Peter Mac
Peter MacCallum Cancer Centre
Victoria Australia

SABR Symposium 2025

CONVENOR WELCOME MESSAGE

Thank you for joining us at the Peter MacCallum Cancer Centre SABR Symposium 2025. This symposium is designed for all three disciplines that are essential for high quality delivery of SABR; the physicist, the therapist and the oncologist. The use of SABR as a tool for treating cancer has captured the imagination of not only radiation oncologists, but other cancer clinicians and researchers.

This year we are grateful to the wonderful international faculty who have come to present their work, namely Drs Pierre Blanchard (France), Lauren Henke (USA), Barbara Jereczek-Fossa (Italy), Drew Moghanaki (USA) and Melissa O'Neil (Canada).

After the success of our previous "off-site" Symposiums, we are meeting again at the Florey Institute. We are delighted that we can also welcome you to the beautiful VCCC building that houses Peter Mac on Friday evening to share a drink and catch up with friends and colleagues at our Welcome Reception with a view!

We hope you enjoy the educational program and interactive discussions planned over the next two days.

A/ Prof Shankar Siva
Convenor, on behalf of the Organising Committee

ORGANISING COMMITTEE

Melissa Barber
Mark Burns
Sarat Chander
Steven David
Tom Devereux
Lisa Hall
Nick Hardcastle
Tomas Kron
Andrew Lim
Kubilay Mulayim
Sally Soteriou
Mark Shaw
Kenton Thompson
Katrina Woodford
Adam Yeo

PROGRAM

FRIDAY 14TH NOVEMBER 2025

TIME	EVENT	SPEAKERS
815	**Registration**	
900	Welcome to country & Welcome Address	Dr Grant McArthur, AO Dr Sandro Porceddu Dr Shankar Siva
	SESSION 1	
910	Are patients preferring SABR over surgery for early-stage lung cancer?	Dr Drew Moghanaki
950	Having the nerve to treat pain - Coeliac plexus SABR	Dr Lauren Henke
1030	**Break**	
	SESSION 2	
1100	How to treat poly-metastatic disease with SABR - Lessons from the ARREST trial	Ms Melissa O'Neil
1140	**Interactive session #1:** How to select a patient with oligoprogression for SABR	**Facilitators:** Dr Steven David & Dr Mark Shaw
1245	**Group Photo**	Location TBC
1300	**Lunch Break**	
	SESSION 3	
1400	Definitive treatment, postop, reirradiation, oligomets, rare tumors: Where can and should we use SABR in head and neck cancer?	Dr Pierre Blanchard
1440	**Expert panel discussion #1:** How to assess and prevent side effects with SABR. Are we doing enough?	**Moderators:** Dr Tomas Kron & Dr Shankar Siva (with International Speakers)
1520	**Break**	
	SESSION 4	
1550	SABR Beyond Cancer: Treating Cardiac Arrhythmia	Dr Barbara Jereczek-Fossa
1630-1720	**Debate:** "In the future, advances in SABR will be driven by technology, not biology"	**Affirmative:** Dr Lauren Henke **Negative:** Dr Drew Moghanaki
1730 – 1930	**Welcome Reception** **Level 13 Event Space @Peter Mac, 305 Grattan St, Parkville**	

PROGRAM

SATURDAY 15TH NOVEMBER 2025

TIME	EVENT	SPEAKERS
	SESSION 5	
900	Complex Prostate SABR: From High-Risk to Re-Irradiation and Prostate Bed	Dr Barbara Jereczek-Fossa
940	Is SABR a standard of care for prostate oligometastatic disease?	Dr Pierre Blanchard
1020	**Break**	
	SESSION 6	
1100	How would we do sim-free SABR?	Dr Melissa O'Neil
1140	CT guided adaptive pancreas SABR	Dr Lauren Henke
1220	**Expert panel discussion #2** Wake up and smell the coffee; compromises are needed in SABR	**Moderators:** Dr Tomas Kron & Dr Shankar Siva (with International Speakers)
1300	**Lunch Break**	
	SESSION 7	
1400	**Interactive session #2:** SABR workflow optimization and implementation	**Facilitators:** Mr Tom Devereux & Dr Adam Yeo
1500	Impact of SABR on lung cancer screening	Dr Drew Moghanaki
1540	**Summary and closing comments**	**Dr Shankar Siva**
1600	**SYMPOSIUM CLOSE**	

INTERNATIONAL FACULTY

PIERRE BLANCHARD
INSTITUT DE CANCÉROLOGIE GUSTAVE ROUSSY, FRANCE

Dr Blanchard is a full Professor of radiation oncology at Gustave Roussy Cancer Center, France. He has developed a clinical expertise in the field of Head and Neck radiotherapy, Genitourinary radiotherapy and brachytherapy as well as proton therapy. In parallel to his medical training, he completed a PhD in Public Health on biostatistics and individual patient data meta-analyses.

Dr Blanchard is the clinical lead of the Head and Neck meta-analyses team, a consortium of more than 15 institutions led from Gustave Roussy with > 200 trials and 5 individual patient data meta-analyses. He is very active within the internationally recognized research groups GORTEC (head and neck oncology) and GETUG (urologic oncology). He is the primary investigator of randomized phase III trials on prostate cancers and head and neck cancers, specifically for HPV-induced cancers. Dr Blanchard also serves as faculty for different courses organized at Gustave Roussy and is currently responsible for a national teaching course on head and neck radiotherapy. He is currently also an adjunct Professor at the UT MD Anderson Cancer Center, after having spent two years there as a visiting Faculty.

A frequent reviewer for major journals, including The Lancet and the New England Journal of Medicine, Dr Blanchard is also the Editor-in-Chief of Radiotherapy & Oncology (https://www.thegreenjournal.com/). He has published more than 200 articles in peer-reviewed journals. He was appointed as the Director of Gustave Roussy's School of Cancer Sciences in 2019, and since 2024 has been the General Secretary of Gustave Roussy Education.

INTERNATIONAL FACULTY

BARBARA JERECZEK-FOSSA
EUROPEAN INSTITUTE OF ONCOLOGY, ITALY

Barbara Alicja Jereczek-Fossa, MD, PhD, is a Full Professor of Radiation Oncology at the Department of Oncology and Hemato-oncology at the University of Milan (UNIMI), Italy, and Chair of the Department of Radiation Oncology at the European Institute of Oncology IRCCS (IEO), Milan, Italy.

Prof. Jereczek-Fossa is President Elect of the European Society of Radiotherapy and Oncology (ESTRO) and actively contributes to various scientific societies, committees, advisory and editorial boards, including the Panel of the Advanced Prostate Cancer Consensus Conference (APCCC) and the Scientific Board of the European School of Oncology (ESO).

She serves as Principal Investigator for Italian Association of Cancer Research (AIRC) funded studies, including the RADIOSA trial on prostate cancer oligorecurrences, the GREEN Radiotherapy initiative exploring sustainable hypofractionation (within Multilayered Urban Sustainability Action MUSA project), cardiac radioablation phase I/II STRA-MI-VT study, and trials regarding combination of radiotherapy with new drugs. Her research portfolio also includes projects on AI and radiomics (e.g., DECIDE), lifestyle interventions (MICROSTYLE), and international projects like EORTC-ESTRO's E²-RADIatE (collaboration).

Prof. Jereczek-Fossa is an author or co-author of almost 500 peer-reviewed scientific articles and 8 book chapters; and with her H-index of 57, she is listed among the Top Italian Scientists and at Stanford University World's Top 2% Scientists.

INTERNATIONAL FACULTY

LAUREN HENKE
UH SEIDMAN CANCER CENTER, USA

Lauren Henke, MD, MSCI is an Associate Professor of Radiation Oncology and Director of the GI Radiation Oncology service at University Hospitals/Case Western Reserve University in Cleveland, Ohio, where she also co-leads the GI Oncology Disease Team for Seidman Cancer Center and serves as residency Program Director. Her clinical specialty is the treatment of gastrointestinal cancers. She has specialized in the development and clinical implementation of advanced technologies, like advanced CT- and MRI-guided radiotherapy, since 2014.

Dr Henke has led multiple prospective clinical trials of online adaptive radiotherapy using both CT and MRI guidance. These include the first-ever clinical trial of stereotactic MR-guided online-adaptive RT (SMART) and an ongoing Phase II prospective clinical trial of CT-guided stereotactic adaptive radiotherapy for borderline resectable and locally advanced pancreatic cancer. She also serves on the National Cancer Institute (NCI) Task Force on pancreatic cancer, the NRG Oncology task groups for pancreas and hepatobiliary cancers, and is the physician chair of the ASTRO task force on adaptive radiotherapy.

INTERNATIONAL FACULTY

DREW MOGHANAKI
UCLA, USA

Dr. Drew Moghanaki is internationally recognized for his expertise in high-precision radiation therapy treatments for patients with non-small cell lung cancer, small-cell lung cancer, and thymoma. He is Professor and Chief of Thoracic Oncology at the UCLA Department of Radiation Oncology.

As the Stanley Iezman and Nancy Stark Endowed Chair in Thoracic Radiation Oncology Research, Dr. Moghanaki is at the forefront of lung cancer research, shaping clinical practice guidelines. He leads multiple national research efforts, including the VALOR phase III clinical trial which investigates SABR as an alternative to lung surgery. His unwavering dedication to patient care is reflected in his leadership of over $60 million in lung cancer research initiatives awarded to date.

Dr Moghanaki also has a joint appointment in the Veterans Health Administration, where he co-directs the VA Greater Los Angeles Lung Precision Oncology Program to ensure Veterans have access to similarly high-quality care. He is a tireless advocate for expanding access to lung cancer screening programs, leading the VA Partnership to Increase Access to Lung Screening (VA-PALS) and the California Partnership to Increase Access to Lung Screening (CAL-PALS).

INTERNATIONAL FACULTY

MELISSA O'NEIL
LONDON HEALTH SCIENCES CENTRE, CANADA

Melissa O'Neil is an Advanced Practice Radiation Therapist at the London Regional Cancer Program, specializing in palliative and stereotactic radiotherapy. She leads the Rapid Response Clinic, a service designed to ensure expedient access to palliative radiation for symptomatic patients, and is an integral part of the stereotactic multidisciplinary team. Melissa's areas of expertise include image guidance, motion management, peer education, and oligo/polymetastatic clinical trial implementation. Her research on sim-free palliative radiotherapy comprised her master's dissertation in Advanced Practice in Radiotherapy and Oncology, and she earned an MSc with Distinction from Sheffield Hallam University in 2023.

PROFESSIONAL DEVELOPMENT CREDIT

CPD/CME credits can be claimed from the three peak bodies representing SABR professionals;

The Australasian College of Physical Scientists and Engineers in Medicine (ACPSEM)

The 2025 SABR Symposium has been endorsed by ACPSEM and attendees will be able to claim 2 CPD points per hour of the meeting attended, to a maximum of 10 points per day.

The Australian Society of Medical Imaging and Radiation Therapy (ASMIRT)

This event has been granted approval as a professional development activity by ASMIRT. The Appellation number/ unique activity code for the SABR Symposium is PMACCC-003270. For those who attend part of this meeting, CPD hours may be claimed pro rata equivalent to the hours attended.

The Royal Australian and New Zealand College of Radiologists (RANZCR)

CPD hours can be claimed for attendance at the 2025 SABR Symposium. Attendees may claim ~12 CPD hours for attending the full meeting (14th & 15th November). For anyone who attends only part of this meeting, CPD hours may be claimed pro rata equivalent to the hours attended.

Attendance certificates will be issued following the SABR Symposium to enable the necessary claims.

SPONSORS

The organising committee wishes to acknowledge the support and thank the following sponsors of the 2025 SABR Symposium

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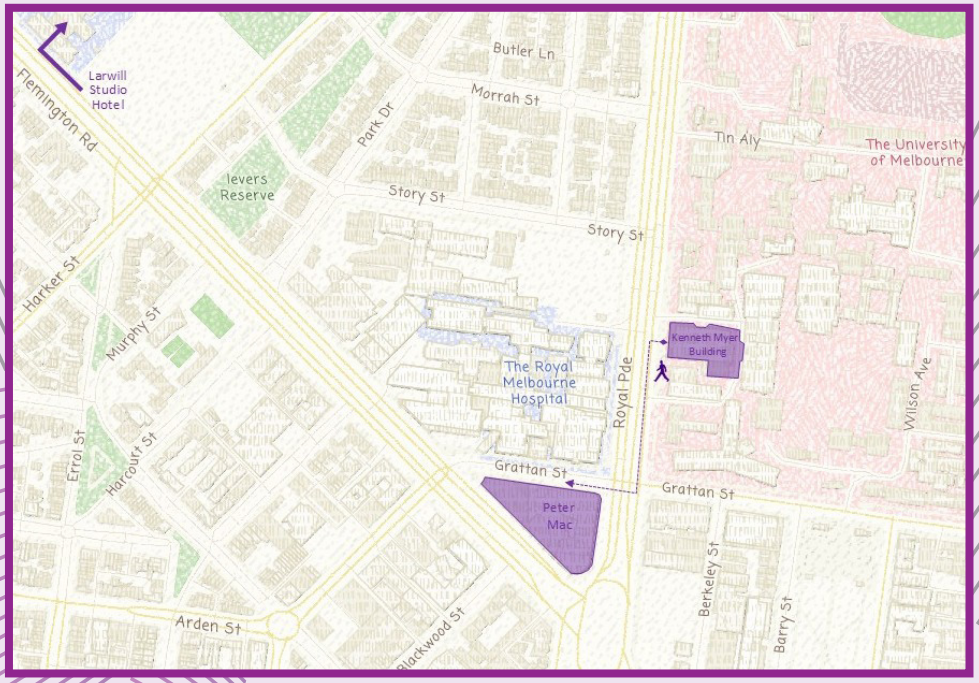
WELCOME RECEPTION & NETWORKING DRINKS

PLEASE JOIN US!!

Following the SABR Symposium Debate the Organising Committee will host a Networking Function. This evening will provide delegates with a great opportunity to reconnect with colleagues and friends while admiring the great view!

5:30 - 7:30pm
Friday 14 November
Level 13 Event Space
Peter MacCallum Cancer Centre



PRESENTATION ABSTRACTS

FRIDAY 14TH NOVEMBER

Are patients preferring SABR over surgery for early-stage lung cancer? — **Dr Drew Moghanaki**

This lecture will provide an update on the increasing utilization of SABR for stage I lung cancer and reasons driving this change.

Having the nerve to treat pain - Coeliac plexus SABR — **Dr Lauren Henke**

This presentation explores the emerging (and now guideline-recommended) role of stereotactic ablative radiotherapy (SABR) for celiac plexus ablation as a noninvasive strategy for pain relief in patients with advanced pancreas cancer. Building on clinical and dosimetric experience from early institutional series and recently completed prospective trials, the session will highlight how precise image guidance as well as the potential incorporation of adaptive planning can enable safe, durable palliation without compromising nearby gastrointestinal organs.

Specifically, this talk will focus on practical implementation: patient selection, target delineation of the celiac plexus region, dose and fractionation optimization, and integration with systemic therapy and nerve-block procedures. Participants will gain a clear understanding of how SABR can be applied pragmatically to improve quality of life in patients with refractory pain, including workflow examples and toxicity management strategies. Future directions, including the use of simulation-free online adaptive planning, will be highlighted as potential means to further expedite pain relief for patients. By reframing celiac plexus ablation as a radiotherapeutic opportunity rather than a last resort, this session invites clinicians to consider SABR as part of a broader paradigm shift toward image-guided, anatomy-tailored palliation in pancreas cancer.

RETURN TO FRIDAY 14TH PROGRAM

PRESENTATION ABSTRACTS

FRIDAY 14TH NOVEMBER

How to treat poly-metastatic disease with SABR - Lessons from the ARREST trial — **Ms Melissa O'Neil**

This presentation explores how stereotactic ablative radiotherapy (SABR) can be applied safely and pragmatically in patients with widespread, polymetastatic disease. Building on experience from the ARREST Phase I trial and its successor, ARREST-2, the session will highlight how careful planning, workflow design, and multidisciplinary collaboration can make comprehensive SABR feasible even when treating dozens of lesions across multiple organs. Key results from ARREST show that "treating everything safely treatable" is achievable with modern image guidance and planning systems, without compromising patient safety or tolerability.

The talk will focus on practical insights: patient selection, simulation strategies, target grouping, co-optimization, and how to balance technical ambition with clinical pragmatism. Participants will gain a clear understanding of what large-volume SABR actually looks like in practice: what's possible, what's safe, and what remains to be studied in ongoing trials. By reframing polymetastatic SABR as a logistical and workflow challenge rather than an absolute contraindication, this session invites clinicians to imagine new frontiers in radiotherapy for advanced disease.

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PRESENTATION ABSTRACTS

FRIDAY 14TH NOVEMBER

Definitive treatment, postop, reirradiation, oligomets, rare tumors: Where can and should we use SABR in head and neck cancer?

Dr Pierre Blanchard

Stereotactic body radiotherapy (SBRT) has rapidly evolved as a precise and efficient treatment modality in head and neck (HN) oncology, offering new opportunities for disease control and functional preservation in selected patients. Through a series of illustrative clinical cases, this presentation will introduce the role of SBRT across diverse HN cancer scenarios, highlighting key technical and clinical considerations.

We will begin by reviewing the key concepts in HN oncology that underpin safe and effective SBRT delivery, including target definition, organ-at-risk constraints, and integration with systemic therapies. The use of SBRT for primary tumors, including primary skull base lesions, will be discussed, focusing on patient selection, outcomes, and toxicity management.

A major section will address reirradiation, where SBRT offers a valuable alternative for recurrent disease with limited therapeutic options, supported by growing evidence for local control and acceptable toxicity.

Looking ahead, future directions will explore the expanding role of SBRT in small primary tumors (such as early glottic cancer), small postoperative cases (e.g., oral cavity cancers), and oligometastatic head and neck cancers. For the latter, the discussion will focus on two key questions: can SBRT enhance the efficacy of systemic therapy, and can it avoid or delay the need for systemic treatment in well-selected patients?

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PRESENTATION ABSTRACTS

FRIDAY 14TH NOVEMBER

SABR Beyond Cancer: Treating Cardiac Arrhythmia **Dr Barbara Jereczek-Fossa**

Stereotactic body radiotherapy (SBRT), traditionally used in oncology, is emerging as an innovative noninvasive treatment for cardiac arrhythmias, particularly refractory ventricular tachycardia (VT) in patients with structural heart disease. Despite antiarrhythmic medications, implantable cardioverter defibrillators (ICDs), and catheter ablation, a subset of patients remains at high risk for recurrent VT. SBRT or stereotactic arrhythmia radioablation (STAR) offers a promising, image-guided alternative by delivering high-dose radiation precisely to arrhythmogenic myocardial scar tissue. The STRA-MI-VT trial (NCT04066517) represents the first European prospective phase Ib/II study assessing the safety and efficacy of SBRT in this setting. Eligible patients had structural heart disease, relapsing VT (≥3 ICD interventions), and were not candidates for radiofrequency catheter ablation due to excessive procedural risk. The prescribed dose was 25 Gy in a single fraction, using advanced imaging integration (cardiac CT, electroanatomical mapping, 4D-CT). During a median follow-up of 14 months, SBRT achieved a significant reduction in ICD burden: mean monthly antitachycardia pacing decreased from 4.5 to 0.8 ($p = 0.029$), and total ICD therapies from 4.8 to 0.9 ($p = 0.032$). Toxicity was mild and manageable. Left ventricular function and coronary status remained stable. Recent meta-analyses confirm ≈90% reduction in VT and ICD events post-SBRT, with overall survival of 73% at one year. However, recurrence and mortality rates remain high, reflecting the advanced disease stage of this population. Ongoing European collaborations such as the STOPSTORM consortium (EU Horizon 2020) are now harmonizing imaging, dosimetry, and motion management protocols across 31 centers. STAR is a feasible, well-tolerated, and promising approach for refractory VT, but should remain investigational until validated by larger prospective trials.

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PRESENTATION ABSTRACTS

SATURDAY 15TH NOVEMBER

Complex Prostate SABR: From High-Risk to Re-Irradiation and Prostate Bed — **Dr Barbara Jereczek-Fossa**

Background: Stereotactic body radiotherapy (SBRT, or SABR) represents a paradigm shift in prostate cancer management. Ultra-hypofractionated schedules delivering high biological doses in ≤5 fractions have proven safe and effective for localized disease, while emerging evidence supports their extension to post-operative and re-irradiation settings.

Methods: This presentation summarizes level-1 evidence from recent phase III trials (HYPO-RT-PC, PACE-B, PACE-C, NRG-GU005) and innovative phase II studies (HERMES, PROSINT, PATRIOT, NOVALIS) exploring SBRT across the disease spectrum: from low- to high-risk, post-prostatectomy, and radiorecurrent cancer patients. Technological and biological rationales for hypofractionation, including radiobiological sensitivity, image guidance, and focal boosting to dominant intraprostatic lesions, are discussed alongside sustainability ("green radiotherapy") and patient-centred advantages.

Results: Multiple randomized trials have demonstrated SBRT's non-inferiority to conventionally or moderately hypofractionated radiotherapy, achieving >95% 3-year biochemical control with comparable or improved quality of life and toxicity profiles. MRI-guided and PSMA-PET-based planning further enhance precision, enabling focal dose escalation and safe re-irradiation. In the post-prostatectomy setting, early phase II data indicate feasibility and acceptable acute GU/GI toxicity, while salvage SBRT for radiorecurrent disease yields promising local control and low severe toxicity rates (<10%), offering a non-invasive alternative to surgery or brachytherapy.

Conclusions: SBRT is now an established standard for selected localized prostate cancers and a rapidly expanding option for more complex scenarios, including postoperative and re-irradiation cases. Its integration of advanced imaging, adaptive planning, and radiobiological efficiency provides durable control with minimal burden to patients and healthcare systems. Future priorities include long-term outcome

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PRESENTATION ABSTRACTS

SATURDAY 15TH NOVEMBER

Is SABR a standard of care for prostate oligometastatic disease? **Dr Pierre Blanchard**

The evolving landscape of metastatic prostate cancer management has brought metastases-directed therapy (MDT) to the forefront as a promising strategy to delay disease progression and extend survival. In both hormone-sensitive and castration-resistant settings, MDT—mostly through stereotactic body radiotherapy (SBRT) but also sometimes using surgical resection or interventional radiology—aims to eradicate limited sites of disease while preserving systemic treatment options.

This presentation will explore the current evidence supporting MDT in oligometastatic hormone-sensitive prostate cancer, where several phase II trials have demonstrated improved progression-free intervals and delayed initiation of androgen deprivation therapy. The potential of MDT to modulate disease biology, and enhance the efficacy of next-generation hormonal or radiopharmaceutical treatments will also be discussed.

In the castration-resistant setting, MDT represents an emerging concept that may offer symptomatic relief, postpone systemic therapy escalation, and improve quality of life in selected patients. We will review key ongoing clinical trials, molecular imaging advances (PSMA PET), and biomarkers that refine patient selection and treatment personalization.

By integrating biological rationale, clinical data, and practical considerations, this talk will highlight the opportunities and limitations of MDT across disease stages, emphasizing its role within a multidisciplinary approach, as well as the need for an international collaboration. The ultimate goal is to define how precise local interventions can complement systemic therapies and reshape the therapeutic trajectory of metastatic prostate cancer.

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PRESENTATION ABSTRACTS

SATURDAY 15TH NOVEMBER

How would we do sim-free SABR? **Ms Melissa O'Neil**

This session explores how stereotactic ablative radiotherapy (SABR) could be delivered safely and efficiently without a dedicated CT simulation, using emerging image-guided and adaptive radiotherapy technologies. We'll review the evolving evidence base for "simulation-free" workflows, where diagnostic CT or MRI studies are used to generate pre-plans, and where on-table imaging is used to adapt those plans in real time. Examples include work from the FAST-METS trial, early feasibility studies, and new reports using diagnostic PET/CT or MRI as the foundation for adaptive, high-precision treatments.

The talk will cover technical, workflow, and pragmatic considerations: patient selection, HU calibration and registration QA, plan adaptation on Ethos and MR-Linac systems, and operational guardrails for when to revert to conventional CT simulation. The aim is to translate what has been learned from palliative and proof-of-concept studies into practical frameworks for future ablative practice. Attendees will leave with a realistic understanding of what "sim-free SABR" could look like in their own departments, and its advantages, current limitations, and the steps needed to safely bring this concept into clinical use.

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PRESENTATION ABSTRACTS

SATURDAY 15TH NOVEMBER

CT guided adaptive pancreas SABR — Dr Lauren Henke

This presentation examines the rapidly expanding role of adaptive stereotactic ablative radiotherapy (SABR) for pancreas cancer, emphasizing the development of CT-guided online adaptive technologies, parallel to MR-linac approaches, that similarly enable safe dose escalation and improved organ-at-risk sparing. Drawing on prospective data from the Phase II SMART Pancreas Trial and insights from the EXTEND trial for oligometastatic disease, the session will outline how adaptive workflows can provide both definitive therapy as well as integrate with systemic therapy management.

We will review the development and evidence behind CT-guided online ART in the upper abdomen, will include patient selection for online ART, adaptive recontouring and plan adaptation strategies, and practical workflow considerations. Attention will also be given to the post-Whipple salvage SABR context, where adaptive planning can mitigate gastrointestinal toxicity while maintaining ablative intent.
Through clinical case examples and emerging dosimetric data, participants will gain a clear understanding of how daily CT-guided adaptation can be implemented to optimize pancreas radiation delivery. Future directions—such as ongoing Phase II and Phase III clinical trials as well as potential for incorporation with emerging systemic therapies—will be also be discussed.

Impact of SABR on lung cancer screening — Dr Drew Moghanaki

Current guidelines do not endorse screening people for lung cancer unless they are willing to undergo surgery. This is even though increasing proportions of patients with stage I lung cancer are preferring SABR with similar to better outcomes. This talk will discuss the conundrum this is creating, calling into questions the ethics of such guideline recommendations.

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