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Navigating Change & Improving Outcomes: Patient-Centered Strategies for the Next Decade

- Future strategies for patient-centered care are considered via the major foundational areas of patient experience: surgery, radiation, post-RT care, and systemic disease.
- Surgery: Key concepts include accuracy of placement and measurement, use of imaging, clip location near or away from tumor edges; clipless techniques and less invasive techniques, nanoparticles under study, etc.
- Radiation: Proton beam treatment for uveal melanoma (UM) has been well established internationally with dedicated ocular beamlines. With the emergence of universal, high-energy, non-fixed beamlines, future developments include those in critical structure dosimetry, clinical penumbra, dose homogeneity, range precision, planning software, imaging, automation, and other.
- Critical structure dose, including the disc, nerve, macula, retina, ciliary body, lens, lacrimal gland, cornea, tear ducts, eyelids, bony orbit, limbal stem cells, etc. will need to be evaluated to minimize side effects. Historically critical beam characteristics for normal eye tissue sparing have included a very sharp dose fall off (distal $<1-2.5$ mm and lateral $<1-2$ mm) with dosimetric benefit correlated to clinical benefit (NVG, vision, etc).
- New designs with high-energy non-dedicated beams require specific beam adjustment and treatment planning procedures to achieve desired tumor and critical structure dosimetry.
- Post-RT care and systemic disease: Key concepts include QOL study, anti-VEGF therapy, cost-effectiveness study, role of specialized teams, high risk disease and metastatic care options, neoadjuvant and adjuvant trials, public health screening
- As a community, we can look ahead together for key strategies to improve outcomes for patients with ocular tumors.