

CONFERENCES

Lifetime achievement award



Arthur Sun Myint Clatterbridge Cancer Centre Liverpool, UK

What have been the highlights of your career?

The highlight of my career has been to introduce contact X-ray brachytherapy (papillon) to the UK after the team I led at Clatterbridge visited Lyon in 1992. The following year, I was able to set up the first facility for contact X-ray brachytherapy to treat rectal cancer in the UK. After 20 years, in September 2015 the National Institute of Health and Care Excellence (NICE) published its recommendations (NICE interventional procedures guidance (IPG) 532), which approved the use of contact X-ray brachytherapy for some patient groups. It was a great moment in my career, as it was recognition of my work from an internationally respected body.

What is your next challenge?

NICE suggested that we need more evidence of the technique's effectiveness in young and surgically fit patients. We have now set up a European multicentre phase III randomised controlled trial named organ preservation for early rectal adenocarcinoma (OPERA). I presented the preliminary surgical salvage results of the OPERA trial at the American Society of Clinical Oncology gastrointestinal cancers symposium (GI ASCO) in January 2021. My next challenge is to write a manuscript and have it published later this year. The main trial results will be published next year. This will provide much-needed evidence to establish the role of contact X-ray brachytherapy for dose escalation in rectal cancer management for younger, fitter patients than have been treated before. We hope to change the standard of care in rectal cancer management not only for older patients but for younger, fitter patients who wish to avoid extirpative surgery and a stoma. We have set up another trial, local excision versus the papillon technique as a rectal-saving strategy (EXPRESS), for less fit patients or patients who refuse surgery. We have applied for funding through the National Institute for Health Research (NIHR) health technology assessment system and we hope to start the trial next year, if funding is approved.

What do you think are the next challenges for radiation oncologists or brachytherapists?

The next challenges for these members of the clinical radiation field is to promote and establish radiation as an option for non-surgical treatment, not just for rectal cancer but for other tumour sites as well.

What does this award mean to you?

The award means that there is recognition from the European SocieTy for Radiotherapy and Oncology (ESTRO) of my lifetime's work on alternative non-surgical treatments in rectal cancer. This will spare many patients' lives, improve their quality-of-life, and avoid the need for stomas. Patients prefer not to have stomas if they have a choice.

To whom would you like to dedicate your award?

I would like to dedicate my award to Prof Jean Pierre Gerard, who is my mentor and teacher. I would also like to dedicate it to the many patients around the world whom I have treated with contact X-ray brachytherapy for their rectal cancer; and finally, to my wife Cecilia and my family for their support and help.

What has been your involvement within ESTRO?

I have been a member of ESTRO since its beginning and chaired the GI group for the Groupe Européen de Curiethérapie (GEC)-ESTRO for nearly 10 years from 2011. I organised many meetings, training courses and GEC-ESTRO workshops on anal and rectal brachytherapy during this time. I co-authored the chapter on rectal brachytherapy that is in the second edition of the GEC-ESTRO handbook.

What started your interest in science?

Prof U Maung Mg Sein, who was my teacher in surgery at the Institute of Medicine 2 in Yangon, Burma (now Myanmar), started my interest in research and science.

Did your parents encourage you in your career, or would they rather you had done something else?

I was inspired by my father Dr U Ba Khet, who was a medical doctor and an excellent teacher. He was my role model; he taught me to care and be compassionate towards patients, to respect them, and that their needs should always come first. My mother Daw May Yu, who was a schoolteacher, taught me to get involved in science.

What are you proudest of in your career?

The proudest achievement of my career was to establish contact X-ray brachytherapy as an option for treatment of rectal cancer not just in the UK but throughout the world. I have treated over 3000 patients, which is the largest cohort of rectal-cancer patients ever treated using contact X-ray brachytherapy (papillon technique). I organise papillon training courses annually in Liverpool and we now have more than 20 centres in Europe that have papillon facilities. Many more centres are likely to follow soon.

If you hadn't been a scientist, what would you like to have been?

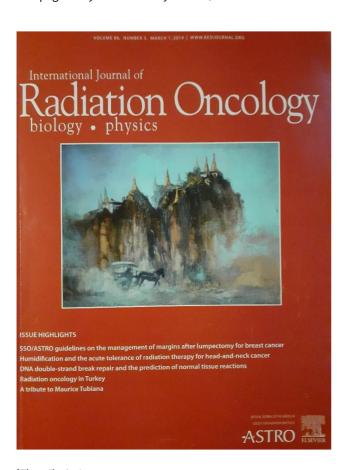
If I hadn't been a scientist, I would have been an artist. I have exhibited my paintings since I was 14 years old. One of my paintings, The pilgrim, was used as a cover for the Red Journal in 2014 (see images below). I have an art studio in my house in Chester, which overlooks the meadows and River Dee, and there I paint in my leisure time.

When do you think you will retire, and what would you like to do then?

I have tried to retire three times, but I find it difficult to retire from my clinical work completely. I enjoy seeing and interacting with my patients, sharing in the successes and failures in their lives.



'The pilgrim' by Arthur Sun Myint 1976, oil on canvas. 8" X 24"



'The pilgrim' on cover of the Red Journal, 2014