



Proffered papers: Radiotherapy patient focus

F4.1 Using Compaq VERT to provide a person centred approach to patient information and education for the radical prostate pathway

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Introduction: Compaq VERT, the first mobile VERT system in the UK, is used in a Multi-disciplinary prostate prehabilitation workshop, away from the hospital setting. This Virtual reality software provides an added visual element to deconstruct and simplify complex Radiotherapy concepts and provides a person centred approach to the patient information and education experience. This virtual reality software is utilised in the prostate pathway to aid explanation; specifically surrounding bowel and bladder preparations. Focus is on key topics; the anatomical relationship of the prostate and surrounding structures, importance of bowel and bladder preparation and daily reproducibility. A pre co-designed workshop programme is reflexively adapted for each group, to fulfil their information requirements and answer any questions. This increased engagement aims to help improve compliance with bowel and bladder preparation required for Radiotherapy to the prostate.

Methods: A questionnaire was distributed at a prostate cancer support group held at Maggie's centre. Half the group had Radiotherapy to the prostate and half had a radical prostatectomy.

Results/Discussion: Our research shows VERT helps improve understanding of why bowel and bladder preparations are required, and what Radiotherapy treatment is like. It was found to be beneficial to hold these workshops away from the clinical setting. Holding these workshops in an informal style, we can adapt the contents of the workshop reflexively to individuals needs and questions; tailoring content for the individual.

Conclusion: Feedback from VERT sessions has been positive and shows the inclusion of a visual aid has improved comprehension of complex Radiotherapy concepts.

F4.2 Development and implementation of a foot pedal patient alert system in a radiotherapy department

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Background: When radiotherapy is being delivered, the treatment room must be vacated except for the patient. Sometimes, during this procedure patients need to communicate with radiographers. This can be due to various reasons including anxiety, pain, struggling to maintain treatment position. Traditional communication methods include, CCTV, intercom and some departments have handheld patient alert systems. Many radiotherapy techniques involve patients holding onto equipment or holding their breath which limits the use of the current patient alert procedures.

Purpose: Alternative solutions to the current handheld alert systems were explored by a multidisciplinary team. The creation of a foot pedal patient alert system meant that patients could communicate with radiographers by using their foot. This provided an alternate method which would be able to be used by those patients who couldn't use their hands. A prototype was created using an indexable board of Perspex, mounted with a spring-loaded cradle, holding the original the handheld device alert system. This cradle resembles a pedal, which the patient can press down onto with their feet to activate the button and then the beacon. The cradle is fixed to the board with two suction plates. The position of the pedal can be varied along the board depending on the patient requirement.

Summary of Content: The creation of this device will be displayed through pictures demonstrating its use. Information will be provided on the use of it and which patients it has benefitted.

F4.3 Developing materials for talking about sexual pleasure during radiotherapy for gynaecological cancer

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Background: Research from the gynae narratives project exposed problematic silences, especially around sex (1). Methods used to address sexual wellbeing during cancer treatment often focus on deficit models and exist in pockets of expertise, rather than embedded in care.

Method: This presentation will focus on work conducted to address this finding. The project team worked with sex critical feminist social enterprise, 'Me&Her', to engage therapeutic radiographers in developing skills and resources that would enable and embed conversations about sex and pleasure within radiotherapy treatment. Fifteen therapeutic radiographers from across the UK participated in three online workshops about sexual wellness. The aim was to understand having conversations about sex prior to, during and following radiotherapy treatment as a practice of care. A fourth, in person workshop was held with members of the group and a graphic designer to co-create resources and materials to aid conversations about sexual wellbeing. A final workshop was convened with a group of patients to reflect on, and further develop, resource content.

Method: The workshops increased critical awareness about damaging silences when providing radiotherapy for gynaecological cancer, and promoted participants' confidence. Radiographers said they developed a network of peers with shared interest and developed skills and languages to enhance their care practices.

Conclusion: Talking about sexual wellbeing should be integral to radiotherapy care. Using fun and interactive workshops was a successful way of increasing attention given to sexual bodies during radiotherapy treatment.

1. Ashmore L, Singleton V, Kragh-Furbo M, Stewart H, Hutton D, Singleton C, et al. We need to talk about... radiotherapy for gynaecological cancer. Lancaster, UK: Lancaster University; 2022.

F4.4 Delivering tailored treatment information and reducing patient anxiety in radiotherapy with web based simulation in the clinical setting

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Background: Providing Individualised care for patients having radiotherapy requires accessible information resources (NICE, 2012). It is difficult for patients to visualise their own internal anatomy, but a collaboration between healthcare professionals, practice educators and industry has enabled the development of an innovative browser-based 3D simulation to support patients' understanding and decisions about radiotherapy treatment. Viewed on a PC in the clinical setting, patients are visually engaged and empowered to ask questions about the process and associated side effects, related to tailored anatomy images and the OAR structures within the radiation beam. With discussion, this may result in lower levels of treatment related anxiety, better compliance with pre-treatment preparations, and a more confident approach to what is, to many, a disconcerting prospect.

Purpose of poster: This poster will highlight patients' evaluation of a personalised treatment demonstration of radiotherapy. This will be measured in terms of 1) gain in understanding of the treatment set up, preparation protocols and side effects, and 2) emotional response in terms of anxiety reduction.

Summary of content: The poster will outline the challenges of patient centred care in the radiotherapy setting, and the opportunities for patients to gain an understanding of the physical set up, equipment and structures affected by the path of the beam. Images from the 3D simulation will demonstrate the information content of the application. The benefits of individualised radiotherapy simulation delivered at point of care meetings following diagnosis will be summarised.

1. National Institute for Health and Care Excellence (2012) Patient experience in adult NHS services. Available at: <https://www.nice.org.uk/guidance/qs15/chapter/quality-statement-4-individualised-care> (Accessed: 09 February 2023)

F4.5 Radiation reveal: Exploring experiences of radiotherapy for teenagers and young adults

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Understanding how patients experience radiotherapy is key to improving care and advancing research. Having cancer as a teenager or young adult (TYA) is very different from having it as a child or adult. This paper reports on a creative and collaborative public engagement project, Radiation Reveal. This multi-partnership project brought 10 TYAs (17-25 years old) who had radiotherapy for cancer together with radiation researchers in the Cancer Research UK RadNet. This project enabled TYAs and researchers to share experiences, provided an opportunity for peer support and identified what TYAs wish they had known before their radiotherapy treatment. The project produced several outputs and implications for practice, most notably, TYAs' 10 top tips for healthcare professionals. Sharing this project is an opportunity to raise awareness of meaningful public and patient involvement and engagement and influence medical practice using the patient voice. Content would include the TYAs' 10 top tips, an overview of three 2-hour online workshops, artwork capturing the discussion and additional outputs including podcasts and conference presentations. The workshops which formed the main part of the project allowed the TYAs to share their stories while also

connecting them with biology, physics, and oncology radiation researchers. The researchers gained an understanding of patient experiences of cancer and radiotherapy. Discussion was categorised into core themes: being young and diagnosed with cancer, radiotherapy treatment, side effects experienced and worries about late effects, measures taken to protect fertility, and importance of support, in particular peer support.

F4.6 What is the quality-of-life impact of surrendering a driving license for patients following stereotactic radiosurgery/radiotherapy for brain metastases at a single centre

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Background: Research suggests that driving plays an important role in a person's quality-of-life (QoL). In the United Kingdom patients with brain metastases have to inform the DVLA and are required to surrender their driving licence. When this is communicated during a Stereotactic Radiosurgery (SRS) consultation patients will often say that having to give up driving is worse than a diagnosis of brain metastasis (BM) due to the perceived impact this will have on their lives. In the absence of evidence exploring QoL impact upon driving cessation (DC) within radiotherapy, the aim of this study was to investigate the impact of DC on patients treated with SRS, and whether patients would like more support and information.

Method: 132 patients met the inclusion criteria and received an anonymised questionnaire. Participants scored their level of agreement (1-5) with statements grouped into themes: mobility, independence, social, depression, restriction, and overall QoL. Further questions explored whether there was a need for written information.

Method: 47 questionnaires were returned. All QoL themes demonstrated a negative impact: Mobility (mode 5), independence (mode 5), social (mode 5), depression (mean 3.5), and restriction, (mean 2.6), and overall QoL (mode 5). Written information was also deemed a useful means of support (mode 5). Open comments highlighted the depth of feeling of losing a driving licence and frustrations with the DVLA.

Conclusion: Results indicated there is a link between DC and a reduction in QoL across all five domains and that some written information and intervention programmes may help in mitigating the impact.

1. Buys, L.R. and Carpenter, L., 2002. Cessation of driving in later life may not result in dependence. *Australasian Journal on Ageing*, 21(3), pp.152-155. 2. Chihuri, S., Mielenz, T.J., DiMaggio, C.J., Betz, M.E., DiGiuseppi, C., Jones, V.C. and Li, G., 2016. Driving cessation and health outcomes in older adults. *Journal of the American Geriatrics Society*, 64(2), pp.332-341. 3. Curl, A.L., Stowe, J.D., Cooney, T.M. and Proulx, C.M., 2014. Giving up the keys: How driving cessation affects engagement in later life. *The Gerontologist*, 54(3), pp.423-433. 4. Harrison, A. and Ragland, D.R., 2003. Consequences of driving reduction or cessation for older adults. *Transportation Research Record*, 1843(1), pp.96-104. 5. Mansur, A., Desimone, A., Vaughan, S., Schweizer, T.A. and Das, S., 2018. To drive or not to drive, that is still the question: current challenges in driving recommendations for patients with brain tumours. *Journal of Neuro-Oncology*, 137(2), pp.379-385. 6. Qin, W., Xiang, X. and Taylor, H., 2020. Driving cessation and social isolation in older adults. *Journal of aging and health*, 32(9), pp.962-971. 7. Ragland, D.R., Satariano, W.A. and MacLeod, K.E., 2005. Driving cessation and increased depressive symptoms. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, 60(3), pp.399-403. 8. Siren, A. and Hausteine, S., 2015. What are the impacts of giving up the driving licence?. *Ageing & Society*, 35(9), pp.1821-1838. 9. Yeoh, S.F., Oxley, J., Ibrahim, R., Hamid, T.A. and Syed Abd. Rashid, S.N., 2018. Measurement scale development for mobility-related quality of life among older Malaysian drivers. *Ageing International*, 43, pp.265-278.



Proffered papers: Paediatrics

G5.1 The use of repetition computed tomography among paediatric patients in the Saudi health sector: How much is too much?

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Background: CT requests have increased, leading to higher rates of repeat imaging, raising concerns about collective radiation exposure, particularly in children who are highly sensitive to radiation. This study aims to determine the frequency and percentage of repeated paediatric CT exams in Saudi Arabia, prioritizing radiation safety in CT use.

Methods: This retrospective cross-sectional study analysed 7,707 patients over 6 months at King Fahad Armed Forces Hospital in Jeddah, Saudi Arabia. Of the 487 paediatric CT scans reviewed, patients ranged from 0 to 15 years old. Repeat scan percentages were calculated by identifying patient identification numbers, categorizing data by age and gender, and assessing duration between repeat scans.