

## Society for palliative radiation oncology: report from the Third Annual Meeting (2016)

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Society for Palliative Radiation Oncology (SPRO) is a worldwide group of radiation oncologists who strive for palliative radiotherapy that is effective, efficient, safe, cost effective and collaborative. SPRO's Mission Statement is to promote and advance the practice of evidence-based palliative radiation therapy through (I) research, (II) education, and (III) advocacy (1). On September 25, 2016, SPRO held its annual meeting in Boston, Massachusetts, at the Westin Boston Waterfront in conjunction with the American Society for Radiation Oncology (ASTRO) 58<sup>th</sup> Annual Meeting. Approximately 40 radiation oncologists were in attendance. Dr. Lutz, Chair of SPRO, welcomed everyone to the meeting and everyone in the room introduced themselves.

The first presentation of the meeting was delivered by Randy Wei, MD, PhD from UC Irvine, who reported the final results from a national ASTRO/SPRO palliative and supportive care (PSC) survey and the preliminary results of a residency director survey on palliative care and palliative radiotherapy education. In 2015, 649 respondents (16%) participated in the national palliative care survey. The majority (91%) of radiation oncologists surveyed believe PSC is an important competency for radiation oncologists. Most radiation oncologists reported that they are moderately confident in their ability to assess and manage pain and GI symptoms but less confident in their ability to manage anorexia, anxiety, and depression. Despite areas of decreased confidence, a large number (42%) of radiation oncologists had not received any additional PSC education beyond their residency training. Lastly, a perceived fear of upsetting referring medical oncologists and lack of clinic

time are concerns for radiation oncologists who may want to initiate goals of care/advance care planning discussions with patients and their families (2).

For the radiation oncology residency director survey, a total of 57 responses (63%) were received. Most program directors agreed or strongly agreed that PSC (93%) and palliative radiotherapy (99%) are important competencies for radiation oncology residents and fellows. However, only 67% of residency programs had formal educational activities in principles and practice of PSC. Most programs had one or more hours of formal didactics on management of pain (67%), management of neuropathic pain (65%), and management of nausea and vomiting (63%). However, only 35%, 33%, and 30% had dedicated lectures on initial management of fatigue, assessing role of spirituality, and discussing advance care directives, respectively. Lastly, 85% of programs reported having a formal curriculum on palliative radiotherapy ((3).

For clinical research, Amol Ghia, MD, from MD Anderson Cancer Center presented an update on a survival score for patients with spine SRS. During SPRO's Second Annual Meeting in San Antonio, Chad Tang, MD from MD Anderson Cancer Center had presented the Prognostic Index for Spine Metastases (PRISM), a measure that aims to stratify patients with spinal metastases into having excellent or poor prognosis following stereotactic spine radiosurgery and to help identify the rationale for single or multiple fraction radiotherapy regimens (4). The PRISM score takes into account and categorizes gender, Karnofsky Performance Score, prior surgery, previous radiotherapy to the affected site, number of organ system involved with

metastasis, solitary versus multiple spine metastases, and time from diagnosis to discovery of metastasis. This year, Dr. Ghia solicited other institutions to contribute to a national dataset for further data validation.

Next, Pieman Haddad, MD, from the Tehran University of Medical Sciences talked about the results of a trial adding samarium to external beam radiation therapy for bone metastasis. He also encouraged investigators from other institutions to collaborate on this project. Lastly, Peter Johnstone, MD, from University of Florida talked about his research using Edmonton Symptom Assessment System (ESAS) scores, which is a patient survey that assess pervasiveness of difficulty sleeping/drowsiness and provide a clinical profile of symptom severity over time.

Lastly, Dr. Lutz talked about the recent updates to the ASTRO Consensus Guidelines on palliative radiotherapy for bone metastasis. This update confirms that radiation therapy provides high rates of palliation for symptomatic bone metastases and that retreatment of symptomatic bone metastases can be performed both safely and effectively (5).

### Future directions of SPRO

Following the evening's presentations, the meeting was open for discussion on new goals and directions for the organizations. Dr. Lutz discussed the work by Dr. Larry Berk at University of South Florida, who is forming an independent clinical trial support group. The organization would help investigators looking to develop a clinical trial in palliative radiation by helping with logistics and statistical analysis. Additionally, Candice Johnstone, MD, from Medical College of Wisconsin, announced a new textbook on palliative radiotherapy that includes treatment planning. Kavita Dharmarajan, MD, from Mt. Sinai School of Medicine discussed an interest in having a primary palliative care educational session at the 2017 ASTRO Annual Meeting that will take place in San Diego. Based on the palliative care education survey conducted by Wei *et al.*, there were areas of palliative care that practicing radiation oncologists were less confident in, and so such an educational session might be of benefit to practitioners.

Groups of experts have been assembled to lead and carry forth the mission of each of the three pillars of SPRO. Their work and updates about the Society are available in regularly published newsletters of SPRO that appear on the website of SPRO (<http://www.spro.org>), as well as the website of *Annals of Palliative Medicine* (<http://www.amepc.org/apm>), the official journal of SPRO. Please feel free to contact Dr. Lutz at the email address [slutz@bvhealthsystem.org](mailto:slutz@bvhealthsystem.org) with questions about SPRO.

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### Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

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