Brain Mets/Palliative/Oligo/Immuno | Breast | CNS/Peds | Constraints | GI | GU | Gyn | H&N/Skin | Heme | Thorax | Sarcoma | Rad Phys/Bio

www.RadOncReview.org

For best navigation, click on the table of contents to navigate and click on a subheader or header to return to the table of contents. Otherwise, use the Document Outline feature or control-F to search for a clinical trial of interest. Best held horizontally on mobile.

This document is a collaborative resource. All comments, corrections, and additions are welcome!

We hope you find this resource useful and that you might find the time to point out any room for improvement or content that is missing. We are always looking for disease site-specific editors. If you are interested in becoming an editor, read this section to "learn the ropes." You (and everyone who visits the site) already have full editing privileges with final approval by administrators. Then, start making some changes to the document, and we'll be sure to take notice! Contact us once you have made a few changes and are comfortable with the platform.

The most nuanced part of editing concerns the cross-links. When copying and pasting bookmarks, then cross-links die. It's a pain. Read more below to see how they work! Other than the bookmark and cross-linking issues to be aware of, it's really straightforward! The more intelligent and integrated cross-links are, the more intuitive and useful these documents are to use! Happy editing!
-The Rad Onc Review Team

About

RadOncReview is a collection of clinical trials and high-yield clinical pearls from the thought leaders in our field. There is an emphasis on ASCO and ASTRO guidelines, ASTRO PRO sessions, ASTRO Refreshers, QuadShot News [QS], the Question Book, and Essentials in Clinical Radiation Oncology. Thousands of articles are linked to their corresponding NCBI and all images are hyperlinked to their original source. Hundreds of Quadshot News articles, all ARRO Cases/Contours, all eContour cases, and all of [Zaorsky's] wonderful and informative illustrations from Twitter have also been embedded in this work (all with permission, of course!). All eContour cases, ARRO cases, and [Zaorsky] illustrations can be found at the top of each section or in the **Treatment Planning** section for all disease sites. Data on **Patterns of Failure** can typically be found in the **Follow Up** sections. Further, all ongoing [**NCTN Trial Portfolios**] and a multitude of **ongoing clinical trials** can be found in the **Future Directions** sections for each disease site.

RadOncReview was created to be a collaborative resource where all users are encouraged to participate by actively commenting on the master documents. We encourage any form of contribution, including errata, suggestions for summary boxes, clinical pearls, or articles / relevant trials that we may have missed!

All trials and articles must be linked appropriately (e.g., NCBI for articles, original image source).
Summaries are not intended to substitute as a stand-alone resource.

Document / Trial Key

Clinical Pearls / Summary Boxes: Pearls may summarize landmark trials, disease site themes, current dogma, future directions, or whatever is important. If you have a nice clinical pearl or certain insight that may be helpful, please comment to add!

We need your help writing Summary Boxes and Clinical Pearls! The idea here would be to be able to learn about the overarching themes of a disease site by reading these boxes alone.

RTOG trials are referenced with the number as XXXX, or XX-XX if mentioned outside of the location of the primary summary to avoid more than one result when using control-F functionality.

One of the best things about this work is that all articles are [hyperlinked], and Bookmarks, Headers, and Subheaders between sections are [Cross-linked] [RoR] to and from different sections for ease of navigation.
We need your help Cross-linking for ease of navigation!

Aside from the link about p-values[QS] below, **hyperlinks are signified by [brackets] to avoid color fatigue**.

Due to summary boxes (and overall layout), RadOncReview is read best on mobile when held horizontally.

- **Trial/Author name** [Author, Journal, Year [†]]: Trial arms bolded, for example, **Surgery ± RT**. [‡]

Brief summary, one line if possible. This may include critique, or in what context the trial was written, if it met the primary endpoint, how it is no longer relevant in the modern era, etc. [Crosslink] to relevant bookmark or [header] may be found in brackets or superscript. [RoR] If at all possible, it is preferred to link to headers or subheaders instead of bookmarks - use the Table of Contents to copy and paste the links from there, instead of having to scroll through a bunch of headers!

Critique or Conclusions, Comments or take-home points.

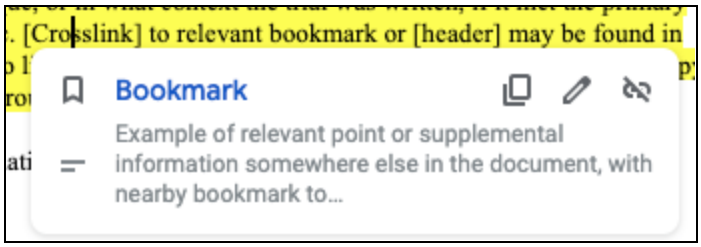
- # of patients. Brief description of the patient population, risk factors, etc. MFU.
  - Details of Surgery, RT, Chemo arms, etc.
- **Relevant endpoint X→ Y%** written in order of arms** as bolded in the title line. *Avoid excessive bolding or italics.*
  - Outcomes for A / B of A→ B% may be used as shorthand for subgroups. The backslash is required to say the information reflects the subgroups of A and B, instead of our example arms above. Example: 5y OS subgroup for A / B / C of 24→ 48→ 95% states 5y OS for Subgroup A is 24%, Subgroup B is 48%... etc.
- Secondary Endpoints.
- Use ~ prior to Endpoint to demonstrate p > 0.10. If p > 0.05 with large differences, the tilde symbol will not be used (e.g. for Stahl's POET trial for GEJ AC, with 20% separation in OS with preoperative CCRT vs. NAC, though p=0.07 [QS]). In other words, endpoints may be written as 5y OS ~65% to signify 5y OS is equivalent between all arms (or whatever endpoint).

  Speaking of p-values… Yikes!
- Toxicity/QoL last or second to last.
- Recurrence data. If particularly robust, recurrence data may be listed in the Follow Up section (at the end of each disease site) instead.

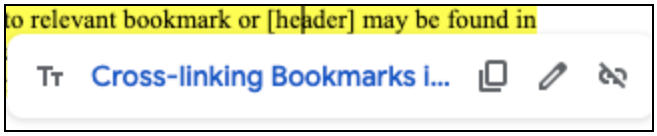
† May be simply [1,2] for short term and long term, respectively, especially if not writing out the details of a trial.
‡ May need to re-order the arms so numbers are improved with superior treatment intervention, i.e. try to make the arm that "wins" listed last so the numbers make more sense. For 2x2s or ±, the minus is always the first number→ plus is the second number.
If trial or value is highlighted in green, the summary (or update) needs to be completed.

A note on Cross-Linking

Whenever on PC, you may simply click your mouse within brackets to see the name of the trial which is being crosslinked. Here are examples: This first picture shows the cursor within the [crosslink] in brackets, which is linking to a bookmark (less preferred, as if the bookmark is moved, the link becomes dead!):



The picture below demonstrates the cursor to be within a [bracketed/linked text], showing the crosslink is linking to the header (preferred, as when headers are moved, the cross-links will still work). Still, sometimes it is inevitable that bookmarks must be used to crosslink!



This feature of selecting text to see a preview of where the cross-link is headed is especially helpful for cross-links as denoted by the Rad Onc Review superscript font:

Usually, RoR is preferred when simply linking the user to a bookmark. It takes up less space than brackets and looks cleaner. When the reader sees an RoR wherever the cross-link had them "land", there should be a nearby RoR to link them back to where they came

from. If there are multiple crosslinks, then sometimes descriptive text such as "Return to [X] section" or "See [X] for more" must be used, with the cross-link within brackets. Bookmarks and headers from one section may also link to entirely different disease sites, but they will not show previews of text.

When editing, please be mindful of the goal of cross-linking to relevant literature or sections by using RoR (superscript) or placing words in brackets! When taken to the other cross-link, try to build in another cross-link that brings the reader back to the section from which they came.

General themes about sections

- **Treatment Planning**: Link to Relevant accessible protocols, eContour cases, ARRO cases, etc.
- **Follow up**: Obviously, Follow up instructions, but also **Patterns of Failure** studies.
- **Future Directions**: **Ongoing clinical trials!** Obviously, not all single-institution phase II studies will make the cut here.

Cross-linking Bookmarks is highly useful and user friendly

- Example of relevant point or supplemental information somewhere else in the document, with a nearby bookmark to [return the user to the original section]. You will see the cross-link in brackets or as Rad Onc Review in superscript. [RoR]

Tips on what NOT to do

- No color-coating or excessive use of bolding or italics.
- No highlighting (unless a section is incomplete or needs to be updated).
- Use images sparingly. The document may become excruciatingly slow with too many pictures. Instead, link to pictures [in brackets] near appropriate information so the images will pop up in another window. **Correction - images are now being built into the document! Use Google Draw to make your own or link (and cite) key figures or diagrams appropriately.**