



# Society for Palliative Radiation Oncology: report from the Fifth Annual Meeting (2018)

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The Society for Palliative Radiation Oncology (SPRO) is a worldwide group of radiation oncologists who are passionate about delivering high quality, evidence-based palliative radiotherapy (1). SPRO held its 5<sup>th</sup> Annual Meeting on October 25, 2018 in association with the American Society for Radiation Oncology's (ASTRO) 60<sup>th</sup> Annual Meeting in San Antonio, Texas. Building on the goals and progress of SPRO from the prior year's Annual Meeting (2), 45 radiation oncologists, residents and medical students gathered at a restaurant on San Antonio's Riverwalk to share a meal, reflect on accomplishments and create goals for the upcoming year. Two awards were also given during the SPRO Annual Meeting: The Lifetime Service Award and The Rising Star Award.

The Lifetime Service Award was given to Dr. Peter Hoskin. Dr. Hoskin is a legendary expert in radiation oncology and specifically in palliative radiation oncology. He is a consultant in clinical oncology at the Mount Vernon Cancer Center and The Christie Hospital, and a Professor in Clinical Oncology at the University of Manchester. His areas of expertise include palliative radiation oncology, lymphoma and genitourinary cancers. He has authored and co-authored more than 350 peer-reviewed journal articles, including more than 15 randomized trials, several which were specific to palliation (3-5). He is always a willing participant in educational opportunities, engaging audiences with his expertise and wit. He has received numerous awards, including a Varian Research Award for his very first presentation in 1986. For this, and so much more, he was a deserving recipient of SPRO's inaugural "Lifetime Service

Award".

The Rising Star Award was given to Dr. Emily Martin. Dr. She received her medical degree from Northwestern University and completed internal medicine residency and palliative medicine fellowship at the University of California, San Diego. After completing fellowship in 2018, she joined the palliative medicine faculty at the University of California, Los Angeles (UCLA) faculty and was accepted into the UCLA Medical Education Fellowship. Her primary research and educational interests relate to the integration of palliative care and radiation oncology. Her recent efforts have focused on assessing the needs for palliative radiotherapy education in hospice and palliative medicine fellowship, incorporating primary palliative care curricula and communication skills training into radiation oncology residency education, and evaluating the efficacy of radiotherapy in the palliative management of pain and dysphagia among patients with metastatic esophageal cancer. Her contributions to the field are recognized nationally. In the past year, she has been invited to present at the American Society for Clinical Oncology (ASCO) Palliative and Supportive Care in Oncology Symposium, the ASTRO Annual Meeting, the American Academy of Hospice and Palliative Medicine (AAHPM) Annual Meeting, and the National Symposium for Academic Palliative Care Research and Education. She founded and chairs AAHPM's Palliative Radiation Oncology Community, and she serves on the SPRO's Executive Committee. She was awarded ASCO's 2018 Conquer Cancer Foundation's Merit Award and AAHPM's Palliative Medicine Access Fund Scholarship for

her notable contributions to palliative radiation oncology research.

Dr. Yolanda Tseng presented on her efforts at the University of Washington's Department of Radiation Oncology to establish a system-wide Rapid Access Palliative IrraDiation (RAPID) pathway, launched in June 2018. The goals of the pathway include (I) standardizing treatment of palliative radiotherapy patients that are aligned with evidence and guidelines; and (II) collecting patient reported outcomes (PRO) to track outcomes of irradiated patients. The RAPID pathway targets advanced and metastatic cancer patients with symptomatic lesions that are localized to a targetable lesion/site. As part of the pathway, patients are seen within 2 business days from receipt of referral and scheduled for a same day nurse assessment, consultation, and radiation oncology treatment planning CT simulation. After assessment, the faculty assesses the acuity of the situation and determines the optimal radiation start date. Before, during, and after treatment, PROs are measured, including QOL (EORTC C15-PAL) and pain (BPI, mg morphine equivalent daily dose). Patients are called 1–2 weeks after the completion of radiotherapy to assess their symptoms. If symptoms have improved, they come off of the pathway. Patients without improvement of symptoms are called 2 weeks later to be reassessed. Additional metrics that are being measured, including delays in insurance authorization and other process measures. There was excellent discussion generated, including considerations of how PRO should be embedded into workflow, which PROs to consider, and how to stimulate department and leadership support of these pathways. Next steps include establishing baseline metrics, introducing interventions and measuring whether this improves patient outcomes.

Dr. Timur Mitin presented on the establishment of Palliative RADiation Oncology (PRADO) clinic at his center (6). While it is known that radiation therapy provides excellent palliation the implementation is more an art than a science. There are far fewer prospective studies reported in palliative radiotherapy than in definitive radiotherapy. Some radiation oncologists send patients back to their referring physicians after palliative radiation therapy, with instructions “to call with questions, concerns, or new symptoms.” Without seeing these patients back after treatment for follow-up care, it is difficult to determine the effectiveness or toxicity of the palliative radiation. ASTRO's APEX certification requires that all patients be seen back to assess toxicity and response to treatment. Patients often progress in other sites or develop new symptoms and

may benefit from additional palliative radiotherapy. The PRADO clinic follows patients indefinitely after palliative radiation therapy to ensure that patients receive prompt evaluation and timely additional courses of palliative RT when clinically appropriate. Follow-up is most typically done by phone to minimize patient travel and expense, but they are seen in person when necessary.

Dr. Mitin and colleagues quickly realized that there were significant challenges to continued follow-up and subsequent courses of palliative radiotherapy for patients enrolled in hospice. Access to palliative radiotherapy among hospice patients in the United States is limited given that hospice programs receive per diem payments and often cannot afford radiotherapy. They negotiated a contract based on CMS rates with a non-profit Oregon hospice program, Care Partners.

Even with these rates, hospice programs require clinical evidence that palliative radiotherapy benefits hospice patients. Unfortunately, this evidence is sparse. Dr. Mitin and colleagues have started a retrospective analysis of Care Partners patients experiences to obtain baseline information on their symptoms, use of opioids, and lengths of stay. They have put together a prospective feasibility proposal to study the impact of a single fraction of palliative radiotherapy for hospice patients. They are applying for grants to allow them to determine whether the judicious use of a low-cost single fraction of palliative radiotherapy reduces symptoms in cancer patients enrolled in hospice, leads to decreased use of opioids, and improves quality of life at the time when the quality of every moment counts.

Thanks to Drs. Richard Jenelle and Randy Wei for their efforts on our website, newsletter, and electronic communication. Thanks to Dr. Emily Martin for her venue scouting and other efforts to make our 5<sup>th</sup> Annual Meeting a success. Thanks to those whose donations supported complementary SPRO Annual Meeting attendance for medical students and residents.

Goals were developed for the coming year. The first was to put an organizational structure in place for SPRO which will include a small membership fee. These dues will fund the application for non-profit status and the two awards to be given to deserving investigators as part of our Annual meeting. A call out will be sent to the membership for nominations for the Lifetime Service and the Rising Star Awards in the Summer of 2019. The palliative radiotherapy series published in the *Annals of Palliative Medicine* will be reinvigorated and we will update our website. ([www.spro.org](http://www.spro.org)). New ideas and members are always welcome! Contact

the corresponding author by email.

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None.

### Footnote

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

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