-clinical evidence</b> Tumour-specific radiosensitisation by ATR inhibitors - Preclinical evaluations of RT- ATM & ATR inhibitor combinations - Realising the full potential of DNA damage response inhibition in the treatment of cancer	<b>New approaches in rectal cancer</b> How to delineate the CTV for rectal cancer? An international consensus - The way forward in organ preservation strategies for rectal cancer - Consequences of bowel cancer screening programmes	<b>Changing paradigm in the management of kidney cancer</b> Partial nephrectomy: indication and results - Any role for radiotherapy in the management of kidney cancer? - New insights in the medical management of kidney cancer	<b>Modern techniques for old indications</b> Robotic surgery and brachytherapy - New techniques in brachytherapy for head and neck - Image guided brachytherapy in vaginal cancer
10:00 – 10:30	COFFEE BREAK				
	<b>SYMPOSIUM</b>	<b>PROFFERED PAPERS</b>	<b>PROFFERED PAPERS</b>	<b>PROFFERED PAPERS</b>	<b>PROFFERED PAPERS</b>
10:30 – 11:30	<b>QA in clinical trials: processes, impact and future perspectives</b> How effective is current clinical trial QA? - How does QA impact on clinical outcomes? - What will we need for future QA in clinical trials?				
11:45 – 12:00	DONAL HOLLYWOOD AWARD				
12:00 – 12.45	HIGHLIGHTS OF PROFFERED PAPERS				
13:00 – 14:30	LUNCH AND INDUSTRY SYMPOSIA				
	<b>SYMPOSIUM</b>	<b>SYMPOSIUM</b>	<b>SYMPOSIUM</b>	<b>DEBATE</b>	<b>DEBATE</b>
14:30 – 15:45	<b>Standardisation in clinical practice</b> Guideline-based contouring and clinical audit systems - Standardisation and treatment planning - Potentials and challenges of automated contouring in treatment planning - Implementation of new standards in your department: an RTT perspective	<b>DNA repair inhibition and RT: moving towards clinic</b> Challenges in combining CT with PARP inhibitors - Results of phase I trials combining PARP inhibition and radiotherapy in multiple sites - Phase I results PARPi + RT + Cetuximab in HNSCC	<b>Radiotherapy of prostate cancer: technical challenges</b> Extreme hypofractionation: indications and results - Focal strategies: ready for prime time? - Brachytherapy as a boost: the way to go?	<b>This house believes that SBRT should become the standard of care for T1 and small T2 NSCLC tumours</b>	<b>Is brachytherapy the best for partial breast irradiation?</b> Multicatheter brachytherapy is the best for PBI - IORT is the best for PBI - IMRT is the best for PBI - Dosimetric pros and cons of available PBI techniques
15:45 – 16:15	COFFEE BREAK				
	<b>SYMPOSIUM</b>	<b>DEBATE</b>	<b>PROFFERED PAPERS</b>	<b>PROFFERED PAPERS</b>	<b>PROFFERED PAPERS</b>
16:15 – 17:15	<b>Health Economics in Radiation Oncology (HERO)</b>				
17:30 – 18:00	COMPANY AWARD LECTURES				
19:00	SUPER RUN				



**INTERDISCIPLINARY SESSION**

**RADIOBIOLOGY SESSION**

**CLINICAL SESSION**

**RTT SESSION**

**PHYSICS SESSION**

**BRACHYTHERAPY SESSION**

**YOUNG SCIENTIST SESSION**

TEACHING LECTURE	TEACHING LECTURE	TEACHING LECTURE	TEACHING LECTURE		
<b>Big data in radiotherapy: technology, challenges and opportunities</b>	<b>The role of dosimetry audit in safety, quality and best practice for external beam and brachytherapy</b>	<b>General introduction to head and neck radiotherapy</b>	<b>e-Learning for Professionals in Radiation Oncology: what, why and how?</b>		
<b>SYMPOSIUM</b>	<b>PROFFERED PAPERS</b>	<b>SYMPOSIUM</b>	<b>SYMPOSIUM</b>	<b>POSTER VIEWING</b>	
<b>Quantitative imaging to individualise radiotherapy</b> Tissue characterisation using quantitative radiomics - Image-based radiobiological tumour control probability modelling - Validation of imaging with histology: implications for dose prescriptions		<b>Head and neck: reduction of margins and side effects</b> Contouring of normal tissues in head and neck radiotherapy - The ESTRO perspective - a guideline for positioning of head and neck patients - Late effects in patients treated for head and neck cancer	<b>The future of Radiation Oncology publishing: views through the Green and Red telescopes</b> <i>Green Journal</i> - <i>Red Journal</i> - How to do a good manuscript review		
<b>PROFFERED PAPERS</b>	<b>PROFFERED PAPERS</b>	<b>PROFFERED PAPERS</b>		<b>POSTER VIEWING</b>	
			<b>YOUNG LUNCH SYMPOSIUM</b>		
			<b>Planning ahead: how to finish your residency / PhD project with a job offer</b>		
<b>SYMPOSIUM</b>	<b>SYMPOSIUM</b>	<b>SYMPOSIUM</b>	<b>SYMPOSIUM</b>	<b>POSTER VIEWING</b>	<b>MULTIDISCIPLINARY TUMOUR BOARD</b>
<b>New challenges in modelling dose-volume effects</b> Evaluating the impact of clinical uncertainties on NTCP models in brachytherapy - Incorporation of imaging-based features into predictive models of toxicity - Growing importance of data-mining methods to select dosimetric/clinical variables in integrated predictive models of toxicity	<b>Automated treatment plan generation in the clinical routine</b> Automated treatment plan generation – the Zurich experience - Automated treatment plan generation – the Milan experience - Fully automated treatment plan generation using Erasmus-iCycle – the Rotterdam experience	<b>Elderly and radiation therapy</b> Geriatric assessment is a requirement to effectively provide a quality radiotherapy service to the older person - Enhancing continuity of care and symptom management with the use of palliative radiotherapy treatment summaries (PaRTS) - Treatment choices in the elderly; focus on breast cancer	<b>A joint session of Young Radiation Oncologists National Societies &amp; YROG</b> What is the Young ESTRO Committee and what can it do for young radiation oncology professionals? - The Young Radiation Oncology Group of EORTC - The French Society of Young Radiation Oncologists - AIRO (Italian Association Radiation Oncology) Young Group - The British Institute of Radiology - Round table with present Young National Societies		<b>Rectal cancer</b>
<b>PROFFERED PAPERS</b>	<b>PROFFERED PAPERS</b>	<b>PROFFERED PAPERS</b>	<b>YOUNG RECEPTION</b>	<b>POSTER VIEWING</b>	<b>ESTRO SCHOOL SYMPOSIUM</b>
			<b>Young reception and Report from the Young ESTRO Committee</b>		
					<b>ESTRO SCHOOL RECEPTION</b>

08:00 – 08:40	TEACHING LECTURE	TEACHING LECTURE	TEACHING LECTURE	TEACHING LECTURE
	<b>How to bring QUANTEC into the 21st century?</b>	<b>Shared decision making</b>	<b>Genetic mouse models for cancer research</b>	<b>SBRT for oligometastatic disease</b>
08:45 – 10:00	SYMPOSIUM	TEACHING LECTURE	SYMPOSIUM	SYMPOSIUM
	<b>Adaptive radiotherapy for coping with anatomical variations: hope or hype?</b> Overview of clinical practice of ART for abdominal and pelvic tumours - The challenges of ART from a physician's perspective - The practical "cost" of adaptive radiotherapy (in personnel time, patient time, etc...)	<b>Time is not on our side: cardiovascular toxicity after radiotherapy</b> The risk of cardiovascular disease after breast cancer treatment: the clinician's point of view - Predicting cardiac toxicity after breast irradiation: new quantitative data and new challenges - Active surveillance for cardiovascular disease after Hodgkin's lymphoma	<b>Emerging biomarkers</b> Circulating tumour cells as biomarkers in lung radiotherapy - The fall and rise of yH2AX as predictive radiotherapy biomarkers - Genomic breast cancer subtype classification for response prediction - Genomic subtypes in prostate cancer and its influence in treatment response	<b>SBRT for oligometastatic disease</b> Combining SBRT and immunotherapy: a promising approach? - SBRT for metastatic disease: how far can and should we go? - Abdominal-pelvic targets
10:00 – 10:30	COFFEE BREAK			
10:30 – 11:30	SYMPOSIUM	SYMPOSIUM	PROFFERED PAPERS	PROFFERED PAPERS
	<b>Modern ART based on functional / biological imaging</b> Functional imaging for ART, biological bases and potential impact on clinical outcome - Adaptive radiation therapy by the example of head and neck cancer: is there any role for a RTT? - Dosimetric benefit of replanning: when does the new treatment plan make a difference? ARTFORCE project	<b>Secondary cancer after radiotherapy: from cancer registries to clinical implications</b> Secondary cancer risks assessed from epidemiology studies - Modelling of secondary cancer risks - Clinical implications of secondary cancer risks in pediatric and adult patients		
11:45 – 12:30	SELECTED RANDOMISED TRIALS			
12:30 – 13:00	KLAAS BREUR AWARD LECTURE			
13:00 – 14:30	LUNCH AND INDUSTRY SYMPOSIA			
14:30 – 16:00	JOINT SYMPOSIUM   ESTRO-ASTRO	SYMPOSIUM	SYMPOSIUM	DEBATE
	<b>In room adaptive imaging with a focus on MRI</b> MRI Linac: physics perspective - Adaptive planning, dose delivery and verification with MRI based brachytherapy - Clinical experience with low-field MR guided teletherapy - Linac-based MRI device	<b>Communication with patients</b> Patient's perspective - Healthcare professional's perspective - RTT/Nurse's perspective - Interaction between patients and professionals: a psycho-oncologist's view	<b>Imaging biology</b> Imaging biology: what do we really see? - Genetics and imaging: a pas-de-deux in response prediction - Molecular imaging for radiotherapy optimisation	<b>This house believes that centralised large radiotherapy units will provide the best academia and the best treatment quality</b>
16:00 – 16:30	COFFEE BREAK			
16:30 - 17:30	SYMPOSIUM	SYMPOSIUM	PROFFERED PAPERS	PROFFERED PAPERS
	<b>Dose painting: those pending issues</b> The promises of dose painting - Biological rationale of dose painting: is it clear? - Dose prescription and treatment delivery at the voxel scale: a fantasy?	<b>ACROP</b> ACROP: General procedures, SOPs and current status - Clinical guidelines, update and introduction of recent clinical guidelines - Brachytherapy and physics guidelines, update and introduction of recent guidelines		
17:30 - 18:30	GENERAL ASSEMBLY			
20:00	SOCIAL EVENING			

**INTERDISCIPLINARY SESSION**

**CLINICAL SESSION**

**PHYSICS SESSION**

**BRACHYTHERAPY SESSION**

**RADIOBIOLOGY SESSION**

**RTT SESSION**

**YOUNG SCIENTIST SESSION**

<b>TEACHING LECTURE</b>	<b>TEACHING LECTURE</b>	<b>TEACHING LECTURE</b>	<b>TEACHING LECTURE</b>		
<b>Advanced treatment strategies for head and neck cancer</b>	<b>Dose to water vs. dose to tissue: issues for treatment planning and dose measurement</b>	<b>Nanodosimetry: from radiation physics to radiation biology</b>	<b>Brachytherapy for the pelvic region: status and perspective for the future</b>		
<b>SYMPOSIUM</b>	<b>SYMPOSIUM</b>	<b>PROFFERED PAPERS</b>	<b>SYMPOSIUM</b>	<b>POSTER VIEWING</b>	
<b>Head and neck: state-of-the-art and directions for future research</b> Molecular targeting with radiotherapy - Immunotherapy for HNSCC: an emerging paradigm? - Proton therapy in HNSCC: better than IMRT?	<b>SBRT in lung - choices and their impact on related uncertainties</b> Dosimetric aspects and robustness in optimisation of SBRT for small lung tumours - Does the prescription isodose matter? - To use or not to use the LQ model at "high" radiation doses		<b>Adaptive treatments in the pelvic region</b> Brachytherapy pelvic and MRI-Linac combination - Clinical implementation of ART for cervix - Implementation of ART in rectum		
<b>PROFFERED PAPERS</b>	<b>PROFFERED PAPERS</b>	<b>PROFFERED PAPERS</b>	<b>PROFFERED PAPERS</b>	<b>POSTER VIEWING</b>	
<b>JOINT SYMPOSIUM</b>	<b>SYMPOSIUM</b>	<b>SYMPOSIUM</b>	<b>SYMPOSIUM</b>	<b>POSTER VIEWING</b>	<b>MULTIDISCIPLINARY TUMOUR BOARD</b>
<b>ESTRO-ILROG</b> <b>Modern radiotherapy in lymphoma</b> Indications to radiotherapy for lymphoma in 2016: what is standard of care and what remains controversial? - New concepts for lymphoma radiotherapy and the use of advanced technology - Modern imaging and radiotherapy in lymphoma	<b>Functional / biological imaging and radiotherapy physicists: new requests/challenges and the need for better and more specific training</b>	<b>Small animal irradiation</b> Preclinical radiotherapy technology, dosimetry and treatment planning - Radiation biology studies with a small animal irradiator: results from the research programme at Johns Hopkins University - How do we select meaningful pre-clinical models for studies in radiation biology?	<b>Focus on the pelvic region</b> Bladder filling, effects and information about the filling - An evaluation of GoldAnchor intraprostatic fiducial marker stability during radiotherapy - Validation of a prostate cancer decision aid tool for shared decision making		<b>Oligometastatic disease</b>
<b>PROFFERED PAPERS</b>	<b>PROFFERED PAPERS</b>	<b>PROFFERED PAPERS</b>	<b>PROFFERED PAPERS</b>	<b>POSTER VIEWING</b>	

	TEACHING LECTURE	TEACHING LECTURE	TEACHING LECTURE	TEACHING LECTURE
08:30 – 09:10	<b>The new ‘Rs’ in radiation biology</b>	<b>Texture analysis of medical images</b>	<b>Heavy ion therapy: physical, radiobiological and clinical aspects</b>	<b>Neuroendocrine tumours – personalised diagnosis and treatment using radiolabelled peptides</b>
	SYMPOSIUM	SYMPOSIUM	SYMPOSIUM	SYMPOSIUM
09:15 – 10:30	<b>New concepts of tumour radioresistance</b> Immune system and radiation response - The contribution of cancer stem cells to tumour radioresistance - Novel insights in radioresistance of head and neck cancer	<b>Towards Personalised Radiation Oncology (PRO)</b> New technologies for genomic tumour profiling - Gene expression profiles in tumours for PRO - GWAS SNPs and normal tissue toxicity for PRO - Integrative data analysis for PRO	<b>The tumour in 3D: the role of tumour microenvironment</b> Relevance of 3D cultures to address radiation response and novel RT combination strategies - The potential of normal tissue organoid cultures - The impact of a novel 3D cell culture model of glioblastoma on radiation and drug-radiation responses - Radiation promotes immunological recognition	<b>WBRT for brain metastases - the end of an era?</b> Whole brain radiotherapy - the end of an era in NSCLC only or, in all radio-resistant malignancies - Focal radiotherapy for multiple brain metastases - Role of systemic therapy in the treatment of brain metastases
10:30 – 11:00	COFFEE BREAK			
	SYMPOSIUM	SYMPOSIUM	SYMPOSIUM	SYMPOSIUM
11:00 – 12:00	<b>Combining radiotherapy with molecular targeted agents: learning from successes and failures</b> Lessons learned from clinical trials combining radiotherapy and EGFR antibodies - Challenges combining radiotherapy with immunotherapy - Combining radiotherapy with modulators of VEGF signaling: getting the right balance	<b>Radiomics - the future of radiotherapy?</b> Imaging-Genomics: identifying molecular phenotypes by integrating radiomics and genomics data - PET/CT heterogeneity quantification through texture analysis: potential role for prognostic and predictive models - The potential of radiomics for radiotherapy individualisation	<b>Radiobiology of proton / carbon / heavy ions</b> Gene expression alterations to carbon ion and X-irradiation - Normal tissue response in particle therapy - Preclinical proton therapy studies	<b>New insights in treating vertebral metastases</b> Recent progresses in interventional radiology - What are the limits of minimally invasive surgery? - How to optimise the curative potential of SBRT?
12:00 – 13:00	<b>CLOSING DEBATE</b>			
	<b>This house believes that in 2020 hypofractionation will be the standard of care</b>			
13.00	CLOSING REMARKS			

**INTERDISCIPLINARY SESSION**

**CLINICAL SESSION**

**PHYSICS SESSION**

**BRACHYTHERAPY SESSION**

**RADIOBIOLOGY SESSION**

**RTT SESSION**

**YOUNG SCIENTIST SESSION**

TEACHING LECTURE	TEACHING LECTURE	TEACHING LECTURE	TEACHING LECTURE
<b>Radiotherapy for paediatric brain tumours</b>	<b>Role and validation of deformable image registration in clinical practice</b>	<b>VMAT QA: To do and not to do, those are the questions</b>	<b>Optimising workflow in a radiotherapy department</b>
SYMPOSIUM	SYMPOSIUM	SYMPOSIUM	SYMPOSIUM
<b>Radiotherapy "autovaccination" with systemic immune modulators for modern immunotherapy</b> Should the combined treatment be part of our field of knowledge? - Radiotherapy for immunotherapy: optimising the doses and fractionation - Radiotherapy vs. chemotherapy induced "autovaccination": results and toxicity	<b>ART in particle therapy</b> The need for adaptive approaches in proton therapy compared to photons - Cone beam CT as a tool for adaptive techniques in proton therapy - Adaptive techniques in proton therapy of the lung - <i>In vivo</i> range estimation and adaptive particle therapy	<b>The future of QA lies in automation</b> The need of automation in QA, state of art and future perspectives - Automated QA for radiotherapy treatment planning - Automated QA using log-files - Automation in patient specific QA using <i>in vivo</i> portal dosimetry	<b>Management and optimisation of the daily workflow</b> Optimising workflow using a workflow management system - Does lean management improve patient safety culture? - Development and leadership roles
SYMPOSIUM	SYMPOSIUM	DEBATE	DEBATE
<b>IMRT, the new standard in treatment of gynaecological, lung and breast cancers?</b> Organ motion: is it an obstacle to the use of IMRT as a standard technique for gynaecological cancers? - IMRT for lung cancer: current status and future developments - IMRT in breast cancers: dream or reality?	<b>Plan of the day (PotD): current status</b> PotD brachytherapy - PotD external beam overview current practice - PotD ViewRay – MR image-guided plan of the day	<b>We don't need better dose calculation, it's doing more bad than good</b>	<b>Are we precisely inaccurate in our adaption?</b>

# ESTRO FINANCIAL SUPPORT AND AWARDS



## AMBASSADOR SOLIDARITY FUND

The Ambassador Solidarity Fund is generously financed by part of the membership fee paid by the Supporting Ambassador members and enables sponsorship of individual In training membership and registrations to ESTRO 35 to assist radiation oncology professionals from European economically challenged countries. More information on: [www.estro.org/members/individual-membership/supporting-ambassador](http://www.estro.org/members/individual-membership/supporting-ambassador)

Twenty sponsored registrations (In training fee: 300€) and In training memberships (75€) are available for ESTRO 35.

### CRITERIA FOR ELIGIBILITY

- Applicants should be below 35 years old
- Applicants should currently be in training
- Applicants should come from economically challenged European countries (eligible countries: Albania, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Greece, Hungary, Italy, Latvia, Lithuania, Macedonia, Moldova, Montenegro, Poland, Portugal, Romania, Russian Federation, Serbia, Slovak Republic, Slovenia, Spain, Turkey, Ukraine) who are unable to register for ESTRO membership and ESTRO 35 without financial support
- Candidates should be active in the field of radiotherapy, radiobiology, radiation physics, or radiation technology.

### HOW TO APPLY

Candidates should submit a curriculum vitae and a recommendation letter from their department head stating they are currently in training and that financial support is essential to register for membership and benefit from a sponsored registration to ESTRO 35.

Applications for the solidarity fund are to be addressed to:

#### ESTRO Office

Attn: Myriam Lybeer

Rue Martin V, 40

1200 Brussels, Belgium

Tel: +32 2 775 93 40 - Fax: +32 2 779 54 94

E-mail: [mlybeer@estro.org](mailto:mlybeer@estro.org)

**Deadline for submission: 16 October 2015**

## ESTRO MEMBERS FROM EMERGING COUNTRIES

ESTRO members from emerging countries can benefit from reduced registration fees to attend the conference. The list of eligible countries is defined according to the World Bank listing available at: <http://data.worldbank.org/about/country-and-lending-groups>.

## POSTER AWARDS

ESTRO sponsors four poster awards of 1,000 € each for a clinician, physicist, radiation therapist (RTT) and radiobiologist.

### CRITERIA FOR SELECTION

- Only abstracts accepted for poster presentation for ESTRO 35 will be considered for the award
- Posters are evaluated on (in decreasing order of importance): the scientific value of the data, the clarity of the presentation, and the visual quality of the poster layout.

### HOW TO APPLY

No application is needed. You are automatically considered if your abstract is accepted.

Prizes will be handed out at the ESTRO 35 Poster Reception on Saturday 30 April 2016.



## YOUNG SCIENTISTS POSTER AWARDS

ESTRO sponsors four young scientists poster awards consisting of a complimentary registration to a future ESTRO course for a clinician, physicist, radiation therapist (RTT) and radiobiologist.

### CRITERIA FOR SELECTION

- Only abstracts accepted for poster presentation for ESTRO 35 by authors under 40 years of age will be considered for the award
- Posters are evaluated on (in decreasing order of importance): the scientific value of the data, the clarity of the presentation, and the visual quality of the poster layout.

### HOW TO APPLY

No application is needed. You are automatically considered if your abstract is accepted.

Prizes will be handed out at the Young Scientists Reception on Sunday 1 May 2016.



## ESTRO - JACK FOWLER UNIVERSITY OF WISCONSIN AWARD 2016

A prize of 1,000 € will be given for the best abstract in the field of radiation physics or radiation technology, submitted for ESTRO 35.

### CRITERIA FOR ELIGIBILITY

- Candidates should be ESTRO members
- Candidates should be younger than 36. Exceptions will be made for female applicants who had to interrupt their research for pregnancy/maternity reasons; for them the maximum age is fixed at 40.

### HOW TO APPLY

Candidates should submit:

- A curriculum vitae
- A letter from their department head stating that the work has been done by the applicant
- A copy of the abstract on radiation physics or radiation technology which should have been submitted for ESTRO 35 (indicate abstract title and submitting author with your application).

**Deadline to apply: 16 October 2015**

# COMPANY FINANCIAL SUPPORT AND AWARDS



## ESTRO - ACCURAY AWARD

A prize of 10,000 € will be given to a radiotherapy professional for research in the field of “High Precision Radiotherapy”. Awardees should be qualified in the field of clinical radiotherapy, radiation physics, radiation technology or radiobiology.

### CRITERIA FOR ELIGIBILITY

- Candidates should be ESTRO members, having completed the submitted work in the previous or current year
- Submissions should be brought forward by the candidates and may be work done as an individual piece of research or as a thesis completed in the field of biological, physical or clinical research
- Candidates should be younger than 36. Exceptions will be made for female applicants who had to interrupt their research for pregnancy/maternity reasons; for them the maximum age is fixed at 40.

### HOW TO APPLY

Candidates should submit:

- A curriculum vitae and a list of publications
- A copy of the abstract on the project which should have been submitted for ESTRO 35 (abstract title and submitting author to be indicated with the application)
- A summary (in English) of their work (max 2 pages).

Candidates should also commit themselves to write an original paper in English on (part of) the scientific work carried out. This paper should be based on previously unpublished data and should be written according to the “Instructions to authors” of the *Radiotherapy and Oncology* Journal in which it will be published if accepted.

**Deadline to apply: 16 October 2015**



## ESTRO - VARIAN AWARD

A prize of 7,500 € will be given to a radiotherapy professional for research in the field of radiobiology, radiation physics, clinical radiotherapy or radiation technology.

### CRITERIA FOR ELIGIBILITY

- Candidates should be ESTRO members, having completed the submitted work in the previous year
- Submissions should be brought forward by the candidates or their department heads and may be work done as an individual piece of research or as a thesis complete in the field of biological, physical and clinical research
- Candidates should be younger than 36. Exceptions will be made for female applicants who had to interrupt their research for pregnancy/maternity reasons; for them the maximum age is fixed at 40.

### HOW TO APPLY

Candidates should submit:

- A curriculum vitae and a list of publications
- A copy of the abstract on the project which should have been submitted for ESTRO 35 (abstract title and submitting author to be indicated with the application)
- A summary (in English) of their work (max 2 pages).

Candidates should commit themselves to write an original paper in English on (part of) the scientific work carried out. This paper should be based on previously unpublished data and should be written according to the “Instructions to authors” of the *Radiotherapy and Oncology* Journal in which it will be published if accepted.

**Deadline to apply: 16 October 2015**





## ESTRO-ELEKTA BRACHYTHERAPY AWARD

By submitting a brachytherapy abstract for ESTRO 35, you are automatically being considered for the ESTRO-Elekta Brachytherapy Award. Abstracts accepted for oral presentation for the brachytherapy track of ESTRO 35 will be considered for the award. Since the selection of the winner will be based only on the data provided in the abstract (and not on the presentation) it is advisable that you draft your abstract with extreme care, providing sufficient data for the evaluation by the jury.

The award will be given to the most innovative paper submitted for presentation in the brachytherapy track of ESTRO 35. The winning abstract will be selected by the ESTRO 35 Scientific Advisory Group (SAG) for brachytherapy. The winner will be notified by email and announced in the ESTRO 35 programme book and exhibition guide. The award amounts to 2,000 €.

## GEC-ESTRO BEST JUNIOR PRESENTATION Sponsored by Elekta Brachytherapy

Applicants should be In training members of ESTRO. If you meet this criterion, please send a copy of the abstract submitted for the brachytherapy track of ESTRO 35 and a cover letter from the head of department stating that the work has been done by the In training member, to [eralda.azizaj@estro.org](mailto:eralda.azizaj@estro.org).

This award amounts to 1,500 € and is sponsored by Elekta Brachytherapy. The winning abstract will be selected by the ESTRO 35 Scientific Advisory Group (SAG) for brachytherapy. The winner will be notified by email and announced in the ESTRO 35 programme book and exhibition guide.

**Deadline to apply: 16 October 2015**

## JUNIOR BRACHYTHERAPY TRAVEL GRANTS Sponsored by Elekta Brachytherapy

In training ESTRO members who need support to attend the meeting may apply for the Junior Brachytherapy Travel Grants sponsored by Elekta Brachytherapy. Five grants of 1,000 € each are available. To apply for a travel grant, please send a motivation letter indicating your interest in brachytherapy and the reasons why you should be considered for this grant to [eralda.azizaj@estro.org](mailto:eralda.azizaj@estro.org). Please indicate your full name, age and ESTRO membership type with your letter.

**Deadline to apply: 16 October 2015**

### Applications for the above listed awards are to be addressed to:

Eralda Azizaj - Programme Manager  
Rue Martin V, 40  
1200 Brussels, Belgium  
Tel: +32 2 775 93 40  
E-mail: [eralda.azizaj@estro.org](mailto:eralda.azizaj@estro.org)

# GENERAL INFORMATION

## UPDATED INFORMATION

Please consult the ESTRO website ([www.estro.org](http://www.estro.org)) on a regular basis for updated information. Updates are also announced on Twitter and Facebook.

## CALL FOR ABSTRACTS

Abstracts must be submitted online through the ESTRO website which hosts an electronic abstract submission form.

**Deadline for abstract submission is 19 October 2015.**

## ONLINE REGISTRATION

Registration to the conference will be exclusively through our online registration form via the ESTRO website.

## VENUE

Lingotto Fiere  
Via Nizza, 294  
10126 Turin  
Italy  
[www.lingottofiere.it](http://www.lingottofiere.it)

## ACCOMMODATION

To book your accommodation please go to the congress website and click on ESTRO 35 accommodation.

Ventana Group is the official hospitality supplier for ESTRO 35.

Ventana Group has in close consultation with us made a selection of hotels in Turin. We advise you to make your reservation well in advance. Hotel accommodation is made on a first-come, first-served basis.

You can write to [estroaccommodation@ventanagroup.it](mailto:estroaccommodation@ventanagroup.it)

## ACCREDITATION

ESTRO will apply for CME accreditation with the European Accreditation Council for Continuing Medical Education (EACCME).

Through an agreement between the European Union of Medical Specialists and the American Medical Association, physicians may convert EACCME credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME credit to AMA credit can be found at [www.ama-assn.org/go/internationalcme](http://www.ama-assn.org/go/internationalcme).

Live educational activities, occurring outside of Canada, recognised by the UEMS-EACCME for ECMEC credits are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.

## CURRENCY

The currency in Italy is the euro (EUR).

## OFFICIAL LANGUAGE

The official language of the congress is English. No simultaneous translation will be provided.

## POSTERS

Electronic poster stations will allow you to view the virtual displays at your leisure and to correspond with presenters or forward a presentation to a colleague or home office. A limited number of posters will also be displayed in the poster area during the whole congress.

## EXHIBITION

An exhibition featuring equipment and medical publishers will be held in the exhibition area. The opening of the exhibition will be on Friday 29 April around 19.15 hrs. The exhibition will remain open from Friday 29 April to Monday 2 May. Entrance is free for all registered participants. Companies and publishers who would like to participate in the exhibition may obtain more detailed information from the ESTRO Office.

## Contact person

Valérie Cremades – Corporate Relations Manager  
Tel.: +32 2 775 93 41  
E-mail: [vcremades@estro.org](mailto:vcremades@estro.org)

## INSURANCE

The organiser does not accept liability for individual medical, travel or personal insurance. Participants are strongly advised to take out their own personal insurance policies. In case an unforeseen event would force ESTRO to cancel the meeting, the Society will reimburse the participants the registration fee minus 15% for handling charges. ESTRO will not be responsible for the refund of travel and accommodation costs.

## LUNCHEONS AND REFRESHMENTS

The registration fee for the conference includes coffee breaks to all participants and exhibitors wearing their conference badges. Lunch will be available for purchase in the exhibition area and is not included in the registration.

## OPENING CEREMONY & WELCOME RECEPTION

All participants and company delegates are invited to the official opening ceremony which will be held in the main auditorium on Friday 29 April at 18.00 hrs. The opening ceremony will be followed by the welcome reception which will take place in the exhibition area.



## SATELLITE SYMPOSIA

Commercial satellite symposia will be held during lunch breaks. The programme of the symposia will be published in the official ESTRO 35 programme book and exhibition guide and on the ESTRO website. Companies who would like to book a satellite symposium slot may obtain more detailed information from the ESTRO office.

### Contact person

Valérie Cremades – Corporate Relations Manager  
Tel.: +32 2 775 93 41  
E-mail: [vcremades@estro.org](mailto:vcremades@estro.org)

## SOCIAL ACTIVITIES

### Friday 29 April 2016

All registered participants and all company delegates are invited to the welcome reception which will take place in the exhibition area around 19.15 hrs.

### Saturday 30 April 2016

All participants and company delegates are invited to the poster reception and poster awards, which will be held in the poster area at 18.15 hrs.

### Sunday 1 May 2016

#### ESTRO Super Run

The second edition of the Super Run will take place on Sunday 1 May 2016 at 19.00 hrs. The five-kilometre run is organised for the benefit of the ESTRO Cancer Foundation. We count on your participation so don't forget to pack your running shoes.

### Monday 2 May 2016

All participants are invited to the special after dinner evening which will take place in an exclusive venue in Turin. Additional tickets for this event are available for purchase at 80€ + VAT per person.

## HOW TO REACH TURIN

### FROM MILANO MALPENSA AIRPORT

The bus company Sadem ([www.sadem.it](http://www.sadem.it)) offers a connection from Milan Malpensa Airport to Turin City Centre. Journey time is approx two hours and the cost is 22€ each way. Travel by train to Turin city centre is also possible. Take the train from Malpensa Terminal 1 to Milan Central Station and change for a connection to Turin. See [trenitalia.com](http://trenitalia.com) for further details.

### FROM TORINO CASELLE AIRPORT

#### Taxi

Turin's Caselle Airport lies 16 kilometres northwest of the city centre. The public taxi rank is located on the left at the exit of the Arrivals level. The journey time to the congress centre by taxi is 30-40 minutes and costs 30-50€.

## Train

A railway links the airport to Turin "GTT Dora Railway Station" in 19 minutes.

The airport railway station is located few metres away from the air terminal. From GTT Dora Railway Station, take line 52 to Puerto Nuova and from there Metro line 1 towards Lingotto.

## Bus

The Sadem bus service between the city centre and Turin Airport has several stops enroute including Porta Nuova railway station, Porta Susa railway station, via Stradella 242/245, Borgaro and Caselle city centre. Buses run approximately every 15 minutes during the week and every 30 minutes during the weekend, from 06.10 to 00.00 hrs (airport > city) and 05.15 to 23.30 hrs (city > airport). The exhibition centre is 20 minutes away from Porta Nuova station using bus lines 1, 18 and 35; 30 minutes from Porta Susa using bus line 1 and just 10 minutes from nearby Lingotto station.

- One-way fare: 6.50€ (+1,00€ aboard), 5.00€ with Torino+ Piemonte card
- Journey time: 45-50 minutes
- Passengers are kindly requested to buy their ticket before getting on the bus.

## Save up to 20% on travel with the Star Alliance™ Network

The Star Alliance member airlines are pleased to be appointed as the Official Airline Network for ESTRO 35. To obtain the Star Alliance Conventions Plus discounts please visit Conventions Plus online booking tool - [conventionsplusbookings.staralliance.com/trips/StarHome.aspx?meetingcode=SN02S16](http://conventionsplusbookings.staralliance.com/trips/StarHome.aspx?meetingcode=SN02S16)

Registered participants plus one accompanying person travelling to the event can qualify for a discount of up to 20%, depending on fare and class of travel booked.

The participating airlines for this event are: ANA, Adria Airways, Aegean Airlines, Air Canada, Air China, Air India, Air New Zealand, Asiana Airlines, Austrian Airlines, Avianca, Brussels Airlines, Copa Airlines, Croatia Airlines, EVA Airways, EgyptAir, Ethiopian Airlines, LOT Polish Airlines, Lufthansa, SWISS, Scandinavian Airlines, Shenzhen Airlines, Singapore Airlines, South African Airways, TAP Portugal, THAI, Turkish Airlines and United.

Discounts are offered on most published business and economy class fares, excluding website/internet fares, senior and youth fares, group fares and Round the World fares.

When making your travel plans please present confirmation of your registration or proof of attendance for the event.

Special procedures to be followed for travel to/from Japan. Discounts may be offered by the participating airlines on their own network. To obtain these discounts please contact the respective carriers' booking office. Contact details can be found on [www.staralliance.com/conventionsplus/delegates/](http://www.staralliance.com/conventionsplus/delegates/) under "Conventions Plus Booking Contacts". Please quote the event code SN02S16 for ticket reservation.

### PUBLIC TRANSPORT IN THE CITY

Turin has a widespread network of buses and trams which consent to reach every corner of the city without worrying about the restricted traffic areas or car parks.

Almost every line runs from 05.00 hrs to 00.00 hrs. Trip tickets can be bought at news-stands, tobacconists and bars. The ticket price can vary from trip to trip (local and suburban), from the length of the trip (a ticket lasts 70 minutes, but there are also tickets that last all day long), and from how many tickets are bought together (you can buy a block of 15 tickets with a discount).

The Turin public transport company is the GTT (Gruppo Torinese Trasporti). Information on local and suburban buses and trams is available on [www.gtt.to.it/en/](http://www.gtt.to.it/en/). You can also download the working days network map for buses and trams.

Travel by train is also possible. From Terminal 1 take the train to Milan Central Station and change for a connection to Turin. See [trenitalia.com](http://trenitalia.com) for further details.

# REGISTRATION

Reduced fees apply when the payment is received before specific deadlines:

Early registration rate deadline: **20 January 2016**

Late registration rate deadline: **29 March 2016**

Desk registration rate: **as of 30 March 2016**

Please note that in order to benefit from the member price, you must renew your membership for 2016 before registering to the conference. The membership renewal should be done at least three days before the early or late deadlines. The membership internal processing and approval process might take up to maximum three working days.

The registration fee to the conference includes access to the scientific sessions and exhibition area, the programme book, coffee breaks, the invitation to the opening ceremony, welcome reception and social evening. The fee does not include lunch. Lunch will be available for purchase in the exhibition area.

Registration to ESTRO 35 does not give access to the pre-congress courses and the contouring workshops. For these separate registrations are required.



## Prices DO NOT INCLUDE VAT | 22% VAT will be added during the registration process\*

\* Please note that the Italian government is likely to increase the VAT up to 24% as of 1st January 2016.

CONGRESS	EARLY	LATE	DESK
<b>Deadlines</b>	<b>20 January 2016</b>	<b>29 March 2016</b>	<b>As of 30 March 2016</b>
1 day Student <sup>1</sup> /In Training Member <sup>2</sup>	200 €	200 €	200 €
1 day ESTRO Member	200 €	300 €	300 €
1 day Non Member	415 €	415 €	415 €
Student <sup>1</sup> /In Training Member <sup>2</sup>	250 €	250 €	250 €
ESTRO Members from emerging countries <sup>3</sup>	250 €	250 €	250 €
Member	355 €	540 €	690 €
Non Member	600 €	780 €	960 €
<b>Pre-Congress courses</b>			
Student <sup>1</sup> /In Training Member <sup>2</sup>	105 €	155 €	225 €
Member	150 €	190 €	245 €
Non Member	195 €	235 €	290 €
<b>Contouring workshop</b>			
Student <sup>1</sup> /In Training Member <sup>2</sup>	75 €		
Member	100 €		
Non Member	150 €		
<b>Each additional contouring workshop</b>			
Student <sup>1</sup> /In Training Member <sup>2</sup>	25 €		
Member	40 €		
Non Member	50 €		

<sup>1</sup> To register as a student, you should be an ESTRO member and send your valid student card to [events@estro.org](mailto:events@estro.org) before registering. Institute letters are not accepted.

<sup>2</sup> Members with specialty RTT may register at the In training fee.

<sup>3</sup> Emerging country rate applies to individuals from low-income and lower-middle-income economies according to the World Bank listing available at: <http://data.worldbank.org/about/country-and-lending-groups>

## CONFIRMATION OF REGISTRATION

Upon receipt of your registration form, a confirmation of your registration will be forwarded to you electronically.

## CANCELLATION OF REGISTRATION

In case of cancellation, a full refund of the registration fee minus handling charges of 15% may be obtained up to three months before the meeting. Between three months and one month before the meeting, the refund will amount to 50% of the fee. No refund will be possible if the cancellation is postmarked after 30 March 2016.



# 2016 ESTRO CANCER CENTRES PAVILION

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**Saturday 30 April and Sunday 1 May 2016**

ESTRO's annual meetings are the place to be updated on the latest advances in radiation oncology. But beyond knowledge and education, developing contacts with institutes is an aspect highly sought after by many attendees.

## **PRINCIPLE**

This year visit the institutes present at the ESTRO Cancer Centres Pavilion during ESTRO 35. Bring a CV or just take a seat on their dedicated booth to discuss with their representatives science, projects, collaborations, market and, why not, job opportunities and mutual perspectives.

## **WHEN**

- Saturday 30 April 2016 from 13.00-18.00 hrs
- Sunday 1 May 2016 from 08.00-14.45 hrs.

## **WHO**

All ESTRO participants and institutes.

## **HOW**

Entrance to the Cancer Centres Pavilion is free to all the ESTRO 35 participants. No pre-registration is needed.

Institutes interested to book a specific booth should contact Myriam Lybeer, [mlybeer@estro.org](mailto:mlybeer@estro.org). Participation is free for all institutes with an ESTRO institutional membership.

For further and updated information, please consult the ESTRO website.

# SUPER RUN



## PATIENTS AND CARERS AGAINST CANCER Sunday 1 May 2016, 19.00

The Super Run is a five-kilometres run organised by ESTRO and taking place at the occasion of its annual congress for the benefit of the ECF, the ESTRO Cancer Foundation. The Society is inviting the 5,000 participating scientists, carers, doctors, institutes and companies to join patients in the run against cancer.

The participation fee of 10€ will go directly to the ECF. The ultimate goal of the Super Run is to raise awareness on the possibility to enjoy a healthy life during and after radiotherapy treatment; staying physically active has become a reality for the majority of cancer patients undergoing radiotherapy.

So join us in Turin for the Super Run.



First ESTRO Super Run at the 3rd ESTRO Forum, 26 April 2015, Barcelona



# ESTRO 35 APP

## MAXIMISE YOUR TIME AT THE CONGRESS

Download the free ESTRO Forum mobile and tablet app and take advantage of the full event schedule, as well as the personalised agenda, networking function and exhibition listings.



DOWNLOAD THE APP FROM  
[WWW.ESTRO.ORG](http://WWW.ESTRO.ORG)



App Store



Google play



### SESSIONS

You can check out the sessions you wish to attend, view their summary and add them to your personal agenda.



### SPEAKERS

You can view biographies, select congress speakers, send them messages and add them to your own personal agenda.



### MY EVENT

This is your personal agenda, displaying your selected sessions, speakers, exhibitors and much more.



### EXHIBITION

Thanks to the interactive floor plan, you can easily access the information on the booths and exhibitors you wish to visit and save them to your personal agenda.



### NETWORKING

You can create your own profile, which gives you the opportunity to interact with other attendees at the event via the messaging service. You can send messages privately and arrange meetings that will be scheduled in your personal agenda.



### SOCIAL MEDIA

Stay up-to-date with the latest congress news by using Twitter (#ESTRO35) and Facebook.



### ABSTRACT BOOK

The abstract book will be directly downloadable from the app.

## NEW THIS YEAR:

Wifi will be available in the main auditoriums.

# LINGOTTO FIERE, TURIN: AN ICONIC PLACE

*ESTRO 35 will take place in the historical Lingotto Fiere venue, a building very well-known in Italy and beyond. From the avant-garde car factory to an exciting public space, you can learn more about the charms of the premises at the next ESTRO congress.*



## LINGOTTO: A 100 YEARS-OLD HISTORIC SITE

Lingotto Fiere is actually located on the previous Fiat car manufacturing factory. Initiated in 1916 and inaugurated in 1923, Lingotto was the largest and most modern car manufacturing plant in Europe, both architecturally and in terms of car production.



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## FIAT FACTORY: THE CELEBRATION OF AN INDUSTRIAL FUTURE

Even before it was completed, Lingotto embodied Turin and Italy's industrial wealth. It was simply massive, a half-kilometre of reinforced concrete four stories high, looming on the horizon like a colossal multi-windowed ark. The roof top car test track and the long spiral ramps remain the factory's best-known symbol.



## A SUCCESSFUL CONVERSION

When the factory closed in 1982, the famous architect Renzo Piano drew up the plan for Lingotto's conversion and envisioned an exciting public space for Turin.

The new Lingotto was redesigned into a modern complex, while maintaining its architectural identity.



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© Forgemind ArchiMedia - [www.flickr.com/photos/eager/sets/72157628803473955](http://www.flickr.com/photos/eager/sets/72157628803473955)

## TODAY

Since the 1990's, Lingotto provides concert halls, theatres, cinemas, shopping arcades, a hotel, an art gallery and a convention centre as well as an exhibition area: The Oval, former Olympic structure of 20,000 sqm, can accommodate up to 10,000 visitors at conferences and international events. These additions all co-exist intelligently in a city that has become cosmopolitan, innovative and trendy.

# ESTRO MEMBERSHIP

ESTRO is devoted to advancing the goals of radiation oncology. This includes providing its members with outstanding science and education in order to support them in their career advancement.

Join ESTRO and gain access to exclusive member benefits such as:

- Online subscription to *Radiotherapy and Oncology (Green Journal)*
- Reduced fees for attending ESTRO courses, conferences and joint events
- Online access to scientific material (events webcasts, delineation cases, etc.) through the e-library (DOVE)
- Eligibility for grants, awards, faculties and governance positions.

Add your voice to the 6,000 ESTRO members

ESTRO members are professionals of radiation oncology and beyond: radiation oncologists, clinical oncologists, medical physicists, radiobiologists, radiation therapists (RTTs), dosimetrists, radiation therapy technologists, radiotherapy nurses, medical oncologists, surgeons, industry representatives, organ specialists, other medical and non medical professions, coming from more than 100 countries spread all over the world.

ESTRO offers several categories of membership to fit your professional needs:

## INDIVIDUAL MEMBERSHIP

### FULL MEMBERSHIP

- **ACTIVE (95€):** You wish to access all the services ESTRO has on offer: subscription to the *Green Journal* (electronic and printed upon request), reduced fees for attending ESTRO and joint conferences and teaching courses, online access to e-contouring cases, publications and scientific information through our e-library (DOVE), access to the ESTRO Job Centre, eligibility for grants, awards, working groups, governance positions, voting rights and much more.
- **SUPPORTING AMBASSADOR (250€):** You wish to be strongly committed to the Society by contributing to the ESTRO's Ambassador Solidarity Fund. You will have the same benefits as an Active member plus access to the available educational material, immediate access to the ESTRO events webcasts, access to the VIP registration desk and VIP lounge at the ESTRO annual congress.

### ASSOCIATE MEMBERSHIP

- **IN TRAINING (75€):** You can benefit from a large range of services and specific reduced fees for attending ESTRO conferences, teaching courses and joint events. To be eligible, you should be under the age of 35, have a relevant university diploma granted less than ten years ago and currently be in training or enrolled in a full time PhD programme in a European institute.
- **AFFILIATE (55€):** You do not require full involvement in the Society but still wish to enjoy some of the more basic advantages on offer. You will have access to the *Green Journal* (electronic) and to one reduced fee per year at an ESTRO event or teaching course.
- **CORPORATE REPRESENTATIVE (55€):** This category is reserved for individual members working for a company and offers them access to the *Green Journal* (electronic) and to one reduced fee per year at an ESTRO event or teaching course.

More info on [estro.org/members/individual-membership/individual-membership](http://estro.org/members/individual-membership/individual-membership)  
You can register online on [www.estro.org](http://www.estro.org)



## INSTITUTIONAL MEMBERSHIP

ESTRO offers European institutes the possibility to pay collectively for the membership of their employees (minimum of five), who will enjoy all the usual advantages of the individual membership. This is the most cost-effective option for institutes that will also benefit from a host of advantages such as a dedicated promotional webpage on the ESTRO website and in the newsletter, a monthly ESTRO public affairs newsletter exclusively tailored to their needs, access to the ESTRO Job Centre as recruiter, and the privilege to apply as employers for a booth at the annual congress Connection Fair.

**More info on [estro.org/members/institutional-membership/institutional-membership](https://estro.org/members/institutional-membership/institutional-membership).  
To register, please contact [institutional-membership@estro.org](mailto:institutional-membership@estro.org)**

## DUAL MEMBERSHIP

This category can be granted to individual members who benefit from a joint membership agreement, signed on a case by case basis between ESTRO and a non-European national society or a European young national society. We invite you to check with your national society whether they have an agreement with ESTRO.

## CORPORATE MEMBERSHIP

ESTRO has a membership programme dedicated for companies that can opt for either regular or gold membership. Gold membership gives the right to a seat on the ESTRO Corporate Council that serves to facilitate the collaboration and coordination between the research and development activities of the companies and the academic and scientific developments within ESTRO.

**More info on [estro.org/members/corporate-membership/corporate-membership](https://estro.org/members/corporate-membership/corporate-membership).  
To register, please contact [corporate@estro.org](mailto:corporate@estro.org)**

ESTRO membership runs from the 1st of January to the 31st of December. Radiation therapists (RTTs), dosimetrists, radiation therapy technologists, radiotherapy nurses belong to all membership categories without distinction of disciplines. When registering for ESTRO events, whatever the membership category they belong to, these members will benefit from the In training rate.

We strongly advise you to renew your membership at least three days before the early and late course/event deadlines. The members' rates will only be applied once the payment has been finalised and your membership has been duly processed and approved internally. This procedure might take up to maximum three working days.



# DOVE

DYNAMIC ONCOLOGY  
VIRTUAL ESTRO

## DOVE

### THE ESTRO PLATFORM FOR SCIENTIFIC AND EDUCATIONAL DATA

DOVE is the e-library developed by ESTRO giving you access to educational and scientific material, produced and disseminated by the Society: the Green Journal articles, conference abstracts, webcasts, posters, access to FALCON (the ESTRO delineation platform), guidelines, our newsletter, EU projects,...

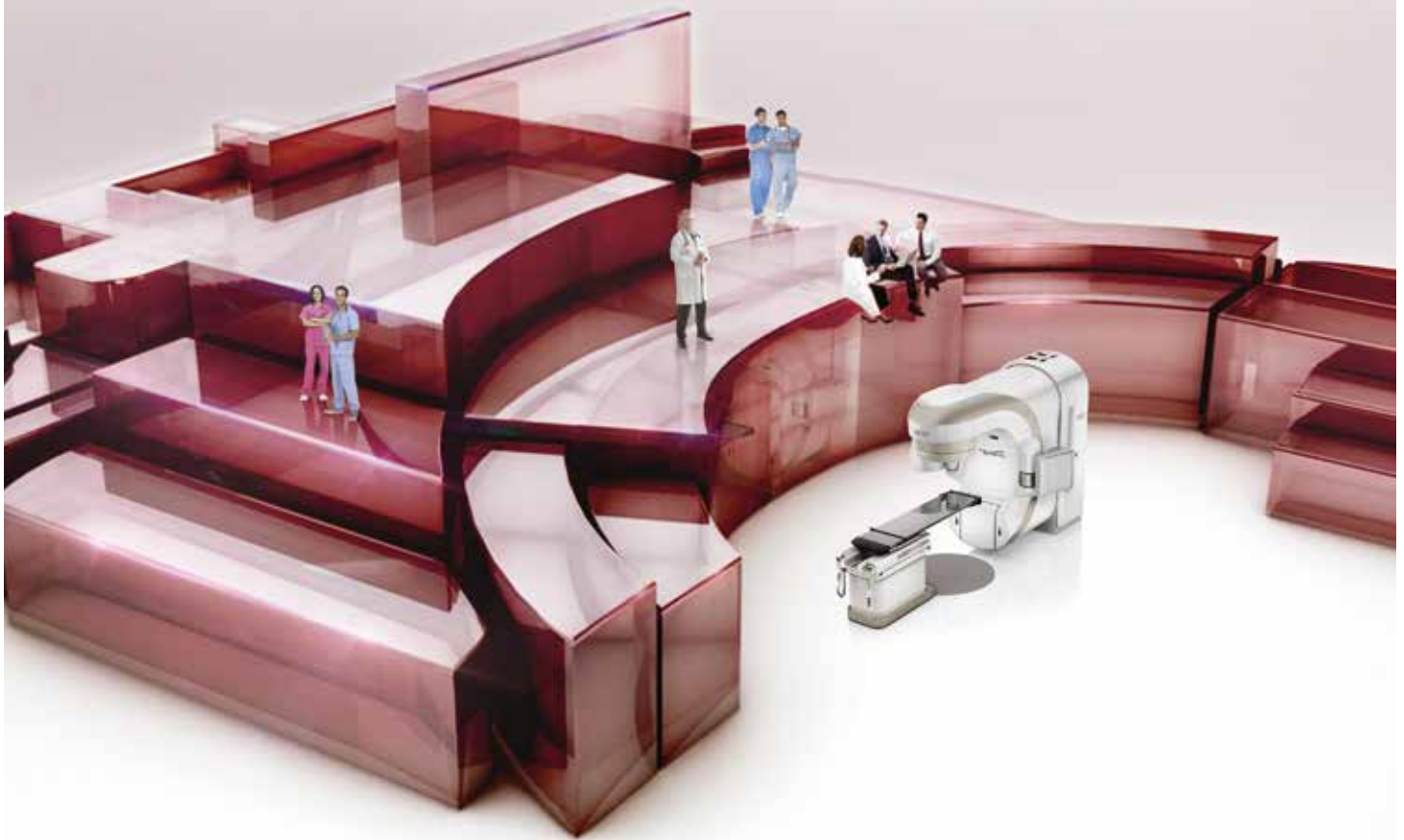
#### HOW DOES IT WORK?

DOVE works as a search engine encompassing all kinds of data in radiation oncology. Just type in your key words and then refine your search by ticking the boxes if you are looking for a particular type of support (abstract, webcast...). Or simply type a key word to see all the information available linked to the topic!

#### HOW TO ACCESS DOVE?

Simply go to [www.estro.org](http://www.estro.org): DOVE appears on the welcome page. The level of free access to the content you searched will depend on your membership type and participation to ESTRO events.

[WWW.ESTRO.ORG](http://WWW.ESTRO.ORG)



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