

# Department of Radiation Oncology

## Monthly Research Update: August 2025

### AUGUST AT A GLANCE TOTALS

Clinical trials	
Total enrolled	34
GCC, other	8
NRG, co-ops	4
PCG, other registries	22
Grants and contracts	
New awards	1
Submitted	2
Articles published	
	7

Information for this monthly update should be provided no later than the second Wednesday of each month to Mick Segers at [msegers@som.umaryland.edu](mailto:msegers@som.umaryland.edu). The update will be published on the second Friday of each month.

Have questions about identifying a funding source? Finding research partners across the UMB/UM campuses or at another university? Defining future research strategies? Or organizing your thoughts on (virtual) paper? Contact Nancy Knight, PhD, Director of Academic and Professional Development for the department, at [nknight@umm.edu](mailto:nknight@umm.edu)

### NIH Policy Addresses AI in Applications

Effective September 25, 2025, a new [policy](#) from the National Institutes of Health (NIH) addresses the use of artificial intelligence (AI) tools in research applications and will limit the number of allowable submissions per principal investigator (PI) per year. The new policy states that:

(1) Applications that are either substantially developed by AI or containing sections substantially developed by AI are not considered the original ideas of applicants and will not be considered by NIH. "If the detection of AI is identified post award, NIH may refer the matter to the Office of Research Integrity to determine whether there is research misconduct while simultaneously taking [enforcement actions](#) including but not limited to disallowing costs, withholding future awards, wholly or in part suspending the grant, and possible termination."

(2) NIH will also accept no more than 6 new, renewal, resubmission, or revision applications from an individual PD/PI (Program Director/PI) or Multiple PIs for all council rounds in a calendar year (with the exception of T activity codes and R13 Conference Grant Applications). For more details on applicability, investigator roles, and impacted application types, see these [new FAQs](#).

According to the policy announcement, NIH has noticed that some PIs have been submitting multiple research applications that far exceed the numbers expected and may have been prepared using AI tools. The policy adds that "AI tools may be appropriate to assist in application preparation for limited aspects or in specific circumstances, but researchers should be aware that using AI comes with its own risks. AI use may result in plagiarism, fabricated citations, or other kinds of research misconduct." As part of this announcement, NIH reminded the research community that the use of AI tools is also not permitted in the study section peer review process.

### Clinical Trial Enrollment

- 21 patients at MPTC on the [Proton Collaborative Group Registry](#)
- 1 patient at MPTC on the [Deep Thermal Therapy HUD](#)
- 1 patient at UMMC on **GCC 2380**: A single arm phase I-II trial evaluating selective adjuvant therapy for HPV mediated oropharynx SCCs based on residual circulating tumor DNA (ctDNA) levels (SAVAL)
- 1 patient at UMMC on **GCC 2422**: Phase I feasibility and pilot RCT of serious illness conversation guide in patient and intimate partner dyads living with advanced lung cancer
- 1 patient at BWMC on **S1827**: MRI brain surveillance alone versus MRI surveillance and prophylactic cranial irradiation (PCI): A randomized phase III trial in small cell lung cancer (MAVERICK)
- 2 patients at UMMC, 1 at BWMC, and 1 at Shore on **GCC 21136**: Phase 2 randomized total eradication of metastatic lesions following definitive radiation to the prostate in de novo oligometastatic prostate cancer (TERPS) trial
- 1 patient at Capital Regional and 1 at Shore on **NRG GU013**: The phase III 'High Five Trial' five fraction radiation for high-risk prostate cancer
- 2 patients at UCH on **GCC 1926**: A phase I dose escalation study of single fraction pre-operative partial breast S-PBI for early-stage breast cancer
- 1 patient at Capital Regional on **NRG BR007**: A phase III clinical trial evaluating de-escalation of breast radiation for conservative treatment of stage I, hormone sensitive, HER-2 negative, oncotype recurrence score less than or equal to 18 breast cancer

### Grants and Contracts

#### Awarded:

- **Mark Mishra, MD**, PI/PD, from the National Cancer Institute, an NCI Research Specialist (Clinician Scientist) Award (R50 CA305013) for \$375,025. (09/01/25–06/30/29).

#### Submitted:

- **Erika Davies, PhD**, multi-PI with Drs. Kim, Suk, Woodworth, and Huang, submitted to UMGCCC FY26 Pilot Grant Program (Multi-Year Collaborative Program) for “Program in advanced brain tumor therapeutics” (\$150,100).
- **Hem Shukla, PhD**, and **Jason Molitoris, MD, PhD**, multi-PI with Drs. Banerjee and Zalzman to UMGCCC FY26 Pilot Grant Program (Multi-Year Collaborative Program) for “Targeting OCT4 and SOX2 to overcome therapy resistance and immune suppression in patient-derived pancreatic cancer organoids” (\$130,040).

### Articles Published

Entered into PubMed August 8 through September 10. Titles link to PubMed abstracts.

1. Doig M, Lee J, **Kwok Y**, MacEwan I, Wolden S, Allison K, Dennehy S, Bajaj B, Short M, Gorayski P, Bezak E, Yock TI. [Impact of substructure radiation dose on health-related quality of life in children with brain tumors: a Pediatric Proton/Photon Consortium Registry \(PPCR\) study](#). *J Neurooncol*. 2025 Sep 9. Online ahead of print.
2. Lang Y, **Rodrigues DB**, Ren L. [Automatic specific absorption rate \(SAR\) prediction for hyperthermia treatment planning using deep learning method](#). *Int J Hyperthermia*. 2025 Dec;42(1):2554860. Epub 2025 Sep 9.
3. **Modiri A**, Vogelius IR, Campos CT, Kutnar D, Jeudy J, Pohl M, Dickfeld TL, **Bentzen SM**, Sawant A, Petersen J. [CT-based pericardial composition change as an imaging biomarker for radiation-induced cardiotoxicity](#). *Cancers (Basel)*. 2025 Aug 13;17(16):2635.
4. Nygård L, Vogelius IR, Kofoed KF, **Bentzen S**, Specht L. [Late cardiac toxicity after anthracyclines and radiotherapy for lymphoma: A regression analysis of dose-response](#). *Hematol Oncol*. 2025 Sep;43(5):e70134.
5. Qian J, Pafundi DH, Breen WG, Brown PD, Hunt CH, Jacobson MS, Johnson DR, Kaufmann TJ, Kemp BJ, Kizilbash SH, Lowe VJ, Ruff MW, Sarkaria JN, Uhm JH, **Zakhary MJ**, Seaberg MH, Wan Chan Tseung HS, Yan ES, Zhang Y, Laack NN, Brinkmann DH. [Analysis of imaging signatures in <sup>18</sup>F-DOPA PET of glioblastoma treated with dose-escalated radiotherapy](#). *Front Oncol*. 2025 Aug 13;15:1623313.
6. Simone-Soule CA, Burke SE, Abul-Enin D, Kunta C, Adekeye A, **Tran P**, Leader A, Dicker AP, Simone NL. [Enhancing radiation oncology training through patient advocate integration](#). *medRxiv* [Preprint]. 2025 Jul 28:2025.07.28.25332319.
7. Singh A, **Mendes WS**, Oh SB, Guler OC, Elmali A, Demirhan B, **Sawant A**, **Tran P**, Onal C, **Ren L**. [Prediction of metastasis-free survival in patients with localized prostate adenocarcinoma using primary tumor and lymph node radiomics from pre-treatment PSMA-PET/CT scans](#). *Radiother Oncol*. 2025 Sep 6:111119. Online ahead of print.

### Important Dates for Upcoming Funding Submissions

Below is an updated calendar for remaining **Cycle III NIH Submission Deadlines for 2025**, with firm due dates for major standard NIH deadlines (RFA/PA dates may differ). Contact the Department Office of Research Administration ([msegers@som.umaryland.edu](mailto:msegers@som.umaryland.edu)) ASAP if you plan to submit a proposal, regardless of funder.

NIH deadline <sup>4</sup>	<sup>1</sup> DORA deadline	<sup>2</sup> ORA deadline	<sup>3</sup> SPA deadline
R01/U01 Oct 5 (New)	09/23/2025	09/25/2025	09/27/2025
*R21 Oct 16 (New)	10/03/2025	10/07/2025	10/09/2025
R01/U01 Nov 5 (Resub)	10/23/2025	10/27/2025	10/29/2025
*R21 Nov 16 (Resub)	11/04/2025	11/06/2025	11/10/2025

**<sup>1</sup>DORA deadline:** All forms to be included in proposal, known or in draft, budget final, subcontractor budgets and information final in final form, 9 business days prior to NIH deadline. **<sup>2</sup>ORA deadline:** Personnel, effort, budget materials, performance site, and compliance forms routed in final form, 7 business days prior to NIH deadline. **<sup>3</sup>SPA deadline:** All proposal materials routed in FINAL form by 5 pm, 5 business days prior to NIH deadline. No more corrections allowed, unless indicated (after review) by SPA. \*R21 deadline is also for R03, R33, R21/R33, R34, R36, U34, UH2, UH3, and UH2/UH3 submissions.