



OCTOBER SEMINAR NOTICE

Presented by

Yale School of Medicine's, Department of Therapeutic Radiology

“Ewing Sarcoma”

**1. James Assif, Medical Student
SUNY Upstate Medical University-Syracuse**

“Low Dose Radiation in the Treatment of Indolent Lymphomas: Brief History and Current Research”

**2. Monica Chelius, Medical Student
Geisel School of Medicine at Dartmouth**

“Concordance of Survival Hazard Ratios for Population-Based Observational Studies and Randomized Trials in Prostate Cancer”

**3. David Wallington, Medical Student
Western Michigan University Homer Stryker M.D. School of Medicine**

Date: Thursday, October 3, 2019

Location: Smilow LL505

Course Director/Host: Henry S. Park, MD, MPH

There is no corporate support for this activity

This course will fulfill the licensure requirement set forth by the State of Connecticut

ACCREDITATION

The Yale School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

TARGET AUDIENCE

Attending Physicians; Housestaff/Fellows; Medical Students; Nurses; PA's; Other

NEEDS ASSESSMENT

1. This course will educate the audience on a rarely seen pediatric tumor with emphasis dedicated to important general characteristics of the disease as well as approaches to radiotherapy derived from many primary literature sources.
2. Current National Comprehensive Cancer Network guidelines recommend radiation therapy in the treatment of indolent lymphomas at doses 24-30 Gy to the involved site. In recent years, very low doses of radiation (4 Gy), which effectively produce local control in select patients with indolent NHL, have gained popularity. Through this presentation, participants will gain an understanding of the indications for 4 Gy treatment, and potential future uses of this low dose radiation for indolent NHL.
3. Randomized trials are the gold standard for comparing treatment effects, however they are costly and time consuming. Observational studies are an alternative to randomized trials for comparing treatment effects, however they are subject to many limitations and caveats.¹ Despite this, observational research has been increasingly utilized in prostate cancer research. Recent studies have shown that the concordance between observational studies and randomized trials in oncology is poor.² These effects may be even greater in prostate cancer, which is susceptible to biases such as the “low risk patient bias.”¹

LEARNING OBJECTIVES

At the conclusion of this activity, participants will be able to:

1. General information about Ewing Sarcoma. Trials for Ewing Sarcoma and approaches to radiotherapy.
2. Demonstrate an understanding of the retrospective research that led to the use of 4 Gy treatment in indolent NHL. Appreciate the significance of the FORT trial in its establishment of 24Gy as standard treatment for indolent NHL, as compared to 4Gy. Understand the associated toxicities of both 24Gy and 4Gy treatment for above and gain an understanding of current trends in research regarding 4Gy treatment for indolent NHL.
3. Explain the limitations in observational studies on prostate cancer. Identify the degree of concordance between observational studies and randomized trials. Describe factors associated with better concordance between observational studies and randomized trials in prostate cancer.

DESIGNATION STATEMENT

The Yale School of Medicine designates this live activity for 1 AMA PRA Category 1 Credit(s)TM. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

FACULTY DISCLOSURES

James Assif, Med Student – None; Monica Chelius, Med Student – None; David Wallington, Med Student – None; Henry S. Park, MD, MPH – RadOncQuestions, LLC, Honorarium, Editor

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1. Park HS, Lloyd S, Decker RH, Wilson LD, Yu JB. Limitations and Biases of the Surveillance, Epidemiology, and End Results Database. *Curr Probl Cancer*. 2012;36(4):216-224. doi:10.1016/j.cuprob.2012.03.011

2. Soni PD, Hartman HE, Dess RT, et al. Comparison of Population-Based Observational Studies With Randomized Trials in Oncology. *J Clin Oncol*. 2019;37(14):1209-1216. doi:10.1200/JCO.2018.01074