



Brendan Chia Seng Hup *Singapore*

Dr Brendan Chia is a Specialist in Radiation Oncology with extensive expertise in advanced radiotherapy techniques, including proton therapy. He completed his specialist training at the National Cancer Centre Singapore and was elected a Fellow of the Royal College of Radiologists (UK) in 2016. Dr Chia further honed his skills through fellowships at St Bartholomew's Hospital in the UK, specializing in CyberKnife treatment, and proton therapy fellowships in Italy and Japan.

Previously, Dr Chia served as a consultant at the National Cancer Centre Singapore, where he led the Neuro-oncology radiotherapy service. He also held the role of Clinical Assistant Professor at Duke-NUS Graduate Medical School, actively contributing to research as a Principal Investigator in clinical trials and engaging in medical education through lectureships and mentorship.

Dr Chia's contributions extend to international conferences, where he presents his research, and leadership roles within professional societies. Currently, he practices as a Radiation Oncologist at Raffles Hospital in Singapore, continuing to advance cancer treatment and patient care.

Topic: Debate: Defining a Role for Adjuvant Radiotherapy for Resected Atypical Meningiomas - The Case Against RT

The decision for upfront adjuvant radiotherapy in grade 1 and select grade 2 meningiomas remains contentious due to several considerations. These tumors typically exhibit slow growth and low recurrence rates post-surgery, suggesting a potential for overtreatment with early radiotherapy. The variable response to radiotherapy and its associated long-term risks, such as cognitive decline and secondary malignancies, further complicate its universal application. Current evidence lacks robust support for routine adjuvant radiotherapy in these cases, emphasizing the importance of personalized medicine based on histology, molecular profiling, extent of resection, tumor location, and patient-specific factors. A watchful waiting approach, coupled with close surveillance, may be suitable to monitor for recurrence or progression, allowing timely intervention if needed while avoiding unnecessary treatment. In my debate topic, I will review the evidence that support this active surveillance approach and describe the pitfalls of early radiotherapy thus avoiding unnecessary initial treatments.