Professor Bruce D. Minsky: Advances in radiation oncology in 2014 ASTRO

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Bruce D. Minsky (Figure 1) is Professor and Division Head, ad interim of the Division of Radiation Oncology at the University of Texas MD Anderson Cancer Center. Dr. Minsky holds the Frank T. McGraw Memorial Chair. He was a Medical Intern at New England Deaconess Hospital and completed his residency in radiation therapy at the Harvard Joint Center for Radiation Therapy in 1986.

He spent the first 20 years of his career at Memorial Sloan Kettering Cancer Center as a clinician and clinical research investigator in Gastrointestinal Cancer. While at MSKCC, he was also the Vice Chair of Radiation Oncology from 2000-2007 and achieved the rank of Professor of Radiation Oncology at Cornell University in 1999. From 2007 to 2012 he served as a Professor of Radiation and Cellular Oncology and an Associate Dean in the Biological Sciences Division at the University of Chicago. During that time he was also the Chief Quality Officer at the University of Chicago Medical Center.

Prof. Minsky is widely published in the area of GI oncology and is an editorial board member of several journals. He has given extensive intramural and extramural service to radiation oncology and clinical oncology, as noted in the prior biography. This includes having served on the Board of Directors of both ASTRO and ASCO. In 2013, he became an honorary member of ESTRO. He now serves as the co-chair of the NCI Gastrointestinal Steering Committee.

During the 2014 ASTRO Annual Meeting held in San Francisco in September, the Science Editor of the journal Chinese Clinical Oncology (CCO) was honored to talk with Prof. Minsky. The following interview with Prof. Minsky, mainly talks about the hot topics and advances in radiation oncology presented in this year's ASTRO meeting, as well as Prof. Minsky's expectation for next ASTRO Annual Meeting.

Figure 1 Professor Bruce D. Minsky.

CCO: What do you think are the hot spots of this year's ASTRO?

Prof. Minsky: There were many new exciting abstracts. Examples included treatment of oligometastasis and the role of immune modulation by radiation. Emerging data suggest that radiation stimulates immune function and there are a number of new clinical trials in progress examining this interaction.

CCO: As we know, your research focuses on gastrointestinal cancer. Are there any latest developments in gastrointestinal cancer that have been showcased at this year's ASTRO?

Prof. Minsky: Yes, innovative new treatments examining the results of chemoradiation in rectal, liver, and esophageal cancers. These include both enhancements in radiation techniques as well as combining targeted agents with radiation. Another area of investigation is developing more conservative approaches by using therapies more selectively.

CCO: Many new technologies have been developed in radiation oncology. But some of them have been impeded by various obstacles, such as limited resources, lack of FDA approval, lack of radiation oncologists, etc. What is your attitude towards this?

Prof. Minsky: There are many wonderful and exciting new technologies. For example, particle therapy (protons, helium), stereotactic techniques using hypofractionation, and MR-guided radiation. These and others are in the process of prospective evaluation and I look forward to the results of the trials.

CCO: As we know in China, the devices of radiation oncology are usually at a high cost, and this may result in high medical cost which patients may be unable to afford. Is this the similar case in US? If not, could you kindly share how the American Medical system/institution avoid this?

Prof. Minsky: Both cost and value need to be considered. For example, there is the fixed cost of purchasing and operating the technology. However, if that technology results in improved outcome and/or lower toxicity this translates into added value. Many of the prospective trials examining these technologies now examine this value component.

CCO: Multidisciplinary treatment (MDT) is getting increased attention in recent years. Has this been commonly practiced in your center? Will MDT become a developing trend and impact the future system of diagnosis and treatment?

Prof. Minsky: Yes, MDT is a key component of modern cancer therapy and should be practiced across all organ sites. It is our standard approach at MD Anderson. We have MDT tumor boards for each organ site and our physicians from each discipline sub-specialize. For example, in our Department of Radiation Oncology we have ten disease specific sections. This provides the depth and breath, which is so important for effective and efficient multidisciplinary care.

CCO: What are the major obstacles that impede the development of MDT? What should be done to overcome these obstacles?

Prof. Minsky: The lack of multidisciplinary tumor boards. These conferences help facilitate MDT by having all disciplines represented. Our professional societies encourage this interaction and it is a key component of our educational programs.

CCO: As the president of ASTRO, what is your expectation of the next coming ASTRO?

Prof. Minsky: We will continue to present the highest level of scientific results and offer an outstanding array of educational programs. Our theme next year is Technology Meets Patient Care. We will showcase technological advances while at the same time ensuring that our key mission as physicians—patient care—remains central to what we do.

CCO: Thank you very much!

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