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**Transformative
innovation
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The first part of the document discusses the importance of maintaining accurate records of all transactions. This includes not only sales and purchases but also any other financial activities that may occur over the course of the business. Proper record-keeping is essential for determining the true financial health of the company and for identifying areas where costs can be reduced or revenues increased.

In addition to record-keeping, it is also important to regularly review the financial statements. This allows the business owner to stay on top of the company's performance and to make adjustments as needed. For example, if the profit margin is consistently low, the owner may need to investigate the reasons for this and take steps to improve it.

Finally, it is important to have a clear understanding of the company's financial goals and to track progress towards these goals. This may involve setting specific targets for revenue, profit, and other financial metrics, and then monitoring these targets over time. By doing so, the business owner can ensure that the company is on track to achieve its long-term objectives.

Overall, the key to successful financial management is to be proactive and to take a systematic approach to managing the company's finances. By following the principles outlined in this document, business owners can ensure that their companies are financially sound and well-positioned for long-term success.

It is also important to remember that financial management is an ongoing process. As the business grows and changes, the owner will need to continually reassess the company's financial strategy and make adjustments as needed. This may involve hiring professional advisors, such as accountants or financial planners, to help with more complex financial issues.

In conclusion, effective financial management is essential for the success of any business. By following the principles outlined in this document, business owners can ensure that their companies are financially sound and well-positioned for long-term success.

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Table of contents

Invited Speaker	1-163
-----------------------	-------

BRACHYTHERAPY

Breast	164-172
Gastro-intestinal, paediatric brachytherapy, miscellaneous	173-195
General.....	196-205
Gynaecology	206-287
Head & neck, skin, eye.....	288-314
Physics.....	315-367
Urology	368-402

CLINICAL

Biomarkers	403-421
Breast	422-641
CNS	642-769
Gynaecology	770-889
Haematology	890-924
Head & neck	925-1145
Lower GI.....	1146-1284
Lung.....	1285-1453
Mixed sites, palliation	1454-1611
Paediatric tumours	1612-1657
Sarcoma, skin cancer, malignant melanoma	1658-1735
Upper GI.....	1736-1871
Urology.....	1872-2147

INTERDISCIPLINARY

Education in radiation oncology.....	2148-2211
Global health	2212-2256
Health economics & health services research	2257-2339
Other	2340-2418

PHYSICS

Autosegmentation	2419-2565
Detectors, dose measurement and phantoms	2566-2684
Dose calculation algorithms	2685-2714
Dose prediction, optimisation and applications of photon and electron planning	2715-2942
Image acquisition and processing including ML based methods	2943-3073
Inter-fraction motion management and offline adaptive radiotherapy	3074-3194
Intra-fraction motion management and real-time adaptive radiotherapy	3195-3357
Machine learning models and clinical applications	3358-3455
Optimisation, algorithms and applications for ion beam treatment planning.....	3456-3577
Quality assurance and auditing	3578-3708
Radiomics, functional and biological imaging and outcome prediction	3709-3870

RADIOBIOLOGY

Immuno-radiobiology	3871-3890
Microenvironment	3891-3908
Normal tissue radiobiology.....	3909-3961
Tumour radiobiology	3962-4030

RTT

Patient care, preparation, immobilisation and IGRT verification protocols	4031-4148
Patient experience and quality of life	4149-4214
Education, training, advanced practice and role developments	4215-4279
Service evaluation, quality assurance and risk management	4280-4308
Treatment planning, OAR and target definitions.....	4309-4409

Late-breaking.....	4410-4434
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- ¹Fokas, E.; Allgauer, M.; Polat, B.; Klautke, G.; Grabenbauer, G.G.; Fietkau, R.; Kuhnt, T.; Staib, L.; Brunner, T.; Grosu, A.L.; et al. Randomized Phase II Trial of Chemoradiotherapy Plus Induction or Consolidation Chemotherapy as Total Neoadjuvant Therapy for Locally Advanced Rectal Cancer: CAO/ARO/AIO-12. *J. Clin. Oncol.* 2019, 37, 3212–3222
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3028

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Prognostic factors for disease-free interval in patients with rectal cancer treated with neoadjuvant chemoradiotherapy and dose intensification

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Purpose/Objective:

The standard treatment approach for locally advanced rectal cancer (LARC) involves neoadjuvant chemoradiotherapy (nCRT), followed by surgery, with/without adjuvant chemotherapy (CT). Identifying predictive and prognostic biomarkers is crucial to selecting patients who are most likely to benefit from this treatment. This study aimed to identify prognostic parameters for disease-free interval (DFI) in patients with LARC treated with nCRT intensified using volumetric modulated arc therapy-simultaneous integrated boost (VMAT-SIB).

Material/Methods:

A total of 82 LARC patients treated between June 2020 and April 2022 were included. Tumors were distally located in 80.5% of cases. Radiotherapy was delivered with 45 Gy (1.8 Gy/fraction) to the mesorectum and regional lymphatics and a SIB of 54 Gy (2.16 Gy/fraction) to the macroscopic disease with 2 cm margin. Concomitant CT (5-fluorouracil and leucovorin) was administered during the first and fifth weeks of RT. Clinical response was assessed 8 weeks post-nCRT using pelvic MRI and rigid proctoscopy. For patients with a clinical complete response (cCR) and distal tumors, a watch and wait approach was employed. Surgery was conducted 8–14 weeks post-nCRT. Responders (50%) were defined as achieving cCR as well as patients with surgery conducted with Mandard tumor regression grade (TRG) 1–2, while non-responders group (50%) included patients with TRG 3–5. DFI was measured from surgery or control MRI (8 weeks post-nCRT for watch-and-wait patients without relapse within the first two years) to regional/distant progression or last follow-up. Sphincter preservation was achieved in 65% of patients.

Results:

Surgery was performed on 65 patients (79.3%), while 17 patients (20.7%) were managed with the watch-and-wait approach. Of the watch-and-wait cohort, 8 patients experienced relapse, and 87.5% were salvaged with surgery. Only one patient experienced both local and distant relapse and wasn't operated on. Median DFI was 27 months (range: 1–45 months), with a 3-year DFI rate of 75.8%. Statistically significant prognostic factors included pre-treatment (mucinous differentiation, extramural vascular invasion [EMVI], circumferential resection margin [CRM]

involvement, tumor morphology, T stage, and elevated CA 19-9 levels) and post-treatment factors (resection margin status, pathological complete response [pCR] and cCR >2 years, rectal cancer regression grade category [RCRG], Dukes stage, lymphovascular/vascular/perineural invasion, ypT, ypN, ypUICC stage, nodal deposits, CRM involvement).

Conclusion:

DFI in LARC patients is influenced by both baseline and treatment-related factors. Identifying these parameters can guide personalized therapeutic strategies, including the incorporation of additional CT in neoadjuvant settings, as part of total neoadjuvant therapy (TNT).

Keywords: rectal cancer, nCRT, disease-free interval

References:

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3075

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Inter-fraction variability of the mesorectum during long-course radiotherapy in rectal cancer

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Purpose/Objective:

In patients with rectal cancer (RC) treated with external beam radiotherapy (EBRT), the clinical target volume (CTV) includes the tumor and mesorectum (MR); however, the position and shape may vary during treatment. To assess whether it is necessary to expand the CTV based on MR variability during long-course EBRT.

Material/Methods: