

The balance between equity and research in radiation oncology: the ESTRO vision

UNIVERSITÀ
DEGLI STUDI
DI MILANO



 **IEO**
Istituto Europeo
di Oncologia

 **Fondazione
Umberto Veronesi**
— per il progresso
delle scienze —



 **Fondazione IEO-CCM**
RICERCA ONCOLOGICA E CARDIOVASCOLARE



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Rome, 27th Oct 2025

Gemelli



Fondazione Policlinico Universitario Agostino Gemelli IRCCS
Università Cattolica del Sacro Cuore

GART
Advanced Radiation Therapy



RADIATION ONCOLOGY TODAY

- Cure rates are improving
- Treatments are more complex
- Multidisciplinary care is standard
- Patient expectations are higher

Radiation oncology must evolve to stay central

RADIOTHERAPY: opportunity



- Saves lives**

40% of cancer survivors received RT

- Optimizes spending:**

Hypofractionation, oligoprogession, virtual surgery etc

- Cost-effective:**

<5% of cancer care costs

- Underfunded:**

Only 2.8% of public/philanthropic cancer research funds



Public Perception of Radiotherapy: Between Fear and Trust



Media

- Focus on errors and toxicity, not on cures

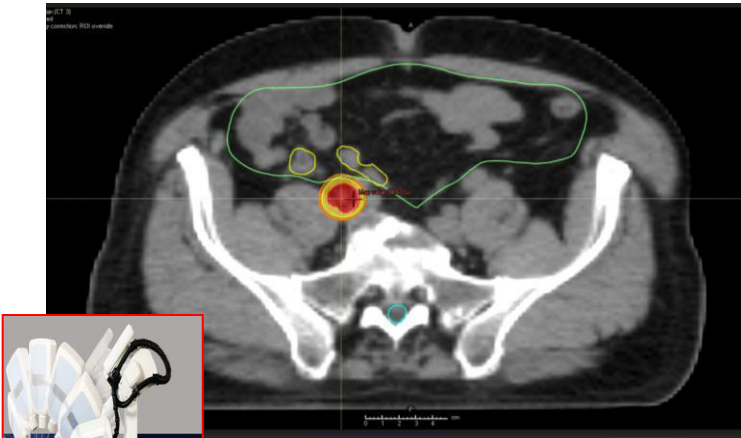


Optical illusion (Ames room)

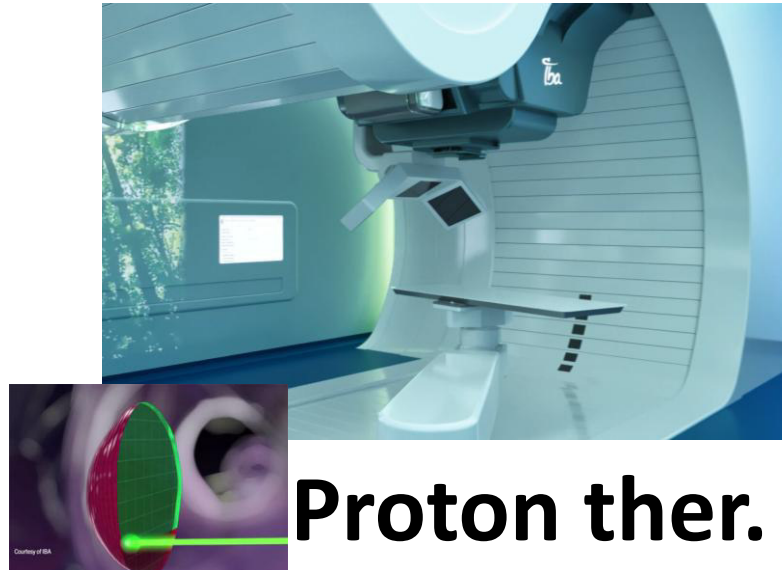
Survey (ESTRO/ECPC 2023)

- 40% unaware it's curative
- <30% know modern RT

«Groundbreaking potential technology and innovation...»



SBRT



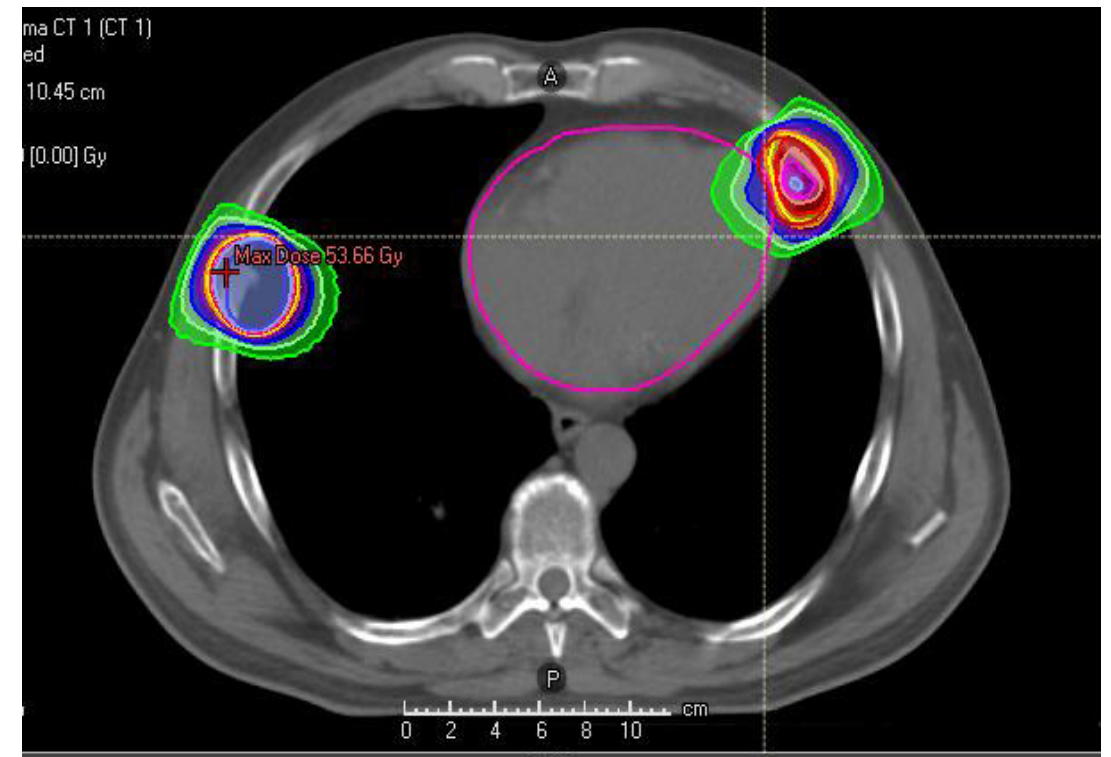
Proton ther.



MRI-linac

NEW FRONTIERS in Radiation Oncology

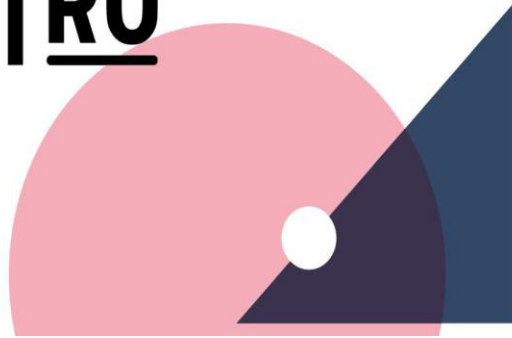
- AI and innovation
- New Combinations
- New indications
- Green RT



1980
The European Society for Radiotherapy and Oncology
Almost 10.000 members
Almost 100 national societies



ESTRO



**1 in 4 cancer patients in EU
does not receive
the radiation oncology treatment needed**

$$KPI = \frac{\text{patients receiving RT}}{\text{patients who should receive RT}}$$

Equity in Radiation Oncology Worldwide

The Global Imbalance

>50% of cancer patients would benefit from radiotherapy, yet **only ~70%** have access even in high-income countries and **<10%** in many low- and middle-income regions (LMICs).

Infrastructure gaps: 90% of radiotherapy equipment is located in high-income countries.

Workforce shortages: many regions have *no* trained radiation oncologists, physicists, or RTTs per population needs.

Consequences: preventable deaths, late-stage presentations, and avoidable suffering
a silent inequality within cancer care

Equity is not only about machines

- **Access:** availability of centres, technology, and trained teams.
- **Affordability:** reimbursement systems, insurance coverage, and out-of-pocket costs.
- **Quality:** treatment precision, QA programs, and safety culture. RESEARCH
- **Inclusiveness:** gender, geography, and professional equity within the workforce.
- **Representation:** ensuring radiotherapy's voice is heard in national cancer plans and international health policy (visibility, perception)

1980

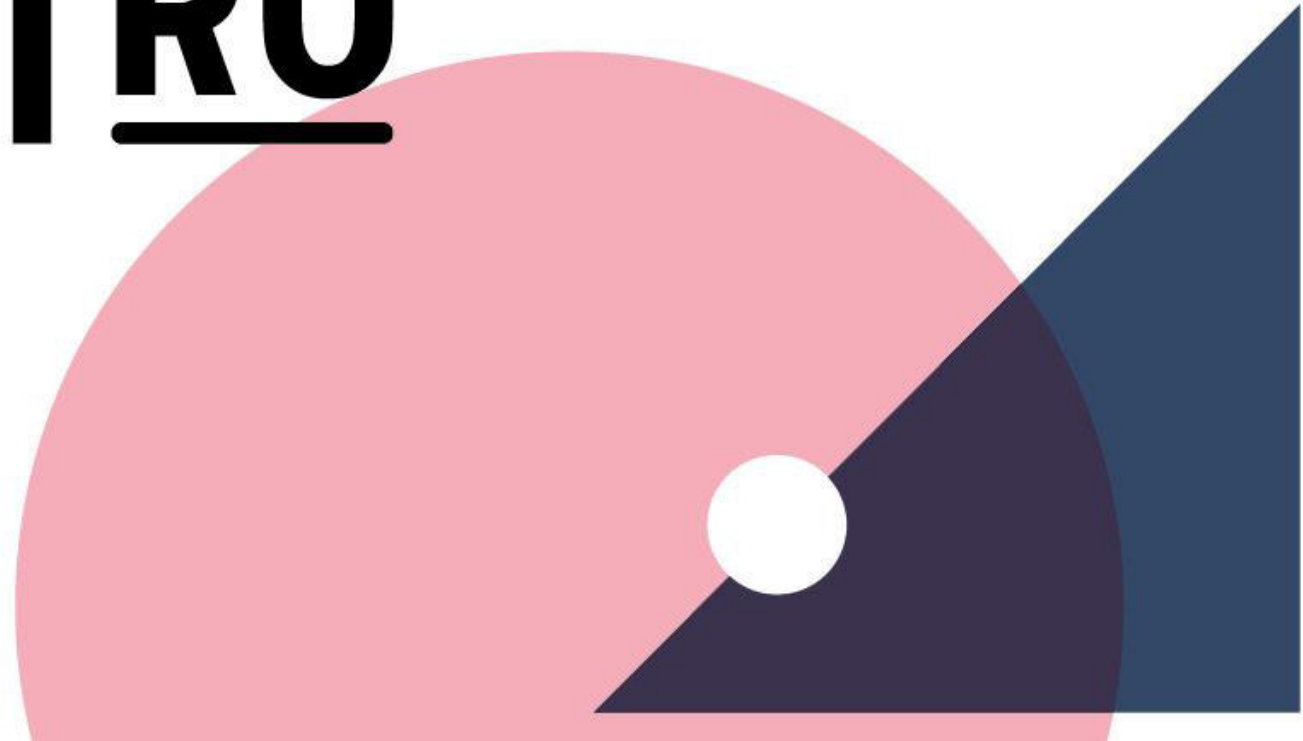
The European Society for Radiotherapy and Oncology

10.000 members

Almost 100 national societies



ESTRO



Radiation Oncology.
Optimal Health
Together. FOR ALL,

- ESTRO VISION 2030 -

ESTRO Vision 2030

'Optimal Health for All, Together'

Guiding the evolution of our profession and discipline

- High-quality care
- Multidisciplinarity
- Innovation & research
- Education & training
- Patient-centred approach

ESTRO Vision 2030

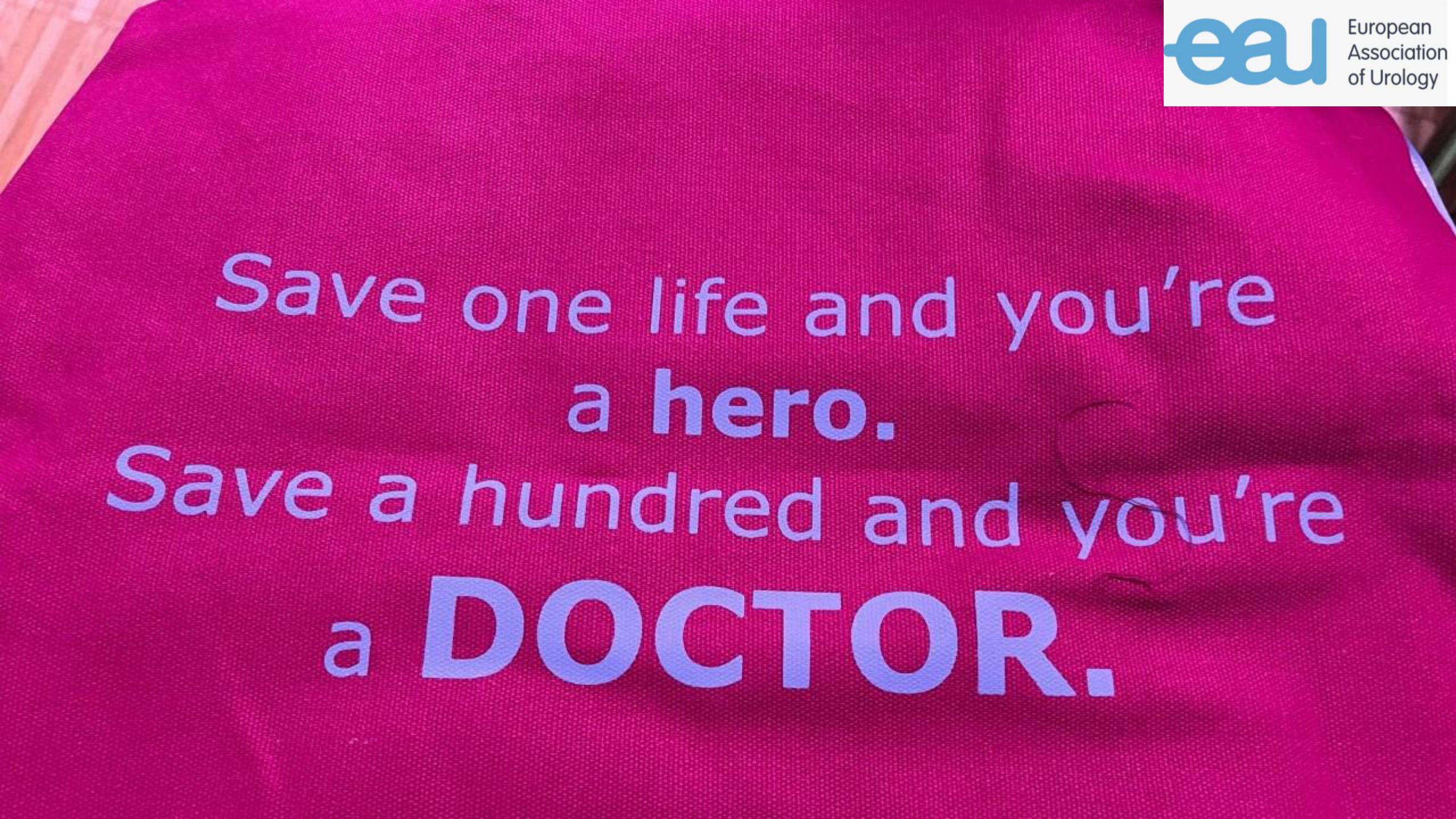
'Optimal Health for All, Together'

- Empowering RO professionals
- Internal structure of ESTRO
- External activities of ESTRO

ESTRO Vision 2030

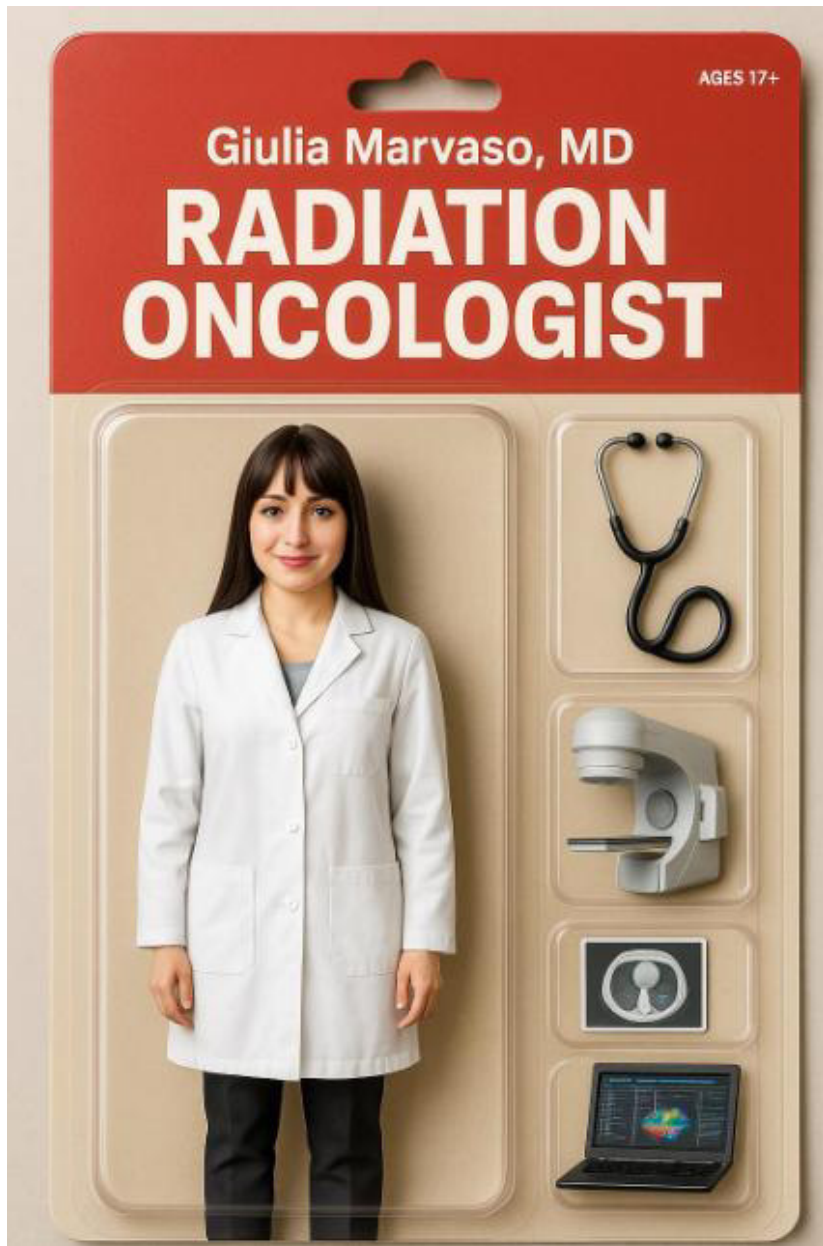
'Optimal Health for All, Together'

- **Empowering RO professionals**
- Internal structure of ESTRO
- External activities of ESTRO



Save one life and you're
a **hero.**

Save a hundred and you're
a **DOCTOR.**



IT TAKES A TEAM

Radiation therapy is a collaboration of precision, planning, and care.



Radiation Oncologist

Leads your treatment plan.
Decides dose, field, and oversees care.

Radiation Therapist

Delivers the daily treatments and ensures safety, accuracy, and patient



Medical Physicist

Ensures the machine works with millimeter precision. Oversees dose safety

Dosimetrist

Calculates the optimal radiation dose plan customized to your tumor and anatomy



Radiation Oncology Nurse

Supports patients with side effect management, education, and coordination

Every treatment is a team effort. We're all here for one goal: your care.



Empowering the Radiation Oncologist

- Leadership in clinical decision-making
- Competence in new technologies, AI and combinations
- Integration in molecular tumor boards
- Communication skills with patients, colleagues and external stakeholders

A professional identity that adapts and grows

integrated cancer therapy specialty

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ESTRO Vision 2030

'Optimal Health for All, Together'

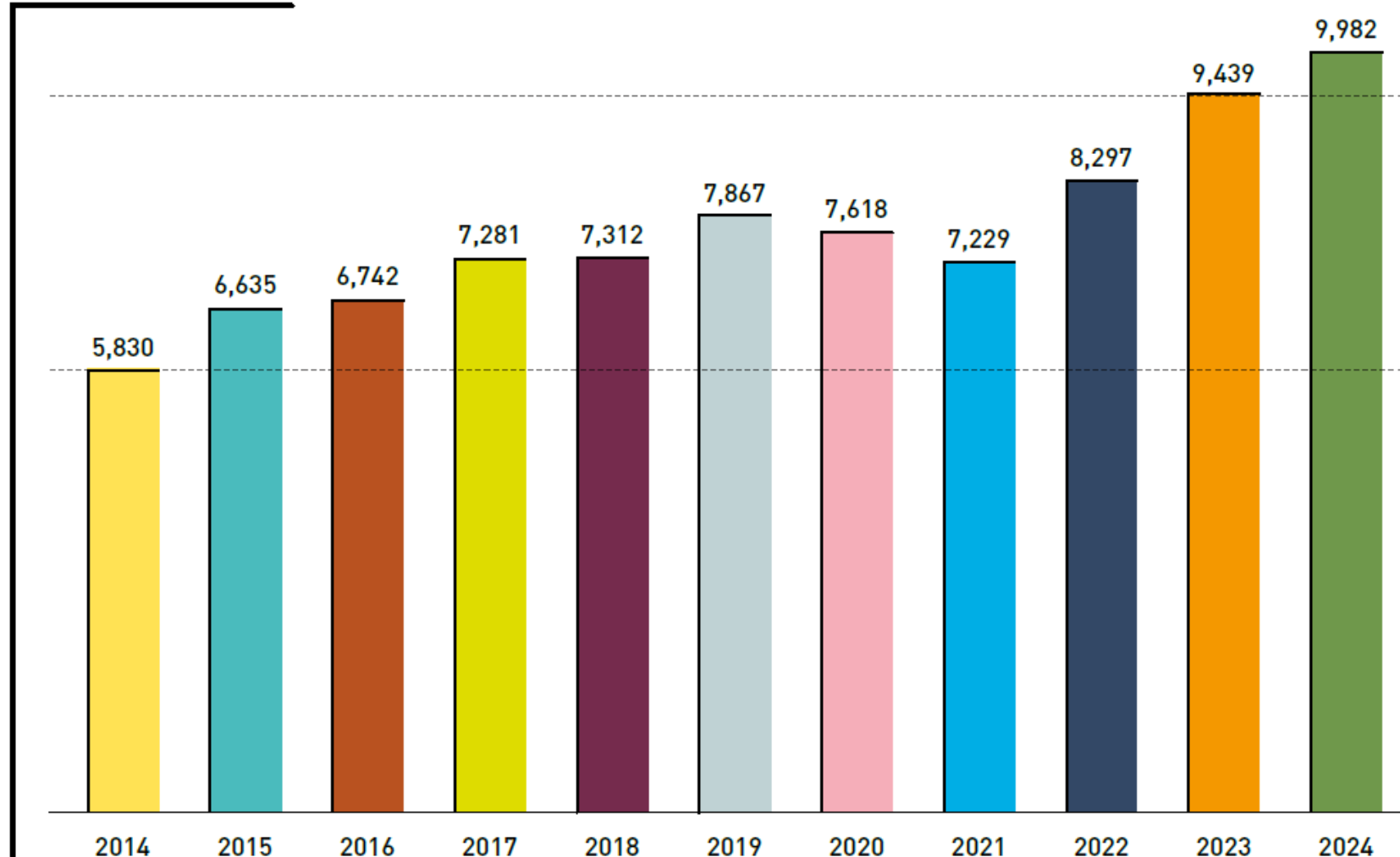
- Empowering RO professionals
- **Internal structure of ESTRO**
- External activities of ESTRO

Membership: a growing community

10.000 Autumn 2025



Evolution of membership



A NEW RECORD FOR **ESTRO**

Over 10,000 Members!

10,000 Voices, One Mission:
Shaping cancer care together

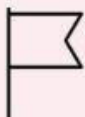
Profile of ESTRO Members



9,439
Members



5
Continents



120
Countries

Breakdown of ESTRO members by speciality



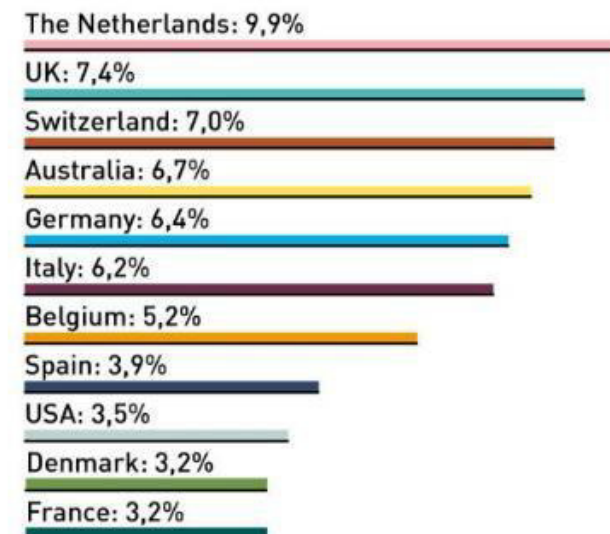
- 43,4% Radiation oncologists
- 21,1% Medical physicists
- 13,3% RTTs - nurses - dosimetrists
- 7,6% Clinical oncologists
- 1,0% Radiobiologists
- 13,6% Other medical and non-medical specialities

The ESTRO community extends far beyond these professional radiation oncology disciplines, taking in a wide range of other professions.

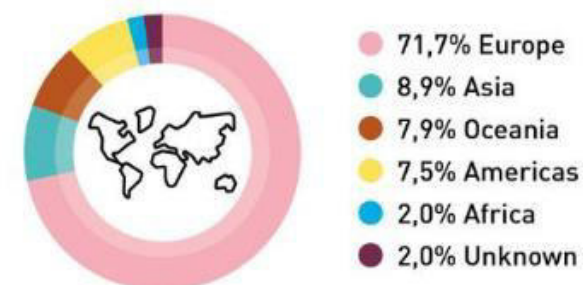
This includes professionals from:

- └ other medical fields, such as surgeons, radiologists, medical oncologists, gynaecologists and urologists
- └ and non-medical fields, such as public affairs specialists.

Top 10 countries



Geographical distribution



ESTRO Governance Structure

Portfolios

Strategy definition /
Legislative power

Programmes

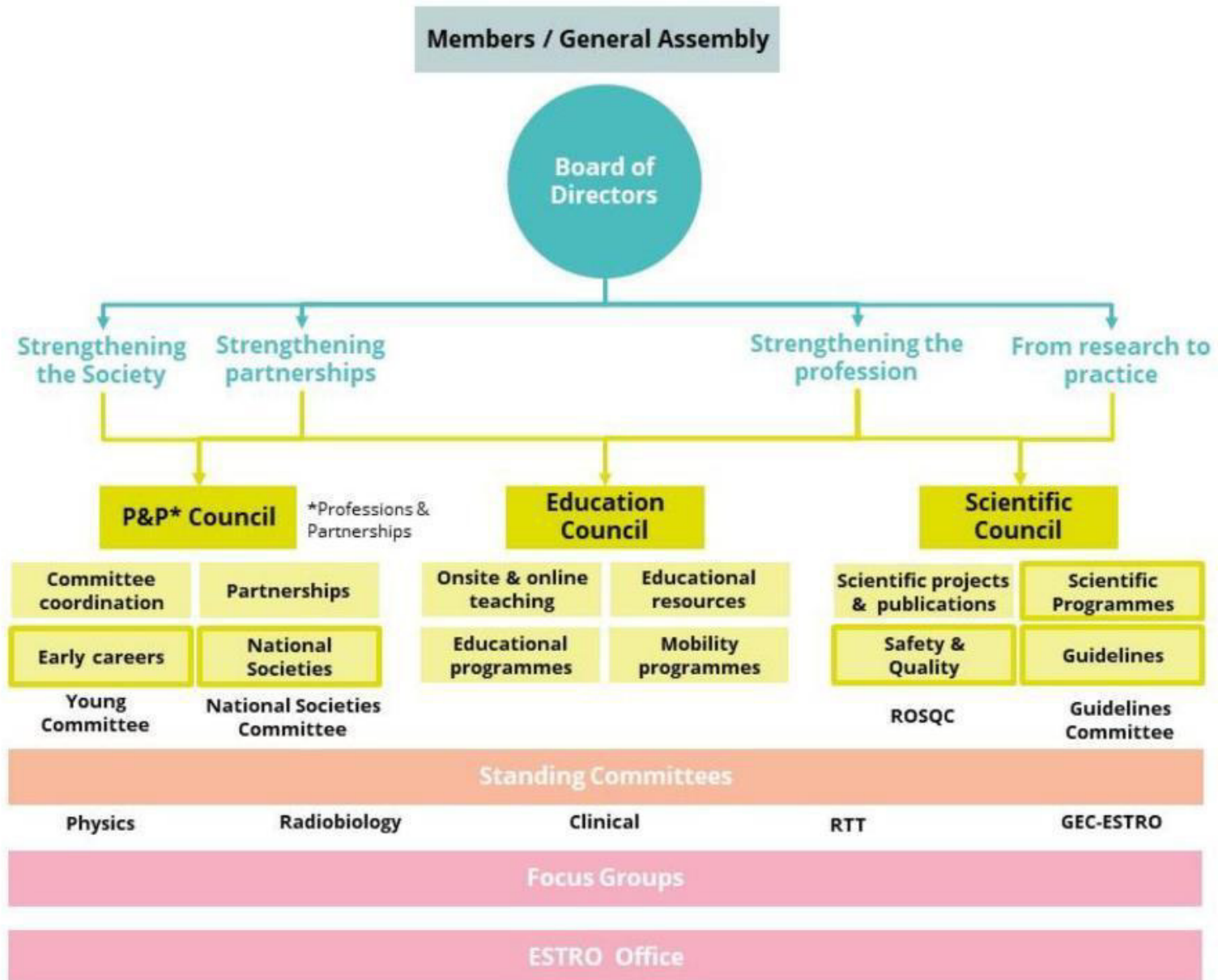
Strategy implementation /
Executive power

Programme Committees

Projects

Project execution /
Professional development

Project execution /
Operations & support



Key Strategic Objectives and Actions

Radiation Oncology.
Optimal Health
Together. **FOR ALL,**

- ESTRO VISION 2030 -

1 - Overarching recommendations

1A

Advocate, communicate & empower
Build on ESTRO's brand as the voice in European RT in order to increase impact

1B

Attract, retain, connect & signpost
Focus membership on expansion, retention & customization esp within Europe

1C

Equip, adapt & diversify
Ensure high quality science at congress, with diverse educational offer adapted to needs

2

Members & advocacy

- A. Proactively & strategically approach partnerships to create content
- B. Increase collaboration with National Societies
- C. Grow ESTRO's membership
- D. Signpost ESTRO content & increase engagement
- E. Increase advocacy for radiation oncology at EU level

3

Education

- A. Grow & equip ESTRO faculties
- B. Ensure high-quality value-added content
- C. Scope and match demand in both content and medium
- D. Develop sustainable course formats
- E. Ensure the financial sustainability of ESTRO's educational offering

4

Science

- A. Optimise congress content and delivery to attract the best science & speakers
- B. SOPs to promote high-quality science
- C. Develop the "Best of ESTRO" concept to take content beyond the Congress
- D. Enhance networking opportunities within and beyond the Congress
- E. Leverage and grow flagship projects to improve engagement at EU level

5 - Underlying organisational considerations (considering the triple bottom line of people, profits & planet)

A

Create value for our members and for our community

B

Diversify value capture across the ESTRO offering (incl digital transformation)

C

Measure impact & iterate

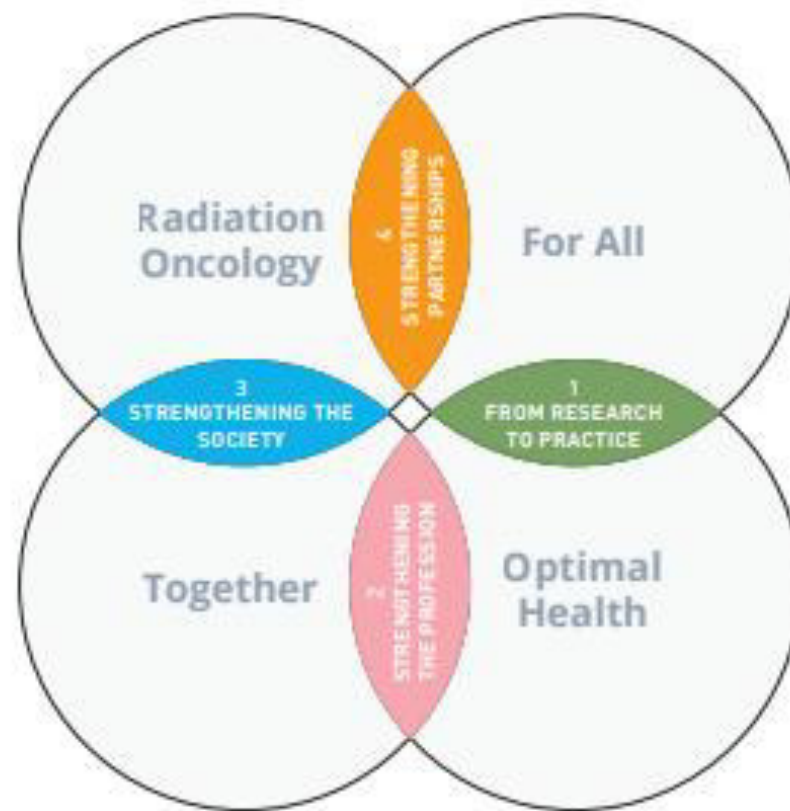
D

Increase sustainability

Strategic areas and activities

- Strengthening the outreach to RO professionals
- Building a time-proof organizational structure

- Driving education
- Leading the international recognition of RT



- Growing ESTRO international presence and building up exchanges

- Defining ESTRO's role in research
- Disseminating research
- Driving the generation of guidelines

Events



SAVE THE DATE

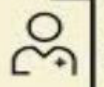
ESTRO2025

Transformative innovation
through partnership

2-6 May 2025
Vienna, Austria

ANNUAL
ESTRO
CONGRESS



 **20 ESTRO Clinical**
26 Workshop

Application deadline:
22 October 2025

12-13 March 2026
Vienna, Austria

20 ESTRO Physics
25 Workshop



23-24 October 2025
Toulouse, France

20 GEC-ESTRO
25 Workshop



19-20 November 2025
Belgrade, Serbia



16 January 2025 - 17 January 2025 Essen, Germany

3rd EPTN/ESTRO workshop - Proton t



EMUC25 | **13-16 November 2025**
Prague, Czech Republic



European Lung
Cancer Congress 2025

PARIS FRANCE
26-29 MARCH 2025

Education: a rich palette on offer



3,479 Participants



- 1,713 at live and online courses
- 447 International courses (outside Europe)
- 360 at FALCON Workshops
- 114 at On demand courses
- 721 at Pre-meeting courses at ESTRO 2024
- 124 at Contouring workshops at ESTRO 2024

School activities



- 29 Teaching courses (live and online)
- 10 FALCON Workshops
- 6 Pre-meeting courses at ESTRO 2024
- 6 International courses (outside Europe)
- 4 Contouring workshops at ESTRO 2024
- 3 On demand courses

ESTRO
SCHOOL
2025

ESTRO



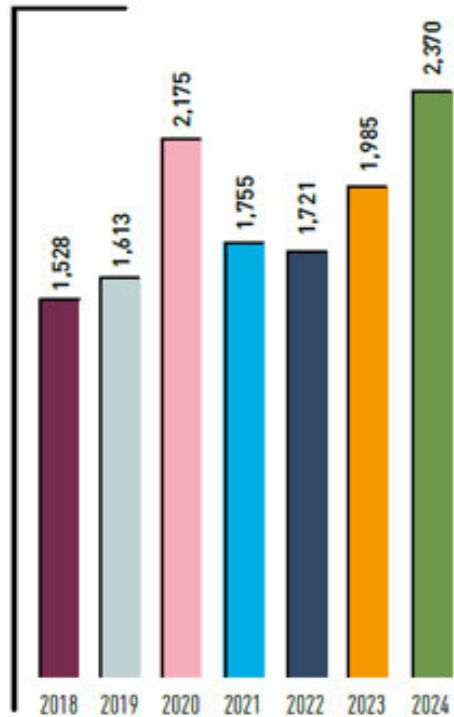
APPLY NOW

ESTRO EDUCATIONAL TRAVEL GRANTS

Deadline: 31 October 2025

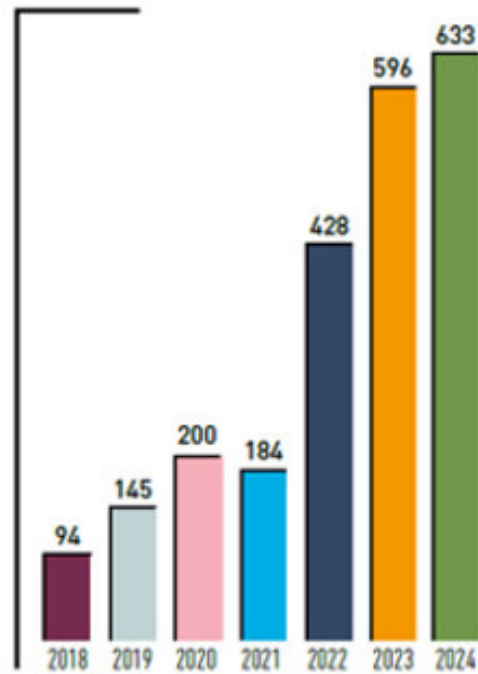
Journals: a dynamic scientific community

Evolution of the number of articles submitted



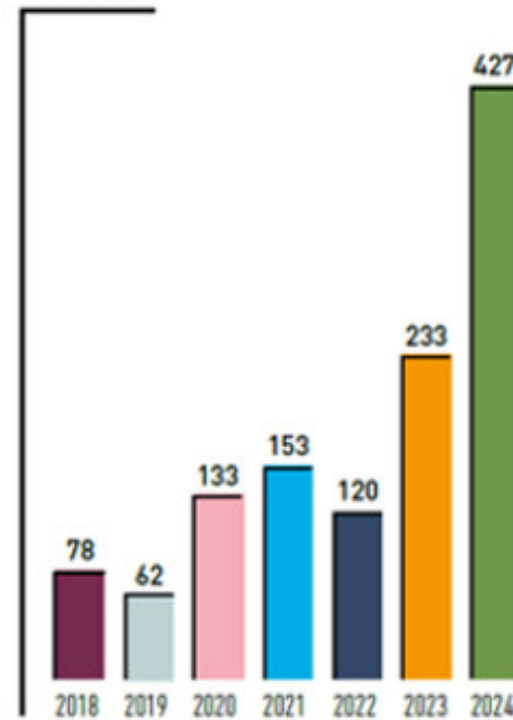
The Green Journal

Evolution of the number of articles submitted



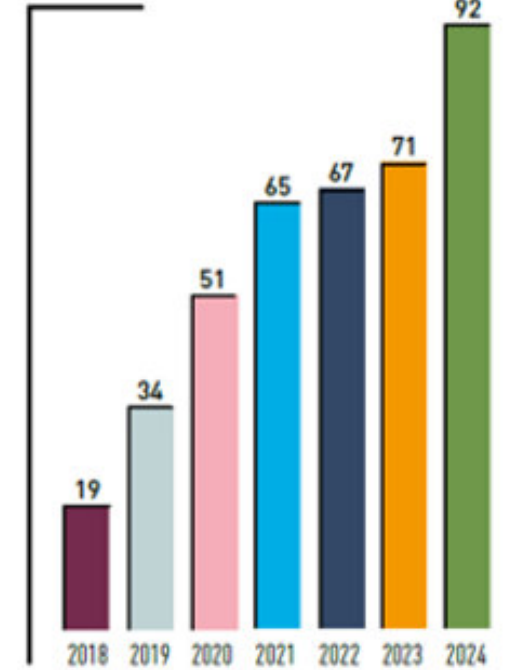
ctRO

Evolution of the number of articles submitted



phiRO

Evolution of the number of articles submitted



tipsRO

TIPSRO: first Impact Factor expected in June. Congratulations!

Guidelines

The following guidelines were developed under the auspices of the Guidelines Committee in 2024

- └ International multidisciplinary consensus on the integration of radiotherapy with new systemic treatments for breast cancer: European Society for Radiotherapy and Oncology (ESTRO)-endorsed recommendations
- └ Essential requirements for reporting radiation therapy in breast cancer clinical trials: An international multidisciplinary consensus endorsed by the European Society for Radiotherapy and Oncology (ESTRO)
- └ ESTRO-SIOPE guideline: Clinical management of radiotherapy in atypical teratoid/rhabdoid tumors (AT/RTs)
- └ Delphi consensus on stereotactic ablative radiotherapy for oligometastatic and oligoprogressive renal cell carcinoma—a European Society for Radiotherapy and Oncology study endorsed by the European Association of Urology

- └ A joint ESTRO and AAPM guideline for development, clinical validation and reporting of artificial intelligence models in radiation therapy
- └ ESTRO-EPTN radiation dosimetry guidelines for the acquisition of proton pencil beam modelling data
- └ GEC-ESTRO recommendations for head & neck cancer brachytherapy (interventional radiotherapy): 2nd update with focus on HDR and PDR
- └ ESTRO-EANO guideline on target delineation and radiotherapy for IDHmutant WHO CNS grade 2 and 3 diffuse glioma
- └ ESTRO/EANO recommendation on reirradiation of glioblastoma

The following guidelines were endorsed by the Guidelines Committee in 2024

- └ Joint EANM-SNMMI guideline on the role of 2-[18F]FDG PET/CT in no special type breast cancer (endorsed by the ACR, ESSO, ESTRO, EUSOBI/ESR, and EUSOMA)
- └ External Beam Radiation Therapy for Palliation of Symptomatic Bone Metastases: An ASTRO Clinical Practice Guideline
- └ Radiation Therapy for HPV-Positive Oropharyngeal Squamous Cell Carcinoma: An ASTRO Clinical Practice Guideline
- └ 6th and 7th International Consensus Guidelines for the management of advanced breast cancer (ABC Guidelines 6 and 7)

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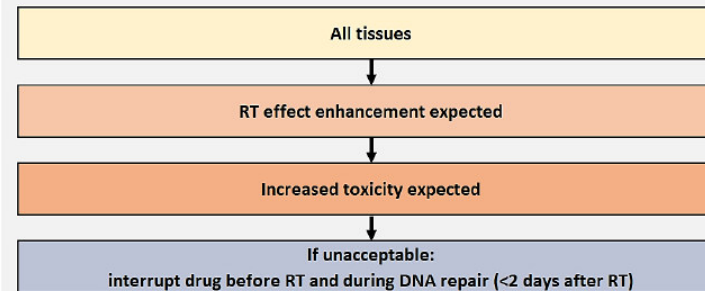


Original Article

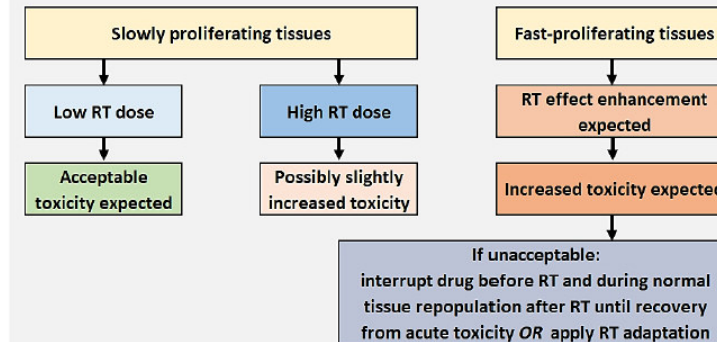
ESMO-ESTRO framework for assessing the interactions and safety of combining radiotherapy with targeted cancer therapies or immunotherapy

Evert S.M. van Aken^{a,b,*}, Bharti Devnani^{c,1}, Luis Castelo-Branco^{d,1}, Dirk De Ruyscher^{e,f}, Diogo Martins-Branco^g, Corrie A.M. Marijnen^{a,b}, Barbara Muoio^h, Claus Belkaⁱ, Florian Lordick^j, Stephanie Kroeze^k, George Pentheroudakis^g, Dario Trapani^{l,m}, Umberto Ricardiⁿ, Ajeet Kumar Gandhi^{o,2}, Arsela Prelai^{p,2}, Sean M. O'Cathail^{q,r,3}, Monique C. de Jong^{a,3}

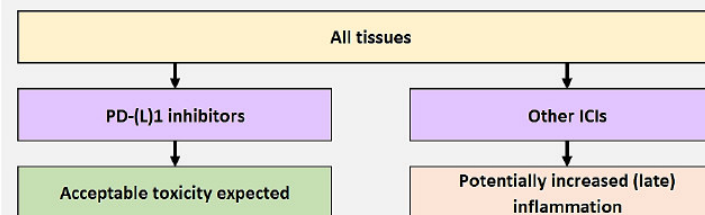
RT + agents interfering with DNA repair



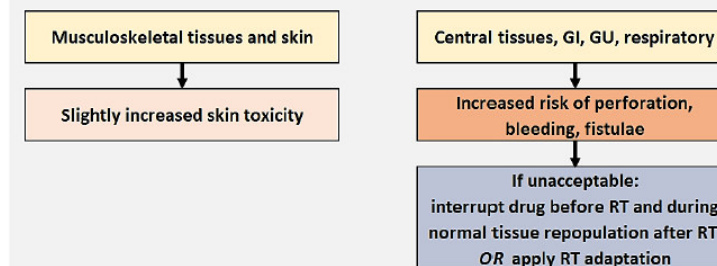
RT + proliferation inhibitors



RT + immune checkpoint inhibitors



RT + angiogenesis inhibitors



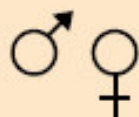
ESTRO Focus Groups



18
Groups



306
Members



133 female
173 male

Top 5 Specialties



- Radiation oncologist: 147
- Medical physicist: 65
- RTTs - nurses - dosimetrists: 30
- Clinical oncologist: 27
- Biologist: 15
- Other areas: 22

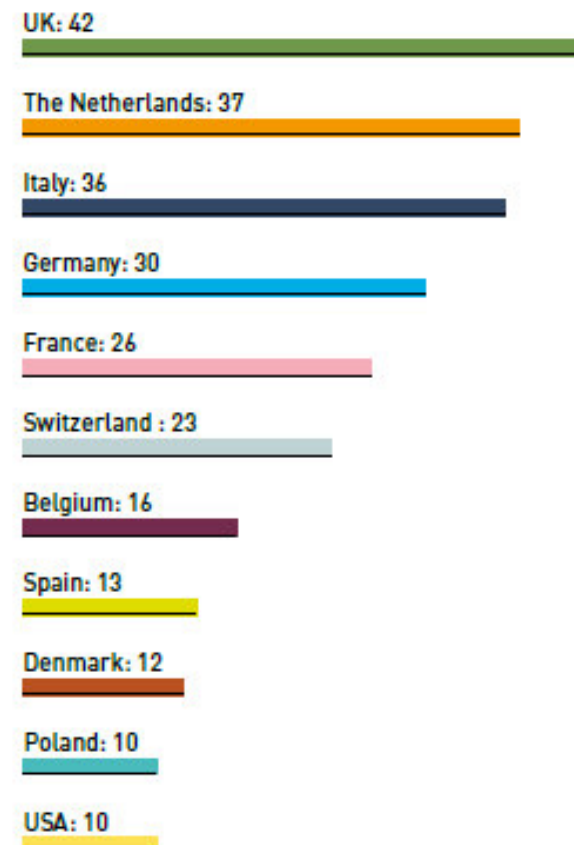
The composition of the FG also includes specialists from other areas such as computer scientists, data scientists, dosimetrists, medical oncologists, pneumologists, and researchers.

Roles



- Total Focus Group Members: 306**
- Full Members: 223
 - Core Experts: 58
 - Chairs and Co-Chairs: 21
 - Observer and advisory member: 4

Top 10 countries



ESTRO Focus Groups → COMMUNITIES

- ✓ **AI in Radiotherapy**, Chair: Stine Korreman (DK)
- ✓ **Breast**, Chair: Sofia Rivera (FR)
- ✓ **CNS**, Chair: Maximilian Niyazi (DE)
- ✓ **Dosimetry & QA**, Chair: Eduard Gershkevitch (EE)
- ✓ **FLASH**, Chair: Raphaël Moeckli (CH)
- ✓ **Gynaecology**, Co-Chairs: Remi Nout (NL), Kari Tanderup (DK)
- ✓ **Head & Neck**, Chair: Jon Cacicedo (ES)
- ✓ **Hyperthermia**, Chair: Sergio Curto Ramos (NL)
- ✓ **Lower GI**, Chair: Pierfrancesco Franco (IT)
- ✓ **Lung**, Chair: Corinne Faivre-Finn (UK)
- ✓ **Positioning & Immobilisation**, Chair: Mirjam Mast (NL)
- ✓ **SBRT**, Co-Chairs: Marta Scorsetti (IT), Stephanie Tanadini-Lang (CH)
- ✓ **Reirradiation**, Chair: Nicolaus Andratschke (CH)
- ✓ **Skin & Soft Tissue**, Co-Chairs: Agata Rembielak (UK), Beate Timmermann (DE)
- ✓ **Spatially Fractionated Radiotherapy**, Chair: Slavisa Tubin (AT)
- ✓ **Systemic Therapy**, Chair: Dirk de Ruyscher (NL)
- ✓ **Upper GI**, Chair: Thomas Brunner (AT)
- ✓ **Urology**, Chair: Piet Ost (BE)

Recently established, calls for members will open on May 19th

- ✓ **Children & TYA**, Chair: Anne Laprie (FR)
- ✓ **Haemato-Oncology**, Chair: Umberto Ricardi (IT)
- ✓ **Imaging**, Chair: Jan Jakob Sonke (NL)
- ✓ **Oligometastatic Diseases**, Chair: Famke Schneiders (NL)



ESTRO National Societies Committee



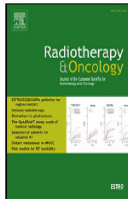
Radiotherapy and Oncology 210 (2025) 111006

Contents lists available at [ScienceDirect](#)

 **ELSEVIER**

Radiotherapy and Oncology

journal homepage: www.thegreenjournal.com



Perspective

Understanding national Societies' needs and enhancing collaboration with ESTRO: A report of the national Societies survey 2024, on behalf of the ESTRO national Societies committee



ARTICLE INFO	ABSTRACT
Keywords: National societies Survey Radiation oncology	A 57-item survey completed by 72 Radiation Oncology national societies from 41 countries confirms strong engagement with ESTRO, identifies high demand for guidelines, education and digital resources, and reveals 79% interest in joint membership, guiding ESTRO's 2024–26 strategy to strengthen partnerships and optimize cancer care.

ESTRO & SFRO
Joint Membership 2026

One membership,
Two societies -
Stronger together!

ESTRO  **Société Française de**

2024-2026 ESTRO Strategy



The screenshot shows the top section of a journal article page. The header is dark green with the journal title 'Radiotherapy & Oncology' on the left and navigation links 'Submit', 'Log in', 'Register', and 'Subscribe' on the right. Below the header is a light green navigation bar with links 'Articles', 'Publish', 'Topics', 'About', and 'Contact'. A search bar with the placeholder 'Search for...' and a magnifying glass icon is on the right, with a link to 'Advanced search'. The main content area has a dark green background. On the left, there is a grey button with a white left-pointing arrow. The article title 'European Society of Radiotherapy and oncology (ESTRO) strategy 2024–2026: Growth and diversification in a rapidly changing world' is in white. Below the title, the authors are listed: 'A.M. Kirby • M. Guckenberger • B.J. Slotman • ... C. Gasparotto • A.J. Cortese • on behalf of the ESTRO Board of Directors • Show all authors'. At the bottom, it says 'Open Access • Published: April 17, 2024 • DOI: https://doi.org/10.1016/j.radonc.2024.110283'. On the right side of the article title, there are icons for 'PDF [394 KB]', 'Figures', 'Save', 'Share', 'Reprints', and 'Request permissions'.

Radiotherapy
&Oncology

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ORIGINAL ARTICLE | ARTICLES IN PRESS, 110283

European Society of Radiotherapy and oncology (ESTRO) strategy
2024–2026: Growth and diversification in a rapidly changing world

A.M. Kirby • M. Guckenberger • B.J. Slotman • ... C. Gasparotto • A.J. Cortese •
on behalf of the ESTRO Board of Directors • [Show all authors](#)

Open Access • Published: April 17, 2024 • DOI: <https://doi.org/10.1016/j.radonc.2024.110283>

PDF [394 KB] Figures Save Share Reprints Request permissions

INCREASED attention to transparency

- **ESTRO governance bodies are increasingly selecting new members via open calls**
 - Transparency
 - Opportunities for all
 - Open calls aim at encourage greater participation of all members, including less represented communities

Working group on Equity, Diversity, Inclusion, and Accessibility

- **DE&I working group**, led by Yat Tsang, with Azadeh Abravan, Pierre Montay-Gruel, Anna Kirby, Frank-Andre Siebert, Stephanie Tanadini-Lang
- The working group has been launched at the end of 2024, with the aim of:
 - Monitoring the past evolution and assessing the current DE&I at ESTRO (focus on activities and governance)
 - Present data
 - Propose concrete actions and measurable (ongoing) initiatives on Equity, Diversity, Inclusion, and Accessibility



Short Communication

Professional development through mentoring: Final evaluation of the pilot mentoring programme of the European society of radiotherapy and oncology

Steven F. Petit^{a,b,*}, Daniel Portik^{a,c}, Azadeh Abravan^{a,d,e}, Jenny Bertholet^{a,f}, Dylan Callens^{a,g}, Ludwig Dubois^{a,h}, Pierfrancesco Franco^{a,i,j}, Morten Horsholt Kristensen^{a,k}, Pierre Montay-Gruel^{a,l}, Daan Nevens^{a,m}, Sophie Perryck^{a,n}, Kathrine Røe Redalen^{a,o}, Bartłomiej Tomasiak^{a,p}, Amanda Webster^{a,q,r}, Jesper Grau Eriksen^k, Jolien Heukelom^{a,s}



CLINICAL INVESTIGATION

Qualitative Study on Diversity, Equity, and Inclusion Within Radiation Oncology in Europe

Azadeh Abravan, PhD,^{*,†} Dora Correia, MD,^{†,§} Anne Gasnier, MSc,^{||} Stella Shakhverdian, BSc,[¶] Tirza van der Stok, MSc,[¶] Jenny Bertholet, PhD,^{*,**} Ludwig J. Dubois, PhD,^{#,††} Barbara Alicja Jereczek-Fossa, MD, PhD,^{†‡§§,|||} Matteo Pepa, MSc, Eng,^{§§} Mateusz Spalek, MD, PhD,^{#,¶¶} Steven F. Petit, PhD,^{#,###} Pierfrancesco Franco, MD, PhD,^{*,***} and Violet Petit-Steeeghs, PhD[¶]

INTERNATIONAL JOURNAL OF
RADIATION ONCOLOGY • BIOLOGY • PHYSICS
www.redjournal.org



Other ESTRO's Activities

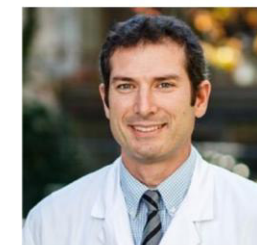
- Core Curriculum updates (RO, RTT, MP)
- Agora Future Leaders
- European projects (e.g. Re-Radiate, OI)
- Collaboration with other organizations, etc.
- Collaboration with other organizations



Other ESTRO's Activities: RESEARCH

- Core Curriculum updates (RO, RTT, MP)
- Agora Future Leaders
- European projects (e.g. INTERACT-EUROPE, REASSERT, Re-Radiate, OligoCare etc.)

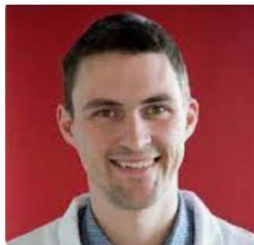
- Collaboration with industry etc.
- Collaboration with patient



Matthias Guckenberger

REAL WORLD DATA ESTRO & EORTC Registry trial: **OligoCare**

Matthias Guckenberger, Piet Ost
on behalf of the OligoCare project



Piet Ost
B. Tombal





ESTRO
European Society for
RADIOTherapy & ONCOLOGY



EORTC
The future of cancer therapy



OligoCare

Radiotherapy and Oncology

Original Article
Acute toxicity in patients with oligometastatic cancer following metastasis-directed stereotactic body radiotherapy: An interim analysis of the EORTC-ESTRO OligoCare cohort

Original Article
Cancer-specific dose and fractionation schedules in metastatic body radiotherapy for oligometastatic disease: An interim analysis of the EORTC-ESTRO E-RADnet OligoCare study

Radiotherapy and Oncology

Original Article
Health-related quality of life in men with oligometastatic prostate cancer following metastasis-directed stereotactic body radiotherapy: Real-world data from the E-RADnet OligoCare cohort

Radiotherapy and Oncology

Original Article
Metastases-directed stereotactic body radiotherapy in combination with targeted therapy or immunotherapy: systematic review and consensus recommendations by the EORTC-ESTRO OligoCare consortium



INTERACT EUROPE 100

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INTERACT EUROPE 100



Co-funded by
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Other ESTRO's Activities

- Core Curriculum updates (RO, RTT, MP)
- Agora Future Leaders
- European projects (e.g. INTERACT-EUROPE, REASSERT, Re-Radiate, OligoCare etc.)
- **Collaboration with industry, universities, policy makers etc.**
- **Collaboration with patient advocacy groups**



Equity in Action: CPE Conference 2025

Date & Time: 26th June 2025,

Location: Fondation Universitaire, Rue d'Egmont 11, 1000 Bruxelles

Overview:

CPE will host its first annual conference, expanding the conversation beyond its membership to include non-member patient organisations, EU institutions, academia, industry partners, and project collaborators. Centred on the theme **Access for all**, this event will spotlight research and policy initiatives that can help improve equitable access to prevention, diagnostics, treatment, and survivorship care for cancer patients across Europe. Through

ESTRO Vision 2030

'Optimal Health for All, Together'

- Empowering RO professionals
- Internal structure of ESTRO
- **External activities of ESTRO**



Radiotherapy and Oncology 210 (2025) 111035



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Radiotherapy and Oncology

journal homepage: www.thegreenjournal.com



Perspective

Repositioning Radiation Oncology at the centre of integrated oncology care: A manifesto of the European Society for Radiotherapy and Oncology (ESTRO)



ESTRO

RADIOTHERAPY: seizing the opportunity in cancer care

November 2018



10 facts about radiotherapy

1

At least a quarter of patients
who need radiotherapy
DO NOT receive it.³

3

By 2035, if every cancer
patient who needs radiotherapy
has access to it, almost
ONE MILLION
more lives will be saved
every year worldwide.⁴

5

Radiotherapy alleviates
cancer symptoms, such as pain,
and **IMPROVES**
patients' quality of life.^{4 12 13 51}

7

State-of-the-art radiotherapy can
specifically match the shape of the
tumour it is **TARGETING**
– thus limiting damage to nearby
healthy organs and tissue.^{7 15}

9

Advances in radiotherapy
mean **MORE** patients
than ever can access treatment
– for example, in cases of cancer
that are not eligible for surgery.²²⁻²⁴

2

The demand for radiotherapy will
increase by **16%** by 2025^{48 50}
but current capacity is insufficient
to meet this demand.⁴⁸

4

Radiotherapy
SAVES LIVES
– and is a key part
of curative treatment
for many types of cancer.^{5 48}

6

Radiotherapy is
NOT INVASIVE
– many patients receiving
radiotherapy can still go to work
and carry on with day-to-day life.⁵

8

Continuous improvements
in delivery of radiotherapy have
allowed treatment times to be reduced;
for example, the time for an average
radiotherapy course for breast or
prostate cancer has **HALVED**
in the past two decades.¹⁷⁻²¹

10

There is significant
VARIATION
across Europe in access
to radiotherapy treatment,
services and trained staff.^{3 6 37}



WORLD
RADIO THERAPY
AWARENESS
DAY

SAVE THE DATE

7 September

ONE VOICE FOR RADIO THERAPY



WORLD
RADIO THERAPY
AWARENESS
DAY 7 SEPT



MOST PEOPLE WITH CANCER NEED RADIO THERAPY

Over half of people with cancer need radiotherapy including 1 in 3 children diagnosed with cancer^{1,2}



RADIO THERAPY CAN CURE CANCERS

Radiotherapy contributes to nearly half of all cancer cures³



LACK OF ACCESS TO RADIO THERAPY IS A GLOBAL PROBLEM

Over 200 million people live in a country with no access to radiotherapy⁴



RADIO THERAPY CAN SAVE MORE LIVES

One million more lives could be saved by improving access to radiotherapy^{5,6}



MORE HIGHLY SKILLED PROFESSIONALS ARE NEEDED

More than 40 countries in Asia and Africa do not have even one radiotherapy doctor⁷

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2024-2026 ESTRO Strategy



Communication



I. FLAGSHIP STUDIES

9 studies selected from *The Lancet Oncology* / *Green Journal* joint session.

Dissemination included:

- **10 press releases** (9 studies and one overarching anal/rectal studies)
Sent to 1,600 journalists worldwide
- **5 video interviews** on selected studies
(+ 5 on governance, *Green Journal*, and VBRO)
- Coverage on ESTRO **social media** channels, website (media tab & newsletter).



ESTRO 2025

MEDIA INFORMATION

One-Week Breast Cancer Radiotherapy Proven as Safe and Effective as Standard Three-Week Treatment in 4,000-Patient Study Over 10 Years

Vienna, Austria – A groundbreaking 10-year study, which included **over 4,000 UK patients**, confirms that a one-week course of post-surgery radiotherapy is just as safe and effective as the traditional three-week regimen for early-stage breast cancer patients. These long-term results from the **FAST-Forward trial**, presented at **ESTRO 2025**, could further reduce the burden on breast cancer patients worldwide, and expand access to life-saving radiotherapy.

The phase III randomised trial, which was sponsored by The Institute of Cancer Research, London and funded by a grant from UK National Institute of Health Research (NIHR), followed up patients for ten years and showed that a **shorter, five-day radiotherapy schedule** provides a similar level of cancer control as the standard **3-week treatment**, without additional long-term side effects. This builds on previous five-year results that have already led to a shift in clinical practice.

Why This Matters

Breast cancer is one of the most common cancers globally, and radiotherapy plays a critical role in reducing the risk of recurrence after surgery. A shorter treatment course offers **major benefits**:

- ✓ **More convenient** for patients, reducing hospital visits
- ✓ **Reduces pressure** on radiotherapy services, making treatment more accessible
- ✓ **Same safety and effectiveness** as the longer regimen





ESTRO2025

Transformative innovation
through partnership

2-6 May 2025
Vienna, Austria

ANNUAL
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CONGRESS



2. ESTRO Social media ambassadors

Purpose: To amplify the congress experience, share knowledge, and spark meaningful conversations within the online radiation oncology community through participants' social media posts.

Positioning & Immobilisation Focus Group



Ghizela Salagean
GHIZELA SALAGEAN



Joerg Lehmann
JOERG LEHMANN

AI in Radiotherapy



Ana María Barragán Montero
ANA MARÍA BARRAGÁN MONTERO

AI in Radiotherapy



Peter van Ooijen
PETER VAN OOIJEN

FLASH



Marta Capala
MARTA CAPALA

FLASH



Pierre Montay-Gruel
PIERRE MONTAY-GRUEL

Head & Neck



Ahmed Gawish
AHMED GAWISH
GARISH.BSKY.SOCIAL

Reirradiation Focus Group



Bartek Tomasiak
BARTLOMIEJ TOMASIK
@B_TOMASIK



Gian Marco Petrianni
GIAN MARCO PETRIANNI
@GMP_MD
@GMPETRIANNI

Breast



Yasemin Bolukbasi
YASEMIN BOLUKBASI
PROF.DR.YASEMIN.BOLUKBASI
@YASEMIN09090924

Breast



Alizée Camps-Maléa
ALIZÉE CAMPS-MALÉA
@ACAMPSMALEA

Lower GI



Eliana La Rocca
ELIANA LA ROCCA
FLIKYELLIS

Lung



Corinne Faivre-Finn
CORINNE FAIVRE-FINN

Lung



Gerry Hanna
@GERRYHANNA



ESTRO2025

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SOCIAL MEDIA AMBASSADORS AND PARTICIPANTS CONTRIBUTION

Posts captured:

- Top science
- Atmosphere
- Networking



Ane Appelt • 1st
Professor of Clinical Medical Physics at Rigshospitalet & Technical Univer...
4mo • Edited •

Things that make me happy:
Seeing an RT planning & evaluation solution for [#reirradiation](#) that I've
helped develop in its (nearly) final version. Amazing work by the ...more



59

2 comments • 4 reposts



Bartek Tomasiak • 1st
MD PhD, Radiation Oncologist
4mo •

The [#Reirradiation](#) Focus Group had the pleasure of hosting Meet & Greet
session at [#ESTRO2025](#) - and we're thrilled by the enthusiastic ...more



46

1 repost



Piet Ost @piet_ost • 7 May
POTEN-C: Nerve-sparing SABR (NV-SABr) in PCa: @ndesai2005
[#ESTRO25](#)

Results at 3mo

- Less nerve damage
- Fewer bowel/bladder side effects
- Better sexual function
- Even at higher radiation doses!

Smarter treatment = better quality of life.



2

40

102

5K

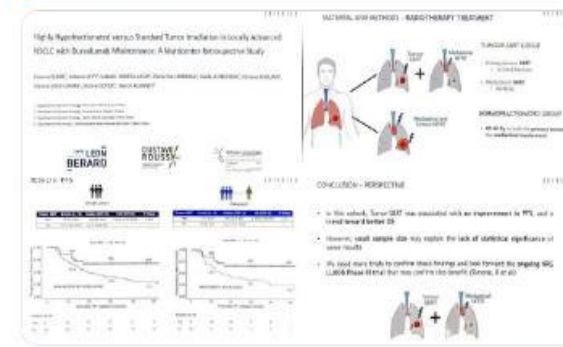
1



Gerry Hanna @gerryhanna • 5 May
What about [#SABR](#) / [#SBRT](#) to the primary tumour in LA-NSCLC?

This study just presented at [#ESTRO25](#) has promising survival with little
toxicity rates

- improvement in PFS
- trend toward better OS



2

35

80

9.6K

1



Joerg Lehmann • 2nd
Principal Medical Physicist and Conjoint Professor
4mo • Edited •

+ Follow

[#ESTRO25](#) Day 1 - packed with excitement, great presentation, wonderful
discussions (including of the Positioning & Immobilization Focus Group), and
capped off with the very first ESTRO party of [SeeTreat Medical](#). ...more



44

1 repost



ESTRO2025

Transformative innovation
through partnership

2-6 May 2025
Vienna, Austria

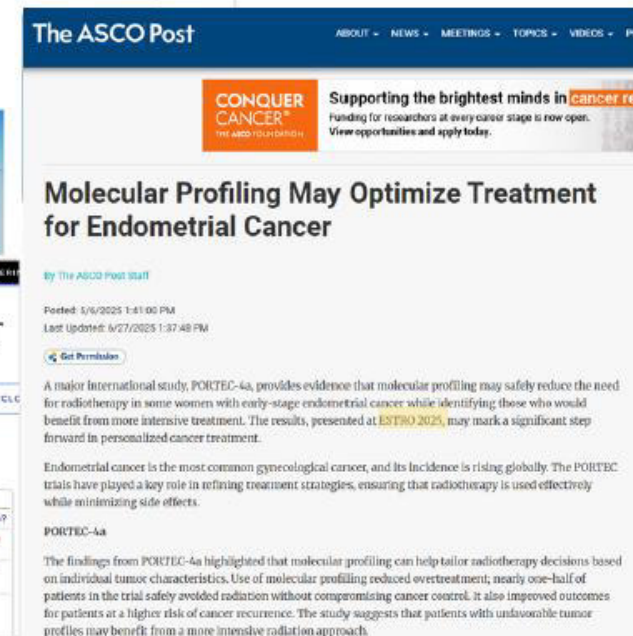
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III. PRESS RELATIONS OUTCOMES

- **84 media clippings** (non exhaustive) covering press release content and selected studies.
- **A broad spectrum of media** — medical, professional, lay public, and healthcare — spanning every continent (except Africa).



CORRIERE DELLA SERA



Common Sense Oncology: outcomes that matter

Oncology needs a recalibrated approach that is more patient centred and prioritises equitable cancer care. An approach that prioritises patients’ needs with treatments that improve survival and quality of life, promotes informed decision making, and ensures these treatments are accessible to all patients.

For both patients and clinicians, cancer treatment decisions are increasingly complicated. While some cancer treatments provide large benefits many new

some countries, new cancer medicines cost more than US\$200 000 per year, including those that do not help patients live longer.^{4,5} A substantial proportion of industry revenue is used for marketing campaigns to influence patients, policy makers, and oncologists, irrespective of clinical need.⁶ Industry marketing campaigns and media reports often hype marginal treatments, which contribute to overuse of cancer treatments with small or negligible benefits.⁷



Published Online
July 16, 2023
[https://doi.org/10.1016/S1470-2045\(23\)00319-4](https://doi.org/10.1016/S1470-2045(23)00319-4)

Fabio Y Morales

Invited Articles | Care Delivery/Models of Care

Common Sense Oncology: Equity, Value, and Outcomes That Matter

Brooke E. Wilson, MBBS, MSc^{1,2,3}; Manju Sengar, DM⁴; Michelle Tregear, MA, PhD⁵; Winette T.A. van der Graaf, MD, PhD^{6,7}; Nicolò Matteo Luca Battisti, MD^{8,9,10}; Dego Laszlo Csaba, PhD¹¹; Enrique Soto-Perez-de-Celis, MD, PhD, FASCO^{12,13}; Bishal Gyawali, MD, PhD¹²; and Christopher M. Booth, MD^{1,2}

DOI https://doi.org/10.1200/EDBK_100039

OVERVIEW

While some recent drug treatments have been transformative for patients with cancer, many treatments offer small benefits despite high clinical toxicity, time toxicity and financial toxicity. Moreover, treatments that do provide substantial clinical benefits are not available to many patients globally due to issues with availability and affordability. The Common Sense Oncology's vision is that patients will have access to treatments that provide meaningful improvements in outcomes that matter, regardless of where they live. In recognition of the growing challenges in the field of oncology, Common Sense Oncology seeks to achieve this vision by improving evidence generation, evidence interpretation and evidence communication.

Accepted April 9, 2024
Published May 24, 2024

Am Soc Clin Oncol Educ Book
44:e100039
© 2024 by American Society of
Clinical Oncology

- ### BOX 1. Guiding Principles of Common Sense Oncology¹
1. Access to quality cancer care is a basic human right—no patient should be denied access to effective therapy or forced into financial catastrophe to access meaningful cancer care.
 2. Patient and societal needs should drive cancer research and delivery of care.
 3. Patient and public involvement is essential when making policy decisions.
 4. Patients should expect that recommended cancer treatments meaningfully improve their survival or quality of life.
 5. Shared decision making between patients and oncologists should be based on patient values and grounded in evidence-based medicine and critical appraisal.
 6. Cancer treatments should be fairly priced for the context in which they are used.
 7. Equity in access to high-quality care should be prioritized as much as innovation and new treatments.
 8. Comprehensive and holistic cancer care includes survivorship care, psychosocial oncology, and timely integration of palliative care.



Common Sense Oncology principles for the design, analysis, and reporting of phase 3 randomised clinical trials

Bishal Gyawali, Elizabeth A Eisenhauer, Winette van der Graaf, Christopher M Booth, Nathan I Cherny, Aaron M Goodman, Rachel Koven, Madeline L Pe, Bernard L Marini, Ghulam Rehman Mohyuddin, Gregory R Pond, Manju Sengar, Enrique Soto-Perez-de-Celis, Dario Trapani, Michelle Tregear, Brooke E Wilson, Ian F Tannock

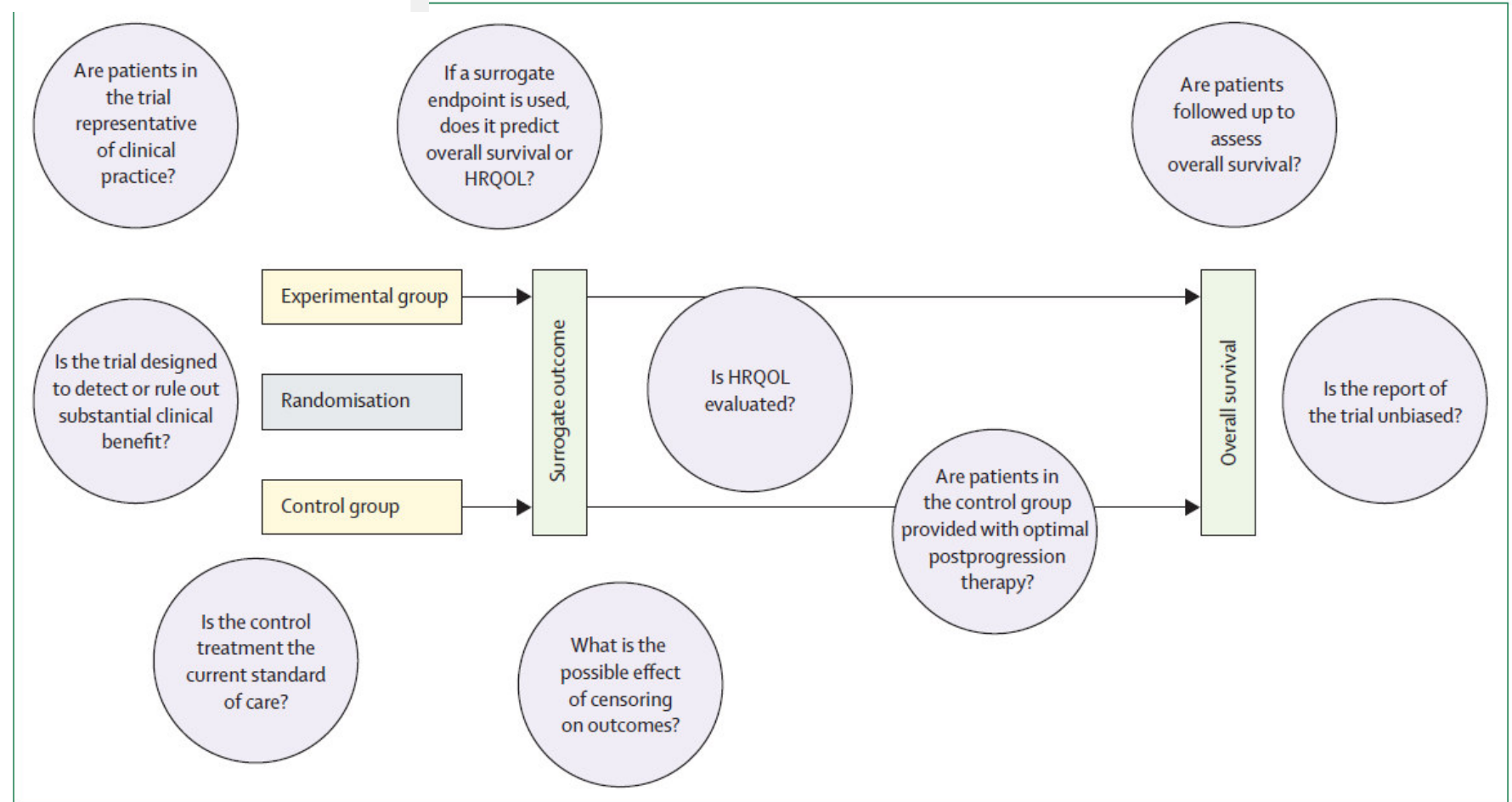


Figure: Questions relating to the design and reporting of randomised controlled trials
Figure adapted from Gyawali and colleagues.⁵ HRQOL=health-related quality of life.



Short Communication

Common Sense (Radiation) Oncology: Redefining targets in radiotherapy

Nina N. Sanford^{a,*}, Yolande Lievens^b, Ajay Aggarwal^c, Timothy P. Hanna^d, Laura A. Dawson^e, Jeffrey White^f, Bishal Gyawali^d, Christopher Booth^d, Fabio Ynoe de Moraes^d

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^b Department of Radiation Oncology, Ghent University Hospital, Belgium

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^d Department of Oncology, Queen's University, Kingston, Canada

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^f American Society of Radiation Oncology, Arlington, VA, USA

A B S T R A C T



Table 1

Three Pillars for Promoting Evidence-Based Radiation Oncology.

Evidence Generation

- Advocate for clinical trials of radiation therapy with incorporation of patient-centered endpoints such as quality of life (QOL) into clinical trials of RT
- Ensure that RT clinical trials are asking questions that matter to patients
- Ensure that RT interventions tested in trials are targeting effect sizes that matter to patients.
- Evaluate radiation oncology innovations through a value-based framework

Evidence Interpretation

- Elucidate inconsistencies between oncologic specialties on the magnitude of benefit required for adoption of new treatment regimens or omission of existing standard of care treatments
- Foster a culture of collaborative learning, critical thinking and questioning in the oncology community
- Education of residents, fellows and staff in evidence-based medicine and critical thinking
- Incorporate educational sessions on principles of Common Sense Oncology in radiation specialty conferences and meetings such as ESTRO and ASTRO

Evidence Communication

- Mixed methods work to understand which endpoints and effect sizes matter to patients
- Develop standards for communication with media to ensure accurate portrayal of RT, avoiding hype and fearmongering
- Collaborate with patient advocacy groups to ensure understanding of evidence surrounding new technologies in radiation therapy



Theranostics 4



Addressing challenges in low-income and middle-income countries through novel radiotherapy research opportunities

May Abdel-Wahab, C Norman Coleman, Jesper Grau Eriksen, Peter Lee, Ryan Kraus, Ekaterina Harsdorf, Becky Lee, Adam Dicker, Ezra Hahn, Jai Prakash Agarwal, Pataje G S Prasanna, Michael Macmillan, Paul Keall, Nina A Mayr, Barbara Alicja Jereczek-Fossa, Francesco Giammarile, In Ah Kim, Ajay Aggarwal, Grant Lewison, Jiade J Lu, Douglas Guedes de Castro, Feng-Ming (Spring) Kong, Haidy Afifi, Hamish Sharp, Verna Vanderpuye, Tajudeen Olasinde, Fadi Atrash, Luc Goethals, Benjamin W Corn

Although radiotherapy continues to evolve as a mainstay of the oncological armamentarium, research and innovation in radiotherapy in low-income and middle-income countries (LMICs) faces challenges. This third Series paper examines the current state of LMIC radiotherapy research and provides new data from a 2022 survey undertaken by the International Atomic Energy Agency and new data on funding. In the context of LMIC-related challenges and impediments, we explore several developments and advances—such as deep phenotyping, real-time targeting, and artificial intelligence—to flag specific opportunities with applicability and relevance for resource-constrained settings. Given the pressing nature of cancer in LMICs, we also highlight some best practices and address the broader need to develop the research workforce of the future. This Series paper thereby serves as a resource for radiation professionals.

Lancet Oncol 2024; 25: e270–80

This is the fourth in a [Series](#) of four papers on theranostics. All papers in the Series are available at www.thelancet.com/series/theranostics-in-oncology

Division of Human Health,
International Atomic Energy
Agency, Vienna, Austria
(Prof M Abdel-Wahab MD,



Opportunities from RT to low resources countries

- **Hypofractionation** (prostate, breast, NSCLC, head & neck)
 - Shortens treatment time, reduces waitlists, boosts capacity
 - Cuts costs with robust QA protocols
- **Radiotherapy as “Virtual Surgery”** comparable to surgery (e.g., prostate, early NSCLC)
 - Low-cost, non-invasive, outpatient
 - Extreme hypofractionation (<5 fractions) increases benefit
- **Oligometastatic Disease** RT for ≤ 5 sites
 - Potential long-term remission without systemic toxicity
 - In oligoprogression, delays next systemic line

EDITORIAL

Missing the Target: Radiation, “Toxicity,” and Public Fear

Drew Moghanaki, MD, MPH, FASTRO,^a Sue S. Yom, MD, PhD, MAS, FASTRO,^b and
Neha Vapiwala, MD, FACR, FASTRO, FASCO^c

^aDepartment of Radiation Oncology, David Geffen School of Medicine, University of California, Los Angeles, California; ^bDepartment of Radiation Oncology, University of California San Francisco, San Francisco, California; and ^cDepartment of Radiation Oncology, Hospital of the University of Pennsylvania, Perelman School of Medicine, Philadelphia, Pennsylvania

Received Jul 11, 2025; Revised Jul 21, 2025; Accepted for publication Aug 4, 2025



The ESTRO Vision: Balancing Equity and Research

1. Empowering Professionals

Help radiation oncology teams grow in skills and confidence.
Make education and opportunities open to everyone.

2. Strengthening Our Structure

Improve how we work: in committees, journals, and meetings.
Keep ESTRO open, connected, and focused on good science.

3. Expanding Our Impact

Work closely with policymakers, universities, other societies and industry.
Make sure research and innovation reach every patient.



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