Minutes VRTOG Committee Meeting
December 2, 2000

Dr. Mary K. Klein, chair, opened the meeting at 7:00 a.m. This is the first official meeting of the VRTOG committee; minutes will be recorded and filed by the Radiation Oncology Affiliate secretary.

First order of business is to establish a membership role, which will be listed by institution/practice with each having a single contact person. A sign-up list was passed around to attending members and is appended.

Original members of the VRTOG committee are Drs. Klein (chair). Dr. Klein will be stepping down as chair of the VRTOG. Remaining, original members include Drs. Mark Dewhirst and Lisa Forrest. Dr. Lisa Forrest has agreed to become chair of the committee. Two additional members need to be added to the executive committee of the VRTOG. Drs. Tracy LaDue and Dave Ruslander were nominated. Dr. LaDue was present and agreed to serve. Dr. Ruslander will be contacted to determine his interest in serving.

The original committee members have been in contact with the RTOG during development of the constitution and bylaws. This document will be submitted to RTOG and placed on the ACVR web site. Potential VRTOG studies will be submitted to the VRTOG committee and will be discussed at each ACVR and VCS meeting. Protocols will also be disseminated via the web site. Therefore the ACVR web site will contain VRTOG protocols, VRTOG member institutions/practices, constitution and bylaws and a radiation oncology list server.

Dr. Klein discussed the practice of having available monies to support resident based studies (i.e. cover costs of histopathology samples), which is a current practice of VCS. There is carry-over money from the radiation oncology society, which could be used as start-up funds for VRTOG projects. It was pointed out that ACVR funds 2 resident projects each year ($5000 each). These grant applications are looked at twice a year. These funds could be a source of start-up money for a VRTOG study. Another source of money could be an individual institution fee for being a VRTOG member. This could cover costs of items such as mailing slides. If this were a required fee, it would require approval by the ACVR council and would require paper work to monitor. Dr. Don Thrall moved to have a voluntary contribution to VRTOG at a suggested level of $100 for member institutions of VRTOG. Dr. Forrest will speak with Dr. Dan Feeney to set up an account for this fund.

Dr. Brawner asked if the membership of VRTOG is closed. Dr. Klein explained that the only requirement is there must be one boarded member of the radiation oncology affiliate in the group to participate in VRTOG studies.

Meeting adjourned at 7:45 a.m.

Respectfully submitted,

Lisa Forrest, Chair, VRTOG
Coarse fraction RT + Merial vaccine study

The executive committee put forth a phase II study proposal to evaluate RT (8 Gy x 4 weekly fractions) and the Merial melanoma vaccine in dogs with oral melanoma. The study proposal and data collection sheets were emailed to all radiation oncologists via the RO listserv prior to the meeting.

Michelle Turek has been in communication with Merial regarding the possibility of company support for this study. Merial has expressed interest but has not committed any support at this time. The vaccine is not currently available, but Merial has suggested that it will return to the market in the next week or so.

The rationale for the study design was discussed: Members expressed concern that the study is not randomized and stage-controlled, and that comparison of historical controls will be biased. Everyone agreed that the study design has limitations. However, it was argued that a randomized, controlled study is not practical without substantial external funding to incentivize clients to enroll their dogs in a study that includes a non-vaccine arm. It was suggested that many clients elect not to pursue vaccination due to its high cost (especially in Europe) and so it was proposed that this subset of dogs be considered as the control group. However, if Merial agrees to provide funding support, then a control group will be difficult to enroll. A suggestion was made that outcome and toxicity data from this VRTOG study could serve as preliminary data for a future proposal to the Morris Animal Foundation for a phase III, randomized and controlled study.

Barbara Kaser-Holtz’s group presented an abstract at this year’s European Veterinary Diagnostic Imaging conference that reported on 9 dogs treated with the same protocol as proposed in this VRTOG study. She is interested in participating in the VRTOG study.

The proposed radiation prescription (8 Gy X 4) was briefly discussed. Because this issue was discussed at length at last year’s meeting, it was suggested that more debate would only further prolong initiation of the study. Concern was raised that although earlier studies suggest no difference in efficacy between various coarse fraction protocols, there is no published data regarding the efficacy/toxicity of 8 Gy X 4. Hence, historical controls are not available for this prescription. It was proposed that a retrospective analysis evaluating the 8 Gy X 4 protocol be done since many institutions are using it. Chess Adams suggested that the University of WI alone has treated dozens of dogs in this fashion and is willing to submit them for a VRTOG retrospective analysis.
It was acknowledged that a study of this kind will be biased. The executive committee will create data sheets to be distributed to VRTOG members.

It was suggested that Merial be asked to share the vaccine-only data that have been collected via their data collection website. The executive committee will discuss this with Merial.

The prospective study (RT + melanoma vaccine) as currently proposed was voted on. Twenty-one members voted to pursue it, and five members voted against it. With a positive majority vote, the executive committee will continue to pursue Merial for funding support. The details of this and the finalized data collection sheets will be presented at the VRTOG meeting at the VCS conference in October. VRTOG members will be asked to commit to participating or not participating in this study. The committee will also present data sheets for the 8 Gy X 4 retrospective analysis at the VCS meeting.

**Future Study Ideas**

Deb Prescott announced that Jeannie Poulson who was not able to attend this meeting is interested in an IMRT nasal tumor study.

MK Klein submitted two ideas for future studies: RT + Palladia for oral SCC of cats, and RT + Palladia for nasal tumors in dogs. Pfizer will likely provide Palladia for these studies. MK is pursuing additional funding from Pfizer for the nasal tumor study to cover the cost of a 3-month post-RT CT scan to ensure that objective response data will be obtainable. For the cat study, a minimal weight requirement will be necessary because the smallest Palladia tablet size is 10 mg and tablets should not be split. MK proposes 6 Gy X 6 as the prescription for the SCC study and 4.2 Gy X 10 for the nasal tumor study. MK will submit written proposals for these studies to the executive committee for review. These will then be distributed to the membership for a vote. It was suggested that pre- and post-treatment tumor tissue should be banked to allow for evaluation of biological markers.

Thyroid carcinoma and anal sac adenocarcinoma in dogs were suggested as tumors to evaluate retrospectively. The use of chemotherapy for these diseases is common but varied, and its role is tumor control has not been established. A retrospective study evaluating RT alone for anal sac adenocarcinoma was proposed. Janean Fidel has many of these cases that she is willing to submit for a VRTOG review. Elias Gumpel will propose a retrospective study to evaluate thyroid carcinoma.

**Facility Survey**

John Farrelly has put together a facility survey to determine the current state of radiation oncology in veterinary medicine. A similar evaluation has been performed in the past. However, in light of the recent explosion in technology, an update is worthwhile. The executive committee has reviewed and provided input for the newly proposed survey. A majority vote was passed for electronic distribution of the survey. The Web-based company SurveyMonkey ([www.surveymonkey.com](http://www.surveymonkey.com)) was suggested for distribution.
**VRTOG Membership**

Deb Prescott, chair of the VRTOG executive committee, named the other members of the committee: Bill Brawner (RO president), Michelle Turek (deputy chair), David Lurie (member at large), Jeannie Poulson (member at large). The current committee’s tenure ends in January.

The 2011 committee will consist of: MK Klein (RO president), Michelle Turek (chair), David Lurie (deputy chair), Jeannie Poulson (member at large). A new member at large is needed. Member-at-large duties include providing input on the following executive committee matters: protocol approval, executing group policy and resolving problems involving policy matters. Members-at-large serve for 4 years and, according to the current standard operating procedures, are expected to attend VRTOG meetings at both ACVR and VCS conferences (teleconferencing may be possible). Volunteers for the position include Jessica Lawrence and John Farrelly. Members will be asked to vote. An electronic vote will be conducted. A call for nominations or volunteers will also be performed via the RO listserv to give those unable to attend this meeting the opportunity to be considered.

What and who constitutes VRTOG membership has been unclear in past years and dues have not been regularly collected. In an effort to invigorate the group and to encourage participation in the VRTOG, all institutions with veterinary radiation oncology personnel and facilities as described in the standard operating procedure (http://www.acvr.org/members/radiation_ oncology/vrtog/index.html) are currently considered members of the VRTOG. Membership is defined by institution; each member institution has a principle investigator. VRTOG-related communication will be done via the RO listserv for all to access. As the VRTOG becomes more active, members will be asked to pay membership dues (currently, $100/institution) in order to maintain membership. Membership is required for participation in VRTOG studies and VRTOG meetings. Therefore, we are planning to send a bill for VRTOG 2011 Dues.

Bill Brawner strongly encouraged active participation in the VRTOG. The VRTOG has the potential to be a highly effective mechanism for advancing our profession and improving the survival of animals with cancer.
VRTOG Meeting Minutes, VCS conference 2010

Date: October 30, 2010
Time: 7 a.m. – 8 a.m.
Location: Sovereign Room, Loews Coronado Bay Resort and Spa, San Diego CA
In Attendance: Siobhan Haney, Dave Ruslander, Pamela Jones, Eric Boshoven, Elias Gumpel, Nancy Gustafson, Koichi Nagata, Jen Arthur, Janean Fidel, Lisa DiBernardi, Genevieve Hammond, Keijivo Shiomiitsu, Dave Proulx, Tracy Geiger, Sheri Siegel, Jamie Curtis, Rodney Ayl, David Lurie (member at large), Michelle Turek (deputy chair), Deb Prescott (chair), Mary K Klein (RO president); others who did not sign in may have been present

Member-at-large Nominations
Deb Prescott called for nominations or volunteers for the vacant member-at-large position in the 2011 VRTOG executive committee. There were no nominations or volunteers. An electronic ballot will be sent via the listserv to elect either Jessica Lawrence or John Farrelly, who volunteered at the ACVR meeting in August.

VRTOG Membership Dues
Deb Prescott sent a membership dues notice to all RO diplomates via the listserv in October. To date, eight institutions have paid the annual $100 institutional membership fee. She will send the membership dues notice again (via the listserv) after this meeting to ensure that it is received by all. Deb advised that members should ensure that their email address is current on the ACVR website. She encouraged all those who are interested to participate in VRTOG trials to pay the dues. Membership is required for trial participation. The dues are per institution, not per member.

Coarse Fraction RT + Merial Melanoma Vaccine Study
Michelle Turek advised that Merial has declined to fund this VRTOG initiative. Consequently, we will run two concurrent prospective arms: RT + vaccine and RT alone. It will be a non-randomized trial, and the decision for vaccination will be the owners’. The study criteria and data collection sheets will be posted on the VRTOG website.

Concurrently with these prospective studies, we will proceed with the previously planned retrospective study to evaluate ‘8 Gy X 4 weekly fractions’ protocol for canine oral melanoma. Data collection sheets will be posted on the VRTOG website.

RT + Palladia: Feline SCC and Canine Nasosinal Carcinoma
MK Klein announced that she has been able to secure industry support from Pfizer for these two trials. Pfizer will provide Palladia at no cost for both studies, and will provide approximately $196,000.00 for the nasosinal carcinoma study. These are unrestricted grants. Thus, Pfizer will have no influence on how the studies are performed. The trials may be amended if needed. Both studies were reviewed by the Pfizer PACE group which includes Cheryl London, David Vail and others. Overviews of the studies are outlined below:
Feline SCC: 6 Gy X 6 biweekly fractions and Palladia:

- Cats with oral SCC without lymph node or distant metastasis will be enrolled. Cats may have macroscopic or microscopic disease to qualify. Cats with other health-compromising diseases should not be considered.
- RT prescription will be 6 Gy X 6 fractions over 3 weeks (2 fractions/week). Palladia will be started concurrently with radiotherapy.
- Palladia will be provided at no cost until patient death. Pfizer will distribute the drug directly to the investigator at each institution. Drug can be ordered by the investigator via the telephone. Details about who to contact at Pfizer will be forthcoming.
- Starting dose of Palladia will be 3-3.25 mg/kg. Dose reductions will be allowed. Weight limitations will exist because Palladia exists only in 10 and 15 mg strengths.
- MK Klein will distribute a case-study binder to each institution. Binders contain all enrollment information and documentation required for the study including an owner consent form and data collection sheets. Each cat enrolled in the study will be assigned a binder. Investigators are requested to make copies of the original binder for use with subsequent patients.
- Data should be submitted to MK Klein as it is accrued.
- Tumors will be measured with calipers. This and other details are outlined in the study binder.

MK has treated one cat with this combination protocol. The cat experienced a complete response. It is too soon to comment on durability of the response.

Nasosinal Carcinoma: 4.2 Gy X 10 daily fractions and Palladia:

- Pfizer is funding this study with a $196,000 grant issued to the VRTOG. The funds will be held in the VRTOG account within ACVR. Like the feline SCC study, this is an unrestricted grant.
- Dogs with histologically confirmed nasal carcinoma without extension beyond the cribiform plate and without lymph node or distant metastasis qualify for enrollment. All carcinomas (adenocarcinoma, SCC, TCC) qualify. Dogs must be fully staged including a pre-treatment CT scan of the nasal tumor. Dogs with other health-compromising diseases should not be considered.
- 45 dogs will be enrolled into the RT + Palladia group. As controls, 15 dogs will be treated with Palladia alone. This is a non-randomized study. The decision to pursue radiation is the owners’. Historical controls of radiation alone will be used (Chess Adams and Lisa Forrest’s data).
- Owner will pay for diagnostic tests and the pre-treatment/planning CT scan.
• RT prescription will be 4.2 Gy X 10 daily fractions. Palladia will be started concurrently with radiotherapy. Radiation will be at the owner’s expense.

• Radiation delivery must be computer planned. DVHs will be submitted by the investigator to MK Klein.

• Palladia will be provided by Pfizer for one year. Pfizer will distribute the drug directly to the investigator at each institution. Drug can be ordered by the investigator via the telephone. Details about who to contact at Pfizer will be forthcoming.

• Palladia starting dose will be 3-3.25 mg/kg EOD. Dose reductions are allowable. Drug holidays of <1 week are allowable.

• Pfizer will provide $1200 per patient for follow-up CT scans. A CT scan will be performed at three months from starting the Palladia or completion of radiation therapy + Palladia. Tumor response at this time point is the principal endpoint of this study. Serial CT scans are preferred. Institutions are encouraged to obtain as many CT scans as possible with this funding. If additional CT scans are possible, then imaging at the time of suspected treatment failure (progressive disease) is encouraged. If more than 2 CT scans are possible, then imaging is suggested q 3 months. CT images will be collected and reviewed by a single radiologist. Pre- and post-contrast images should be acquired.

• Pfizer will also provide funding for regular rechecks and regular CBCs to ensure adequate monitoring of Palladia. A total of $3300/dog is available, including $1200 for CT imaging. The study provides funding for one-year of follow up. Follow-up examinations and tests, including blood work, should be performed by the investigator and not the referring veterinarian.

• Biochemical profiles should be done at the clinician’s discretion.

• MK Klein recommends that patients be evaluated monthly while on Palladia.

• Concurrent medications: Anti-diarrhea medication, prednisone and tramadol or other narcotics are allowable. MK Klein recommends starting famotidine for all dogs receiving Palladia. NSAIDs should be avoided as they may confound results. Similarly, herbals, antioxidants, shark cartilage and other nutraceuticals/holistic therapies should also be avoided. The aim is to make the study as non-biased as possible.

• Money will be distributed through ACVR to the investigator at each institution at monthly intervals once the data collection forms from that month have been submitted. The faxed data collection forms will function as invoices. Data forms should be submitted by fax to MK Klein at the fax number on forms as information is collected. MK Klein’s resident will oversee and monitor data collection. If problems with distribution of money occur, MK Klein should be contacted.
Endpoints of this study are tumor response at 90 days post-RT (based on the first funded CT scan), progression free survival and survival time. Maximum VRTOG toxicity will also be evaluated at days 14 and 28.

At the time of progressive disease, any therapy is allowable.

MK Klein will distribute a case-study binder to each institution. Binders contain all enrollment information and documentation required for the study including an owner consent form and data collection sheets. Each dog enrolled in the study will be assigned a binder. Investigators are requested to make copies of the original binder for use with subsequent patients. As patients are enrolled, MK Klein will speak to each investigator on the telephone to review the information in the binder and the data collection/submission process.

Data should be submitted to MK Klein as it is accrued. Money will be distributed progressively as evaluations/testing are performed and data is submitted. Money will not be released until data is received by MK Klein.

Anal Sac Adenocarcinoma Retrospective Study
A retrospective study proposal has been submitted to the executive committee for review.

Thyroid Carcinoma Retrospective Study
A retrospective study proposal will be submitted to the executive committee for review.

VRTOG website
The VRTOG webpage on the ACVR website will be updated. Study information, including data collection sheets for the non-Pfizer studies, and contact information for principle investigators will be available on the site.

Next Meeting
The next VRTOG meetings will be held in October 2011 at the VCS and ACVR conferences. These conferences will take place in Albuquerque within 2 weeks of each other.

End

Prepared by: Michelle Turek
VRTOG Meeting Minutes October 14, 2011
ACVR, Hyatt Regency, Albuquerque, New Mexico

1. M Turek Presented Agenda for meeting
2. Reviewed Membership VRTOG currently has 33 member institutions, including 4 in Europe and 1 in Canada. 21 are private practice facilities, 12 Academic facilities
3. VRTOG Website was reviewed – part of the ACVR Website, contains the standard operating procedures, a discussion board (no posts to date), clinical trial information, morbidity scale, membership list
4. Review of Activities
   a. Pfizer Palladia Studies – coordinated by MK Klein and T Ehling
   b. T Ehling presented review of study designs, inclusion/exclusion criteria for studies
   c. Dog Nasal tumor study
      i. Cost of regular recheck exams and routine CBCs is covered by Pfizer grant (reimbursement amount is fixed per visit)
      ii. Recheck cT scan at 16 weeks is included (reimbursement amount is fixed per visit)
      iii. Distributed $25,295 to date out of $198,608 Pfizer grant available
      iv. Special note regarding data entry – asked that all dates be entered in DDMMMYY fashion where MMM is the first three letters of the month
   d. Feline oral squamous cell carcinoma study
      i. 14 patients enrolled
         1. 9 Palladia and RT; 5 Palladia alone
      ii. Reviewed inclusion exclusion criteria
      iii. Reviewed study froms
   e. MK Klein commented that in contrast to original study design it is OK to enter small cats in the study and the Palladia can be compounded by the Apothecary Shop at owner’s expense; capsule versus liquid is at owners discretion
   f. MK Klein commented that it is OK to start dogs at lower Palladia dose (2.75 mg/kg). Efficacy has been reported at 2.7 – 2.9 mg/kg
   g. CT reimbursement is $1200 at week 16. MK Klein welcomes as many CT scans (q 3 months) as can be obtained with this reimbursement amount.
5. M Turek reviewed Melanoma study
   a. Includes three arms, RT and vaccine, RT alone, vaccine alone – at owners discretion; distant metastases the only exclusion criteria; only collecting dogs treated with 8 GY x4
   b. Downloadable forms available online to collect information – recommended submitting forms after the pets have expired or at a call for submissions so that all data can be submitted at once
   c. M Turek will send out a call for submissions
6. M Turek mentioned Radiation facility survey performed by J Farrelly and M McEntee with assistance of the VRTOG for survey design and cost of online survey service
7. Discussion from floor regarding Anal sac adenocarcinoma and thyroid carcinoma studies
   a. Anal sac study J Fidel, MK Klein, B Burke all considering retrospective case series, call for interest to pool cases together for more statistical information; B Burke will put together the information
   b. Thyroid study extraction sheet submitted previously by Elias Gumpel needs VRTOG approval
8. Treasury report
   a. VRTOG has $7682.79 in unrestricted funds
   b. Increased from $4222 in 2010 due mainly to dues collection
   c. Pfizer grant $198,600 allocated, $25,259 distributed to date in reimbursements
   d. Dues are $100/year per institution
      i. Invoices will be e-mailed to members and to radiation oncology list serve
9. Executive committee
   a. In 2012 D Lurie proceeds to Chair
   b. Member at large position is a 4 year position
   c. Election in 2012 to fill G Poulson’s position as member at large
10. Call to review the SOP and to change length of Member at Large position
11. S SEigel recommended a late fee for late payment of Dues to prevent facilities from joining just to become part of a specific study
12. M Turek asked whether there would be interest in a VRTOG list serve
    a. Group agreed that this would be useful to disseminate VRTOG info to group without sending it to individuals who are not interested, i.e. the ACVR Radiation list serve
    b. M Turek will speak to Dr. Nyland to arrange
13. M Kent proposed a committee to review and update the Quality Assurance Recommendations of the VRTOG
    a. J Custis, J Farrelly, S Charney volunteered to take part in the committee with M Kent
    b. Recommended a physicist be included in the committee
    c. Plan to rewrite document over the next year, and post a draft on the VRTOG website for comment followed by a vote at future meeting
    d. Consider publication of the document in Vet Radiol and US

Prepared by John Farrelly, November 2011
VRTOG Minutes (7am Saturday 11/5/11 VCS Albuquerque)

Attendance list

David Lurie
Kevin Ware
Lisa DiBernardi
Karri Meleo
Dave Ruslander
Jamie Custis
Michael Nolan
Dave Proulx
Deb Prescott
Michael Kent
MK Klein
Rodney Ayl
Tracey Geiger
Jarred Lyons
Michelle Turek

Agenda

1) Membership update
2) VRTOG webpage
3) Ongoing activities update
4) New activities
5) Treasury report
6) Notification of membership dues
7) Members list serve
8) VRTOG committee

1) Membership Update
   a) DR Turek lists 33 member institutions (including 4 european and 1 canadian; 21 private practice members and 12 academic institution members)

2) Webpage
   a) DR Turek went through basic webpage layout on ACVR site (http://www.acvr.org/page/vrtog or found through google search VRTOG)
   b) Member list on site
   c) Executive committee make up
   d) Standard operating procedure
   e) Prior business meeting minutes, all listed on webpage

3) Ongoing Activities
a) All current VRTOG studies listed on webpage-these are publically listed but these are password protected to obtain more details such as number of patients enrolled, study enrollment forms, grant submissions, morbidity scoring schemes, etc.

b) Current studies include
   i. Pfizer Palladia +/- RT studies (Studies introduced by Dr MK Klein; Her resident DR Tara Ehling is acting as co-ordinator for data accrual-very responsive)
      a) Nasal ACA – 23 accrued patients, no increase in reported morbidity, too early to inform on response, not spending enough of the Pfizer money ($1200 available per enrolled patient), using lower dose of palladia, ie. 2.75-3mg/kg.
      b) Feline oral SCC -16 cats accrued, all advanced stage disease, seemingly still very tough outcomes, Only free palladia for this study!
      c) Money being held in ACVR (non-profit status), submitted data sheets to act as invoice with re-imbursement through DR McLear only to oncologist related facilities and not rDVMs, Pfizer very accommodating in sending drug when requested, but request made to check expiration dates on all bottles!

   ii. Melanoma Oncept +/- RT
      a) Many facilities now using the agreed upon 4 x 8 Gy regimen.
      b) No Meriel funding for this study
      c) Collecting all comers (gross or microscopic disease, RT and vaccine or RT alone or vaccine alone)
      d) Still have a lot of money for this study
      e) Data collection sheet reported as a bit intense
      f) Call to find student or someone to collate data accrued.

   iii. Facility survey (Dr John Farrelly)
      a) Continuation of earlier Dr McCentee study.
      b) Seeking more respondants

   iv. Retrospective ASAC and thyroid carcinoma
      a) Dr Blaise Burke heading up effort for Anal sac carcinoma study and he is preparing data collection sheets.
      b) Dr Elias Gumpel is heading up Thyroid carcinoma study and has re-submitted data collection sheets for this study to VRTOG committee for review.

4) New activities
   a) Standard operating procedure has not been updated since 2004-currently being reviewed and suggestions to be submitted to committee for a vote. Timeline to update set at 1 year.
b) Discussion raised about 4-8 year time commitment to the VRTOG committee and that this is daunting for many people. However now there are more members this may be revised to shorten the commitment.

c) Update on Quality Assurance Recommendations (committee is DRs Kent, Farrelly, Custis and Charney), 1 year timeline to make recommendations and amendments for standardizing medical physics quality control for all institutions.

5) Treasury Report
   a) All financials managed by DR McLear ACVR treasurer.
   b) **$7682.79 unrestricted funds** (2010 balance of $4222 + 2011 dues)
   c) Pfizer grant for Canine Nasal Carcinoma Palladia study (only $25,295 of the $198,600 grant has been distributed).

6) Membership Dues
   a) Institutional membership- $100/institution/year.
   b) Plan to send invoices by e-mail and via list serve (attempt to formalize payment and collection of dues; payment to be by January 31st or else a late fee applied of $25)
   c) With 33 current members it is expected that unrestricted funds in coffers will approach $10000 this coming year. Proposal to make a list for what this can be spent on, eg pathologist slide review for studies, etc.

7) List serve
   a) Added to ACVR listserve platform but DR McLear recommends waiting for the new live updated ACVR site launch.
   b) Dr Malleo offered alternative option of using the free site “wiggio” which reportedly keeps a calendar, does surveys, archives threads and allows preference settings. This option received general approval but does require a group administrator and would be closed group requiring invitation to participate.

8) Committee
   a) Next year DR Lurie to chair the group
   b) Need to fill member at large position vacated by DR Poulson (4 yr commitment).

9) Miscellaneous
   a) VRTOG rents room from VCS for annual meeting and although requests for time to meet other than 7am was supported it was believed this will not be possible.
   b) Next year meeting in conjunction with ACVR (Dr Klein trying to co-ordinate that all RT component of ACVR is on one day (Friday-day of ACVR resident review) and in co-ordination with the VCS program.

Prepared by: David Lurie, November 2011
VRTOG Meeting Minutes, ACVR Conference 2013

Date: Thursday, October 9, 2013
Time: 10:30 AM – 11:15 AM
Location: Savannah D Ballroom, Savannah Marriott Riverfront, Savannah, Georgia
In Attendance: Eric Boshoven, Bill Brawner, Julia Buchholz Rick Chutney, Jamie Custis, Lisa DiBernardi, Tara Ehling, John Farrelly, Eric Green, Michael Kent, Michele Keyerleber, Glen King, Mary K Klein, Lyndsay Kubicek, Tracy LaDue, Susan LaRue, Nathan Lee, Dustin Lewis, Elizabeth McNiel, Karri Meleo, Natalia Oyafuso da Cruz, Jamie Pawlik, Kelsey Pohlmann, Valerie Poirier, Deb Prescott, Kim Selting, Sheri Siegel, Kevin Ware, Pamela White.

Call to Order 10:35 AM

Committee Member Update

Chair: John Farrelly; Assistant Chair: Pam Jones; Members at Large: Lisa DiBernardi, Nathan Lee; Ex Officio: Sheri Siegel.

Given the SOP amendments, to be outlined later in the meeting all four executive members are due to finish after next year so the executive committee will come up with a strategy to stagger the Chair and the Assistant Chair as well as the two members at large.

Membership update

17 member institutions as of this date including 2 in Europe.
Private practices 10; Academic Institutions 7
Up to date Membership list will be added to the VRTOG web page after VCS

Membership has decreased dramatically from 2013. JF proposed that this is partly due to the lack of a funded study in 2013 compared to 2012, when there were two funded studies that member institutions could take part in. Second potential cause is that reminders were not sent out to renew membership on a regular basis. In 2013, dues reminders will be sent on a more frequent basis and late fee will be adhered to.

Treasury Report

Finances managed through ACVR Treasurer

Currently $12,008 in unrestricted funds, compared to 2012 balance of $10,308. Increase due entirely to dues payments. Pfizer (now Zoetis) grant for Canine Nasal Carcinoma included $198,600 in funds for study execution.
Discussion from group that the unrestricted funds were previously earmarked to be used for things such as pathologist fees, radiologists fees or statistician’s fees to help support a VRTOG study.

Membership fees are $100 per institution.

New membership invoices will be coming at the end of 2013

**Melanoma Oncept Study Update/ Call for cases**

Dr. Turek has reported to the Chair that they currently have 57 total cases for this study, including 30 treated with radiation (RT) and vaccine, 12 with RT alone and 15 with vaccine alone.

In light of recent Veterinary and Comparative Oncology Manuscript the VRTOG feels it is crucial to report on as many cases as possible for this disease.

Study was designed to capture cases prospectively, but any case that meets the criteria can be included.

Would like to enroll cases by December 31, 2013, but if institutions have trouble with this timeline we ask that they contact the VRTOG or Dr. Turek.

If institutions are not able to fill out the abstracting forms, contact VRTOG or Dr. Turek to see if we can get the records to collect the data.

Contributing institutions to date include, Louisiana State University, Animal Oncology and Imaging Center, Tufts University, VCA Aurora Animal Hospital, University of Georgia, University of Guelph

**Pfizer (now Zoetis) Palladia Trials**

Canine nasal tumor trial and feline oral squamous cell carcinoma (SCC) trials Are both closed to enrollment. The feline oral SCC trial has completed follow up. The canine nasal carcinoma trials still has patients who are being followed with physical examination.

Call to get all data submission up to date on any patients that have been enrolled in these trials.

**Quality Assurance (QA) Committee**

At the 2012 meeting the QA committee reported that after review of the process, the decision was made not to rewrite the AAPM recommendations regarding quality assurance. Instead, a general introduction will be written with references
to the pertinent AAPM documents. This will be completed shortly and posted to the VRTOG website.

**SOP Amendments**

Now have been reviewed by two separate executive committees and are almost finalized. Recommended changes to the SOPs include limiting term of all executive committee members to 2 years, to allow the ACVR/VCS meetings to be chaired by either the Chair or the Co-Chair and that each member is expected to attend one meeting.

Final SOP changes will be sent out to the members electronically for a vote before the end of the year.

**Future Goals**

VRTOG has been approached by Dr. Stephen Sapareto who is the Director of Medical Physics at Banner MD Anderson Cancer Center and Chair of the AAPM Biologic Effects Committee regarding potential collaboration for comparative clinical trials. He suggested that there have been two barriers to this in the past: 1) That veterinary radiation has typically involved hypofractionated therapy and 2) That veterinary radiation facilities have had limited access to highly conformal doses as in people. His feelings were that # 1) has vanished as a barrier due to the recent trend in human treatmens for hypofractionation.

He proposed submitting an equipment grant to NIH to potentially match funds for facilities who are interested in developing IMRT/stereotactic capabilities. The VRTOG committee will explore whether this may be possible as well as potentially exploring comparative trials through the VRTOG.

**Future goals within VRTOG**

Question was posed as to whether anyone had started collecting data on anal sac tumors in dogs. Discussion was that two institutions had started this but it was not clear at the last meeting who would proceed. VRTOG Executive committee will follow up to see if this should be a VRTOG study

**Floor opened for discussion**

MK Klien stated that she feels that because of the recent economic changes she is treating a lot more palliative cases. Recommended that the VRTOG should consider studies investigating outcome for patients treated with palliative RT.

Discussion ensued and points discussed included:
1. Endpoints of such studies might be difficult to justify since survival is very subjective and very dependent on owner preference and majority of patients are not followed with imaging.

2. Quality of life surveys might be useful to determine the appropriate endpoints. However, if possible a validated survey should be used. (study out of U Penn referenced)

3. Palliative radiation may need to be separated from hypofractionated for these types of studies. With true palliative radiation quality of life surveys may be the most important endpoint. With hypofractionated radiation (ie. For pets who’s owners do not want to do surgery, but the pet is not having clinical signs related to the tumor) tumor control may be a more important endpoint.

VRTOG will bring this up at the VCS meeting and discuss further.

Meeting adjourned 11:17AM
Call to Order 7:10 AM

**Committee Member Update**

Chair: John Farrelly; Assistant Chair: Pam Jones; Members at Large: Lisa DiBernardi, Nathan Lee; Ex Officio: Sheri Siegel.

Given the SOP amendments, to be outlined later in the meeting all four executive members are due to finish after next year so the executive committee will come up with a strategy to stagger the Chair and the Assistant Chair as well as the two members at large.

**Membership update**

18 member institutions as of this date including 2 in Europe.
Private practices 10; Academic Institutions 8
Up to date Membership list will be added to the VRTOG web page after VCS

Membership has decreased dramatically from 2013. JF proposed that this is partly due to the lack of a funded study in 2013 compared to 2012, when there were two funded studies that member institutions could take part in. Second potential cause is that reminders were not sent out to renew membership on a regular basis. In 2013, dues reminders will be sent on a more frequent basis and late fee will be adhered to.

**Treasury Report**

Finances managed through ACVR Treasurer

Currently $12,108 in unrestricted funds, compared to 2012 balance of $10,308. Increase due entirely to dues payments. Pfizer (now Zoetis) grant for Canine Nasal Carcinoma included $198,600 in funds for study execution.

Unrestricted funds were previously earmarked to be used for things such as pathologist fees, radiologists fees or statistician’s fees to help support a VRTOG study.
Membership fees are $100 per institution.

New membership invoices will be coming at the end of 2013

Discussion that some facilities do not use Pay Pal. J Farrelly will look into whether a direct credit card payment option on the website would be possible.

**Melanoma Oncept Study Update/ Call for cases**

Dr. Turek has reported to the Chair that they currently have 57 total cases for this study, including 30 treated with radiation (RT) and vaccine, 12 with RT alone and 15 with vaccine alone.

In light of recent Veterinary and Comparative Oncology Manuscript the VRTOG feels it is crucial to report on as many cases as possible for this disease.

Study was designed to capture cases prospectively, but any case that meets the criteria can be included.

Would like to enroll cases by December 31, 2013, but if institutions have trouble with this timeline we ask that they contact the VRTOG or Dr. Turek.

If institutions are not able to fill out the abstracting forms, contact VRTOG or Dr. Turek to see if we can get the records to collect the data.

Contributing institutions to date include, Louisiana State University, Animal Oncology and Imaging Center, Tufts University, VCA Aurora Animal Hospital, University of Georgia, University of Guelph

**Pfizer (now Zoetis) Palladia Trials**

Canine nasal tumor trial and feline oral squamous cell carcinoma (SCC) trials Are both closed to enrollment. The feline oral SCC trial has completed follow up. The canine nasal carcinoma trials still has patients who are being followed with physical examination.

Call to get all data submission up to date on any patients that have been enrolled in these trials.

Question came up as to whether there is any information about outcome from these patients yet. J Farrelly will see if an interim update is available and will send out to the VRTOG group.
Quality Assurance (QA) Committee

At the 2012 meeting the QA committee reported that after review of the process, the decision was made not to rewrite the AAPM recommendations regarding quality assurance. Instead, a general introduction will be written with references to the pertinent AAPM documents. This will be completed shortly and posted to the VRTOG website.

SOP Amendments

Now have been reviewed by two separate executive committees and are almost finalized. Recommended changes to the SOPs include limiting term of all executive committee members to 2 years, to allow the ACVR/VCS meetings to be chaired by either the Chair or the Co-Chair and that each member is expected to attend one meeting.

Final SOP changes will be sent out to the members electronically for a vote before the end of the year.

Future Goals

VRTOG has been approached by Dr. Stephen Sapareto who is the Director of Medical Physics at Banner MD Anderson Cancer Center and Chair of the AAPM Biologic Effects Committee regarding potential collaboration for comparative clinical trials. He suggested that there have been two barriers to this in the past: 1) That veterinary radiation has typically involved hypofractionated therapy and 2) That veterinary radiation facilities have had limited access to highly conformal doses as in people.

His feelings were that # 1) has vanished as a barrier due to the recent trend in human treatments for hypofractionation.

He proposed submitting an equipment grant to NIH to potentially match funds for facilities who are interested in developing IMRT/stereotactic capabilities.

The VRTOG committee will explore whether this may be possible as well as potentially exploring comparative trials through the VRTOG.

Future goals within VRTOG

Discussion ensued regarding whether any institution has started collecting data for anal sac carcinomas. There is a resident who has expressed interest in collecting and publishing cases. J Fidel expressed that she has a number of cases, but had not collected data on them because she was under the impression that it was being done at another facility. K Selting was in touch with B Burke and he is interested in having those cases written up. Would most likely want to do this in a short time frame.
Discussion from the group that some have been doing hypofractionated radiation for anal sac carcinoma, both in the gross and microscopic disease setting. Also, there would be interest in knowing how dogs with anal sac carcinoma do without chemotherapy.

If the study is to be done through the VRTOG an abstracting form and trial design would need to be submitted and reviewed by the Executive Committee.

K Selting and J Farrelly will contact B Burke and see if this can be done through the VRTOG.

J Farrelly reviewed discussion from ACVR Meeting about palliative/ Hypofractionated radiation. Discussion that outcomes and follow up are an issue in all these studies.

**Floor opened for discussion**

MK Klien stated that she feels that because of the recent economic changes she is treating a lot more palliative cases. Recommended that the VRTOG should consider studies investigating outcome for patients treated with palliative RT.

Discussion ensued and points discussed included:
1. Endpoints of such studies might be difficult to justify since survival is very subjective and very dependent on owner preference and majority of patients are not followed with imaging.

2. Quality of life surveys might be useful to determine the appropriate endpoints. However, if possible a validated survey should be used. (study out of U Penn referenced)

3. Palliative radiation may need to be separated from hypofractionated for these types of studies. With true palliative radiation quality of life surveys may be the most important endpoint. With hypofractionated radiation (ie. For pets who’s owners do not want to do surgery, but the pet is not having clinical signs related to the tumor) tumor control may be a more important endpoint.

M Kent reported from the ACVR-RO business meeting that there was some interest at that meeting to have the 2014 ACVR-RO meeting held in conjunction with the ASTRO annual meeting. Thoughts include either having a one day meeting at UC Davis or getting a meeting room in San Francisco. ACVR Executive board is OK with the RO group having a separate meeting. This meeting, if it did take place, it would not count towards the ACVR requirement to attend the ACVR meeting every three years. If diplomates had not attended in the prior two years and wanted to attend this meeting, they could apply for a one year waiver.
Discussion that price and logistics would be determined by the number who are planning on attending. J Farrelly suggested an online survey to assess interest. M Kent will check with S Siegel as to whether a survey is needed and the type of questions.

Meeting adjourned 8:00 AM
VRTOG Meeting Minutes – VCS Conference 2014

Date: Friday, October 10, 2014
Time: 7 – 8 AM
Location: Hyatt Regency, St. Louis at the Arch, St. Louis, Missouri

Members in Attendance: Eric Boshoven, Pamela Jones, MK Klein, Kim Selting, Michael Kent, Janine Fidel

Meeting presided over by Pamela Jones, Assistant Chair

Call to Order

Committee Member Update

Chair: John Farrelly; Assistant Chair: Pam Jones; Members at Large: Lisa DiBernardi, Nathan Lee; Ex Officio: Sheri Siegel.

Pam Jones proceeds to Chair in Jan 2015; One of the Members at Large will stay on and election will be held for Assistant Chair and second Member at Large. This will stagger the Member at Large position so there will be an election every year for a Member at Large

Membership update

27 member institutions as of this date including 2 in Europe, 1 in Australis. Private practices 16; Academic Institutions 11
Up to date Membership list will be added to the VRTOG web page after VCS

Membership has increased dramatically from 2013. In 2015, dues reminders will be sent at the beginning of the year.

Treasury Report

Finances managed through ACVR Treasurer

Currently $15,170 in unrestricted funds, compared to 2012 balance of $12,008. Increase due entirely to dues payments. Pfizer (now Zoetis) grant for Canine Nasal Carcinoma included $198,600 in funds for study execution.

Unrestricted funds have been earmarked to be used for things such as pathologist fees, radiologists fees or statistician’s fees to help support a VRTOG study.

Membership fees are $100 per institution.
New membership invoices will be coming at the beginning of 2015

**Melanoma Oncept Study Update**

Dr. Turek has reported to the Chair that they currently have 80 total cases for this study, and 51 additional cases being considered for inclusion.

Case accrual has been completed.

Contributing institutions to date include, Louisiana State University, Animal Oncology and Imaging Center, Tufts University, VCA Aurora Animal Hospital, University of Georgia, University of Guelph, University of Wisconsin – Madison, Southeast Veterinary Oncology and Internal Medicine

**Pfizer (now Zoetis) Palladia Trials**

Canine nasal tumor trial and feline oral squamous cell carcinoma (SCC) trials are both closed to enrollment. The feline oral SCC trial has completed follow up.

Initial results from Canine Nasal Tumor Study presented at VCS

Call to get all data submission up to date on any patients that have been enrolled in these trials.

**Quality Assurance (QA) Committee**

At the 2012 meeting the QA committee reported that after review of the process, the decision was made not to rewrite the AAPM recommendations regarding quality assurance. Instead, a general introduction will be written with references to the pertinent AAPM documents. This will be completed shortly and posted to the VRTOG website.

**SOP Amendments**

Now have been reviewed by two separate executive committees and are finalized. Proposed amendments were reviewed at the meetings. Amendments will be sent out for an electronic vote to the membership before the end of the year

**Call for Nominations**

Need to fill two positions prior to end of the year

1) Assistant Chair
2) Member at Large

Call for nominations at this meeting and also to be sent out via email.

**Future goals within VRTOG**
Suggestion that VRTOG should identify common radiation treatment protocols used by members to facilitate prospective studies through the VRTOG. Nathan Lee has agreed to chair this committee. Call for 3-4 additional members.

Jeome Benoit has submitted a potential study regarding treatment of Genitourinary TCC with radiation. Currently being reviewed by the VRTOG Executive Committee.

Discussion regarding inclusion of administrative fees in grants for institutions which require these fees.

Meetings adjourned.
VRTOG Meeting Minutes – ACVR Conference 2014

Date: Friday, October 24, 2014
Time: 7 – 8 AM
Location: Hilton St. Louis at the Ballpark, St. Louis, Missouri

Members In Attendance: Stephanie Cook, Jamie Custis, John Farrelly, Lisa Forrest, Nancy Gustafson, Siobhan Haney, Katherine Hansen, Pamela Jones, Barbara Kaser-Hotz, Glen King, Mary K Klein, Heather Lasher, Tracy LaDue, Nathan Lee, Jayme Looper, Catie McDonald, Margaret McEntee, Koichi Nagata, Kelsey Pohlmann, Jeannie Poulson, Deb Prescott, Nicholas Rancilio, Kerensa Rechner, Keijiros Siomitsu, Sherei Siegel, Katherine Swift, Rachel St. Vincent, Isabelle Vanhaezebrouck.

Guest: Steve Sapareto

Meeting presided over by John Farrelly, Chair

Call to Order

**Committee Member Update**

Chair: John Farrelly; Assistant Chair: Pam Jones; Members at Large: Lisa DiBernardi, Nathan Lee; Ex Officio: Sheri Siegel.

Pam Jones proceeds to Chair in Jan 2015; One of the Members at Large will stay on and election will be held for Assistant Chair and second Member at Large. This will stagger the Member at Large position so there will be an election every year for a Member at Large

**Membership update**

27 member institutions as of this date including 2 in Europe, 1 in Australias. Private practices 16; Academic Institutions 11
Up to date Membership list will be added to the VRTOG web page after VCS

Membership has increased dramatically from 2013. In 2015, dues reminders will be sent at the beginning of the year.

**Treasury Report**

Finances managed through ACVR Treasurer

Currently $15,170 in unrestricted funds, compared to 2012 balance of $12,008. Increase due entirely to dues payments. Pfizer (now Zoetis) grant for Canine Nasal Carcinoma included $198,600 in funds for study execution.
Unrestricted funds have been earmarked to be used for things such as pathologist fees, radiologist fees or statistician fees to help support a VRTOG study.

Membership fees are $100 per institution.

New membership invoices will be coming at the beginning of 2015

**Melanoma Oncept Study Update**

Dr. Turek has reported to the Chair that they currently have 80 total cases for this study, and 51 additional cases being considered for inclusion.

Case accrual has been completed.

Contributing institutions to date include, Louisiana State University, Animal Oncology and Imaging Center, Tufts University, VCA Aurora Animal Hospital, University of Georgia, University of Guelph, University of Wisconsin – Madison, Southeast Veterinary Oncology and Internal Medicine

**Pfizer (now Zoetis) Palladia Trials**

Canine nasal tumor trial and feline oral squamous cell carcinoma (SCC) trials are both closed to enrollment. The feline oral SCC trial has completed follow up.

Initial results from Canine Nasal Tumor Study presented at VCS

Call to get all data submission up to date on any patients that have been enrolled in these trials.

**Quality Assurance (QA) Committee**

At the 2012 meeting the QA committee reported that after review of the process, the decision was made not to rewrite the AAPM recommendations regarding quality assurance. Instead, a general introduction will be written with references to the pertinent AAPM documents. This will be completed shortly and posted to the VRTOG website.

**SOP Amendments**

Now have been reviewed by two separate executive committees and are finalized. Proposed amendments were reviewed at the meetings. Amendments will be sent out for an electronic vote to the membership before the end of the year.
Call for Nominations
Need to fill two positions prior to end of the year
   1) Assistant Chair
   2) Member at Large
Call for nominations at this meeting and also to be sent out via email.

Future Goals

Dr. Stephen Sapareto, Director of Medical Physics at Banner MD Anderson Cancer Center and Chair of the AAPM Biologic Effects Committee, spoke to members at the ACVR meeting regarding potential collaboration for comparative clinical trials.

He suggested that there have been two barriers to this in the past:
1) That veterinary radiation has typically involved hypofractionated therapy, and
2) That veterinary radiation facilities have had limited access to highly conformal doses as in people.
His feelings were that # 1) has vanished as a barrier due to the recent trend in human treatments for hypofractionation.
He proposed submitting an equipment grant to NIH to potentially match funds for facilities that are interested in developing IMRT/stereotactic capabilities.

The VRTOG committee will be established to explore whether this may be possible as well as potentially exploring comparative trials through the VRTOG.

Future goals within VRTOG

Suggestion that VRTOG should identify common radiation treatment protocols used by members to facilitate prospective studies through the VRTOG.
Nathan Lee has agreed to chair this committee.
Call for 3-4 additional members.

Jerome Benoit has submitted a potential study regarding treatment of Genitourinary TCC with radiation.
Currently being reviewed by the VRTOG Executive Committee

Meeting adjourned
VRTOG Meeting Minutes- ACVR/ASTRO Conference 2015

Date: Saturday, October 17, 2015

Time: 8-9am

Location: Drury Hotel, San Antonio, Texas

Members in Attendance: Sheri Siegel, Stephanie Cook, Tracy LaDue, Jessica Lawrence, Jerome Benoit, Eric Boshoven, Deb Prescott, Jeannie Poulson, Magdaleus Parys, Valeria Meier, Jared Lyons, Carla Rohrer-Bley, Susan LaRue, Katie Swift, Kelsey Pohlmann, Jamie Custis, Krista Kelsey, Joe Jacovino, Greg Almond, Lyndsay Kubicek, Kari Rosen, Glen King, Dee Harris-King, Mike Nolan, Elias Gumpel, Rachel St. Vincent, Isabelle Vanhaezebrouck, Janean Fidel, Lisa DiBernardi, Neal Mauldin, Keijiro Shiamirsu, Michelle Turek, Vivian Fan, Nathan Lee, John Farrelly

Guest in Attendance: Steve Sapareto

Meeting presided over by Nathan Lee

Call to Order at 8:00am

Agenda:

• VRTOG committee
• Membership update
• Treasury report
• Melanoma Oncept +/- RT update
• Palladia trials update
• VRTOG Quality Assurance Guideline revisions
• VRTOG – anal sac ACA retrospective
• Clinical Trials Committee
• Biologic Effects Committee
• Zoetis unused funds
• Group discussion:
  – Adopt a standard criteria for submission form for studies
  – Funds distribution approval – member travel, data extraction?
• Nominees or volunteers for Member-at-Large position

VRTOG Committee:

• Chair: Pamela Jones, completed Dec 2016
• Assistant Chair: Nathan Lee proceeding to Chair January 2017
• Members at Large:
  – Lisa DiBernardi (complete Dec 2015)
  – Ira Gordon (complete Dec 2016)
• Ex Officio: Monique Mayer

Membership:

• 27 member institutions
• Two European, 1 Australian
  – 17 private practices
  – 10 academic institutions
• www.acvr.org/page/vrtog
• Membership stable from 2014 and 2015

Treasury Report:

• Finances managed by ACVR Treasurer
• $17,895.57 unrestricted funds as of 9/15/15
  – 10/2014 balance $15,170
  – Earmarked for outside assistance for studies (e.g. stats, radiologist, pathology etc.)

Membership Dues:

• Institutional Membership

• $100 annual dues; late fee of $25 after April 30

• New Invoice coming at start of 2016
  – Most paid online using Pay Pal
In the future please alert Pam Jones (pdjones17@gmail.com) when you pay dues and include updated contact information

Clinical Studies:

• Melanoma Oncept +/- RT
  – Michelle Turek
  – Will be presented today at ACVR-RO meeting – San Antonio, October 17
  – 126 total cases

• Palladia Canine Nasal Tumor Trial – MK Klein, Tara Ehling
  – Presented at VCS 2014
  – Funding: unrestricted grant from Zoetis of $198,600
  – Actual accrual
    • Palladia alone 16 dogs
    • Palladia/RT 47 dogs
  – Manuscript in preparation

• Feline Oral SCC Palladia Trial – MK Klein, Tara Ehling
  – Palladia provided by Zoetis
  – Actual accrual
    • Palladia alone 16 patients
    • Palladia/RT 24 patients
  – Manuscript in preparation

• Genitourinary TCC and RT – Multicenter Retrospective Study
  – Submitted for consideration as VRTOG trial by: Jerome Benoit
  – Reviewed by the executive committee
  – Call sent out via email for participation
  – Please contact Jerome directly at jeromedbenoit@gmail.com

• AGASACA Retrospective study
Kim Selting, Blaise Burke, Keijiro Shiomitsu

Abstracting form shared on radonc list serve

General Updates:

- VRTOG QA Committee
  - Final stages of review
- SOP Amendments
  - Final SOP in VRTOG Website
- Membership list – VRTOG Website
- Meeting minutes – VRTOG Website

Clinical trials Committee:

- Members- Nathan Lee – Chair
  - Katie McDonald
  - Siobhan Haney
  - Rachael St Vincent
  - Elias Gumpel

Nathan updated the group on the survey results from the committee. There was general consensus that using 3Gy x 16-19 fx definitive protocols and 8Gy x 4 fx palliative protocols would be acceptable to the group. Talked about different tumor types that could be looked at prospectively (sarcomas, anal sac carcinomas, oral tumors, mast cell tumors, etc.) Dr. LaRue brought up the fact that a central data manager would be really helpful to collect all of this data from prospective trials. May be an area where the left over $40,000 from Zoetis. Also talk about having a fund that owners can donate to the ACVR and have it ear marked for VRTOG and/or RO. Steve Sapareto talked about the potential to piggy back with RTOG, since they already have the data collection and analysis pieces in place.

- Sue LaRue – Clinical Oncology Trials Consortium update. Sue attended the IOM meeting on translational research and says there is a lot of interest in using dogs in tumor models for people. Sue walked the group through how the NIH COTC works. It is time consuming and some mechanistic questions, but multiple universities already involved. Talk about private practices getting involved as well, but more hoops to jump through.

Biologically Effects Committee:
• AAPM Biologic Effects Committee Members
  – Deb Prescott – Chair
  – Ira Gordon
  – Blaise Burke
  – Eric Boshoven
  – Isabelle Vanhaezebrouck

• Deb gave the group an update. She went to the AAPM meeting and meet with treatment planning software companies and radiation biologists who are all interested in developing trials to compare different fractionation schemes in animals. Steve Saporeto proposed a working group for the VRTOG and AAPM. Talk about meeting with people at the ASTRO meeting and Dr. Turek mentioned the need to standardize not only protocols but how we all contour and prescribe dose.

Zoetis Funds:

• Zoetis has agreed to let VRTOG use funds for another Palladia trial
• Remaining funds ~$40,000
• Suggestion for Oral Melanoma + Palladia (Toceranib phos) and radiation trial, with Merial donating melanoma vaccine was favored by the group. Need to get together the specifics of the trial for the group to have input on and approve.
• If interested contact Pam Jones (pdjones17@gmail.com) or contact MK Klein for further information
• Approval will need to go through Zoetis (Amy Trettein)

Call for Nominations:

• Member at Large (1)
  – 2 years
  – Duties – limited with input on SOPs or questions that arise
• Nominations- Dr. Eric Boshoven nominated himself
• Election of new Member-at Large: Dr. Boshoven is new member at large

Meeting Adjourned at 8:58am.
VRTOG Meeting Minutes – ACVR/VCS Conference

Date: Saturday, October 22, 2016

Time: 7:00 AM – 7:45 AM

Location: Hilton Orlando Lake Buena Vista

Members in Attendance:

Meeting presided over by Nathan Lee

Call to order:

Agenda
• General business
  – VRTOG minutes from October 2016
  – VRTOG committee update
  – Membership update
  – Treasury report
  – Website
• Clinical Trials Committee
• Biologic Effects Committee
• Old Business
  – Clinical trials
    • Melanoma Oncept +/- RT update
    • Palladia trials update
    • Anal gland anal sac adenocarcinoma
    • Genitourinary TCC and RT
  – Zoetis unused funds
• New Business
  – eContouring
• Nominees and election of new officers
• Group discussion – if time permits
  – Adopt a standard criteria for submission form for studies
  – Funds distribution approval – member travel, data extraction

Meeting:
• VRTOG Minutes
  o October 2016 meeting at ACVR-RO San Antonio
  o Posted on ACVR/VRTOG website
• Moved and second to approve

• VRTOG Committee
  • Chair: Pamela Jones (complete Dec 2016)
  • Assistant Chair: Nathan Lee proceeding to Chair January 2017
  • Members at Large:
    • Ira Gordon (complete Dec 2016)
    • Eric Boshoven (complete Dec 2017)
    • Ex Officio: Monique Mayer

• Chair – Membership Update
  • 37 member institutions (27 in 2015)
  • Two European, 1 Australian
  • 24 private practices
  • 13 academic institutions
  • www.acvr.org/page/vrtog
  • Membership increased by 10 in 2016!

• Chair - Membership Update
  • Institutional Membership
    • $100 annual dues; late fee of $25 after April 30
    • New Invoice coming at start of 2017
    • Most paid online using Pay Pal
    • In the future please alert Nathan Lee when you pay dues and include updated contact information

• Chair - Treasury Report
  • Finances managed by ACVR Treasurer
    • $21,720.57 unrestricted funds as of 10/2016
    • 10/2015 balance $17,895.57
    • Earmarked for outside assistance for studies (e.g. stats, radiologist, pathology etc.)

• Chair – Website Update
  • VRTOG Guidelines QA – refer to AAPM report
  • SOP Amendments – on website
  • Membership list – on website
  • Meeting minutes – on website
  • Instructions for Authors, dose-reporting guidelines – VRU – John Farrelly has completed the update

• Clinical Trials Committee
  • Nathan Lee – Chair
• Members - Katie McDonald, Siobhan Haney, Rachael St Vincent, Elias Gumpel
• Nathan – not much to update at this time, both committees are coming together with AAPM/WGVROTOG

• Biologic Effects Committee
  o AAPM Biologic Effects Committee Members
  o Deb Prescott – Chair
  o Members - Ira Gordon, Blaise Burke, Eric Boshoven, Isabelle Vanhaezebrouck
  o Update - Eric Boshoven - The WGVROTOG is a working group under the Biological Effects Committee which is under the Therapy Physics Committee which is under the Science Council of the AAPM.
  o The WGVROTOG was approved by the Biological Effects Subcommittee at the AAPM meeting in July and the Therapy Physics Committee at the ASTRO meeting last month and was sent to the Science Council for final approval. The Science Council was supposed to vote at a telephone conference last week but this conference call was cancelled. It is being voted on online with voting closing next Thursday. Thus far 10 out of 18 votes for approval with no negative votes so I expect passage. We had a first teleconference with 11 participants in anticipation of approval on 8/26 and discussed some organizational subgroups to address the charter items. Three subgroups were proposed: Clinical Trials development, Animal Benchmarks and NIH Grant Development. Nathan Lee, Clinical trials chair of VROTOG, agreed to lead the Trials Development so that it is coordinated with VROTOG. Randy Holt agreed to lead the Animal Benchmark subgroup and Steve Sapareto will lead the NIH Grant development effort. A proposed meeting on 9/30/16 was cancelled since I was out of town at ASTRO. Now that I am back I will schedule another teleconference as soon as I hear we have been approved and AAPM records our membership and creates a webpage for us.

• Old Business - Clinical Studies
  o Prospective
    • **Palladia Canine Nasal Tumor Trial** – MK Klein, Tara Ehling, Manuscript in preparation
    • **Feline Oral SCC Palladia Trial** – MK Klein, Tara Ehling, Manuscript in preparation
  o Retrospective
    • **Melanoma Oncept +/- RT** - Michelle Turek, Manuscript in preparation
    • **AGASACA Retrospective study**
      • Charlie Maitz, Brian Flesner - retrospective ongoing- moving forward- Auburn Resident is working on it
      • Abstracting form shared on radonc list serve
    • **Genitourinary TCC and RT** – *Multicenter Retrospective Study*
      • No updated cases
• Please contact Jerome directly at jeromedbenoit@gmail.com
• Request for funding for stats – John Farrelly - $500
• VRTOG vote - John Farrelly- request for funds- $500 for stats- no discussion - motion and 2nd, approved.

○ Zoetis Funds
  ▪ Zoetis has agreed to let VRTOG use funds for another Palladia trial
  ▪ Remaining funds ~$40,000
  ▪ Call for proposals – group discussion
  ▪ Oct 2015 meeting - Suggestion for Oral Melanoma + Palladia (Toceranib phos)
  ▪ Other ideas/ questions
    1. Will they donate more? Unsure
    2. What was the goal of using it with OMM as above- Sensitization? RT or RT + Palladia
    3. Is there any evidence it is a radiosensitizer?
    4. Is there a limit in time?
    5. Suggestion to develop with some of that money a cloud based data collection system that could be shared across studies
  ▪ If interested contact Pam Jones (pdjones17@gmail.com), Nathan Lee (Nathan.lee@bluepearlvet.com) or contact MK Klein for further information
  ▪ Approval will need to go through Zoetis (Amy Trettein)

• New Business - eContouring
  ○ Jérôme Benoit – presentation
    ▪ No guidelines exist
    ▪ At Astro last year was presentation- has had ongoing discussions with company
    ▪ Commercially available-
    ▪ Can have workshops, can have exercises, can compare among different users
    ▪ Can use it to work toward more standardization across our field
    ▪ Monique Mayer will present it at the Business Meeting later today
    ▪ Educase will give us free access for about 10 users to start playing with the system
    ▪ Ready to start now
    ▪ Could have library of cases, could have workshops at meetings, very open to ideas
    ▪ $2000 for a workshop- what are other costs
      • $2300 for workshop – single use
      • Have not discussed long term use
      • CEO travel expenses included at request for ACVR
• For workshop, have “homework”- get presentation, work on it again- ongoing throughout the year- at Astro did all in one day and did not go well
  ▪ Nasal tumor proposed
  ▪ Organs at Risk
  ▪ Seems like a good idea- Jerome is happy to lead it

• Any other new business?
  o Centralized data reporting-
    ▪ Dr. Kerin (Emory in Atlanta)- is the president of NRG-
    ▪ Has this already done-
    ▪ They are interested in getting us involved- showing us their system-
    ▪ Like idea of doing system in parallel
    ▪ Much more involved - Emory has three full time employees that do QA, data entry, etc
    ▪ Proposed that Nathan Lee go to Philadelphia to look at the system
    ▪ Michael Kent proposed Red Cap- available at the Universities- takes a lot of work to make it work
    ▪ AAPM WGVRTOG could also include funding in the NIH stuff
    ▪ Numbers not available yet as to what it would cost (need to figure out what we would need)
    ▪ May be worth talking to Amy LaBlanc about it
    ▪ Nick Rancilio suggested Chuck Mayo at U of Michigan has some funding to help with Aria and database development
    ▪ Monique Mayer looking to help with the contouring so contact her if you are interested

• Call for Nominations
  o Assistant Chair (1)
    ▪ Ira Gordon nominated
    ▪ Motion, second, vote to elect unanimous
  o Member at Large (1)
    ▪ Nick Rancilio nominated
    ▪ Motion, second, vote to elect unanimous

• Group Discussion – none
VRTOG 2017 Meeting Minutes

ACVR 2017 Phoenix, AZ
VCS 2017 Portland, OR

VRTOG business meeting 7 am

- VRTOG Minutes from 2016 approved
- Review of leadership of VRTOG
- New dues process coming in 2018—may be linked with paying ACVR dues
- Treasury report
- Clinical Studies review
- Zoetis Funds--$40,000
  - Open call for proposals
  - Contact MK Klein or Nathan Lee if interested
- Call for nominations
  - Member at large (1)
  - Dr. Charlie Maizt volunteered and was confirmed by majority vote
- Fund Keynote speaker
  - 2018 IVRA/ACVR meeting in TX
  - Cost of $2600 to have 2 prominent rad biologists
  - Vote- unanimously passed
- VRTOG-AAPM Group- Steve Saparetto
  - Group of medical physicists that work to support the VRTOG
  - Current trends in human medicine making human fractionation protocols (SRT) more similar to ways that animals have been treated
  - WGVRO(G)—working group
  - Survey of veterinary hospitals with radiation capabilities—working to define what is available and how units are used
  - Work to improve and/or standardize QA + provide support
  - Grant preparation and funding assistance
  - Recognize difference in veterinary RO (different sized phantoms needed)- may utilize 3D printing
  - Center for Innovation in RO (CIRO)- https://www.nrgoncology.org/Scientific-Program/Center-for-Innovation-in-Radiation-Oncology
  - Discussion on capabilities of 3D printing and current limitations
- Discussion on VRTOG standards
  - Dr. Boshoven asked about QA and SBRT standards and where the VRTOG stands on the matter
  - 3-4 years ago it was decided to follow AAPM guidelines and not reinvent the wheel
  - May not be reflected on our website, suggested to pull document and reference AAPM directly
  - Steve Saparetto’s group can help VRTOG with this in terms of changing language and creating veterinary specific guidelines if we require them
- Dr. Gieger asked that the membership list gets updated on the ACVR website
• Dr. Gieger suggested using some of the VRTOG funds to support a resident presentation/research award at ACVR to encourage more presentations at the meetings. This award would help fund travel to the conference. Members thought that would be a better topic to bring up with ACVR council instead of VRTOG.
VRTOG Minutes 2018 (October 19, 2018, Fort Worth, TX): approximately 20 VTROG members and guests were present; Nicholas Rancilio presided over the meeting.

-- Isabelle Vanhaezebrouck spoke about role of AAPM task force -rehashed points from powerpoint.

-- Discussion RE: VRTOG funds - discussion was had funding resident grants for travel vs. research. I reiterated the point and others mentioned that VRTOG funds were available to help with statistical support or other scientific support that might not be available at the institution conducting the trial. It was suggested that using general funds to fund studies might necessitate a dues increase.

A call for nominations/vote was taken for at large member. Jenny Schutte volunteered and was voted unanimously.

A vote was taken for assistant chair. Nick Rancilio volunteered and was voted unanimously.