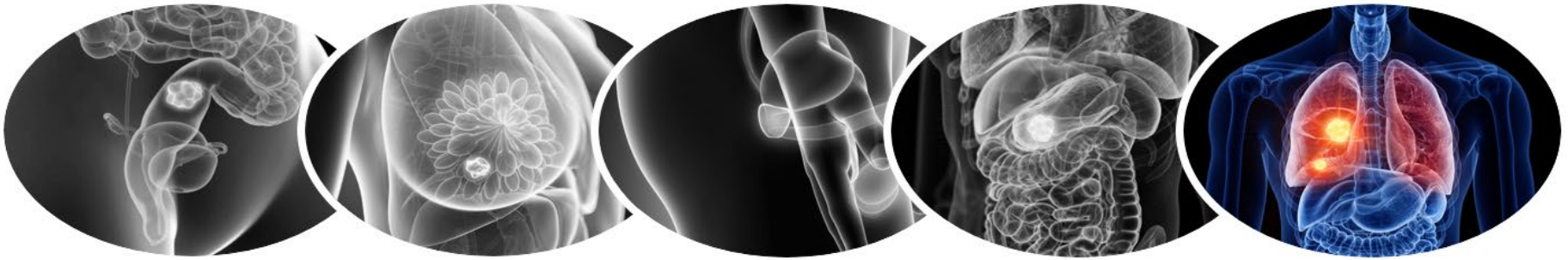
Rectal cancer | Breast cancer | Prostate cancer | Pancreatic cancer | **Lung cancer**



May 20th	May 27th	June 3rd	June 10th	**June 17th**
Keynote speaker: **Prof. C. Rödel**	Keynote speaker: **Prof. M. Brunt**	Keynote speaker: **Dr. N. van As**	Keynote speaker: **Prof. M. Hawkins**	Keynote speaker: **Prof. S. Senan**

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Q & A

Questions	Answers
Do you think is mandatory to perform a last CBCT just have finished every fraction or this last CBCT can be omitted?	MG: we have done this at the start of our SBRT program, and for QA purposes it was very valuable. With larger experience and shorter SBRT delivery times (VMAT), this is not practiced anymore. This maybe different in single-fraction SBRT.
What is the generally recommendation for considering SBRT in a previously irradiated field?	MG: This is in principle possible and safety and efficacy data is available (despite being retrospective). Of course, normal tissue constraints of especially of serial OARs need to be considered. Additionally, we counsel patients and referring physicians that more toxicity can be expected, especially radiation pneumonitis and chest wall toxicity.
Would you expect a lower tumor control rate in ultra-central lung tumors when treated with 10 x 5Gy@80%? Is better local tumor controlled sacrificed in order to avoid toxicity?	MG: there is currently no data that centrally located NSCLC has a different biology compared to peripherally located tumors; as a consequence, doses to control peripheral and centrals tumors are identical
How do you differentiate 2nd lung primary vs local/ regional recurrence?	MG: very relevant questions. Histopathology is key for differentiation. If this is not available lung metastases have a different morphological pattern compared to primary lung tumors, with relevant residual uncertainties
How do you integrate immune therapy/targeted therapy in your stereotactic radiotherapy?	MG: most frequently it is the other way, SBRT is added to immunotherapy for oligoprogressive disease for consolidation of OMD. Emerging patient data from a study evaluating pre-operative radiation with 3x8Gy is worth reading [Altorki N, Lancet Oncol 2021]
What is de optimal overall treatment time for 3 fractions, 5 fractions and 8 fractions?	MG: there is no convincing evidence for benefits or harms with treatment every day vs every other day. On the other hand, most studies using a 3 fraction regime delivered SBRT every other day. 5 and 8 fraction SBRT regimens are most frequently delivered daily
Please, do you use gating during Tx delivery in a conventional linac for single dose?	MG: We are not used gated beam delivery on the conventional CBCT linac, but on the MRI-linac, where real-time tumor position monitoring is possible.

Questions	Answers
	SS: We routinely perform gated single-dose SABR on a conventional linac using either breath-holds or respiratory-waveform (RPM)-guided delivery.

Prof. Dr. S. Senan **Prof. Dr. M. Guckenberger**