CONFERENCES

Lifetime Achievement Award



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What does this award mean to you?

This award fills me with gratitude and pride, not just for myself but for my department and its fantastic staff. We are always dedicated not only to provide the best treatment for our patients but also to offer our patients comfort, compassion and optimism. Radiation therapy is dependent on teamwork, and none of us could do it alone.

Apart from my dear family, my wonderful and always supportive late husband and my wonderful children and grandchildren, the most consuming occupation in my life has been my efforts in my research and my clinical work to improve and refine radiation therapy. In particular, I have worked in lymphomas and head & neck cancer to achieve the highest chance of cure with the lowest risk of side effects for each patient. I am deeply honoured to receive this award from my peers and fellow members of the European SocieTy for Radiotherapy and Oncology (ESTRO) as recognition that my work has made a difference on an international scale.

What have been the highlights of your career?

I have been very fortunate to have many fascinating and rewarding career experiences. Early on, my research on the total tumour burden in Hodgkin lymphoma attracted wide international interest and provided international contacts, so important when coming from a small country, and I established collaboration with the Oxford group and made the first meta-analysis of individual patient data in lymphomas. Later, the fruitful collaboration we had with our nuclear-medicine physicians led to the systematic use of positron emission tomography for treatment planning in lymphomas, and the establishment of my research group of physicians and physicists who worked on motion management, which we pioneered both in breast cancer and in lymphomas. These were other highlights.

The creation of the International Lymphoma Radiation Oncology Group (ILROG) with colleagues from all over the world, and our achievement of radically changing lymphoma radiotherapy to smaller volumes and doses, thence taking it into the modern era of advanced, highly conformal radiotherapy, make me very proud. The fact that our efforts to improve treatment for lymphoma patients worldwide have been so successful remains probably the greatest highlight of my career.

What is your next challenge?

I am now working with colleagues in Copenhagen and Baltimore, USA, on the further improvement of radiation treatment planning for lymphomas. The idea is to enable us to develop the best treatment plan with the optimal chance of cure and a minimum risk of long-term side effects for each patient through multi-objective and outcome-based optimisation. I believe that big data, machine learning, and mathematical modelling will enable us to develop even better tools for optimal individualised treatment than we have at present.

Besides, in the ILROG we are continuously working on the refinement and improvement of radiotherapy for haematological malignancies. Based on our experience during the COVID-19 pandemic, we are now revisiting hypofractionation as a possible further refinement.

What do you think are the next challenges for the radiation oncology community?

There are many challenges for radiation oncologists and radiation physicists to develop fully the amazing new technologies that are becoming available into rational and effective tools to benefit individual patients. The definitions of their use and role in the overall multimodality treatment are a major clinical research challenge. Good clinical research is necessary to provide evidence for the indications and the benefits of these technologies, and to convince our medical oncology colleagues of the important role and contribution that modern radiation therapy can have in the multimodality treatment of cancer.

What has been your involvement within ESTRO?

I became a member of ESTRO very early in my career when I started residency, and I participated and presented at many ESTRO meetings and courses. In the ILROG, we realised that a course on radiotherapy for haematological malignancies was needed and was not being offered anywhere. We approached ESTRO and got a very positive response. This led to the creation of the ESTRO-ILROG course on haematological malignancies in the ESTRO School. I am the course director, and we have held the course with great success four times now. It attracts oncologists from all over the world and it remains the only comprehensive course on this subject.