

SESSION D2

D2.1 Should patients have a choice in their rectal cancer management ? Review of published Level 1b evidence from a multi-centre European phase 3 randomised trial OPERA (Organ Preservation in Early Rectal Adenocarcinoma)

Professor Arthur Sun Myint^{1,2}, Dr Rajaram Sripadam¹, Ngu Than², Muneeb Al-Haq², Miss Catherine Kelly¹, Sarah Stead¹, D Mark Pritchard²

¹Clatterbridge Cancer Centre, Liverpool, United Kingdom, ²University of Liverpool, Liverpool, United Kingdom

Background Radiation dose escalation with Contact X-ray Brachytherapy (CXB) boost was shown to improve 3 year organ preservation rate in cT3/cT3a-b/cN0/cN1 rectal cancer in patients with PS0-1(1). We investigate whether patients who are fit but stoma averse and refused surgery should be given a choice in their rectal cancer management.

Methods We reviewed the data presented in the OPERA trial. Patients with cT2/cT3a-b/cN0/cN1 <5cm were randomised to either Arm A (standard of care) 45Gy/25/5weeks + capecitabine 825mg/m2 + EBRT (Gy/5//5days) or Am B (experimental arm) EBCRT (as above) + CXB 90Gy/3/4 weeks.

Results Between June 14, 2015, and June 26, 2020, 148 patients were randomised of which 141 were evaluable with Arm A (n=69) or group B (n=72). After median follow up of 38.2 months, 3-year organ preservation rate was 59% (95% CI 48–72) in Arm A versus 81% (72–91) in Arm B (hazard ratio [HR] 0.36(95% CI 0.19–0.70; p=0.0026)]. For patients with tumours less than 3 cm in diameter, 3-year organ preservation rates were 63% (95% CI 47–84) in group A versus 97% (91–100) in group B [HR 0.07(95% CI 0.01–0.57; p=0.012)].

Conclusion OPERA trial has provided a level 1b evidence to prove that addition of CXB improved organ preservation rate at 38.2 months (Primary end point) compared to standard of care (Arm A). Therefore, patients who are fit but stoma averse and refusing surgery should be informed about these results when consenting them for their treatment.

Table

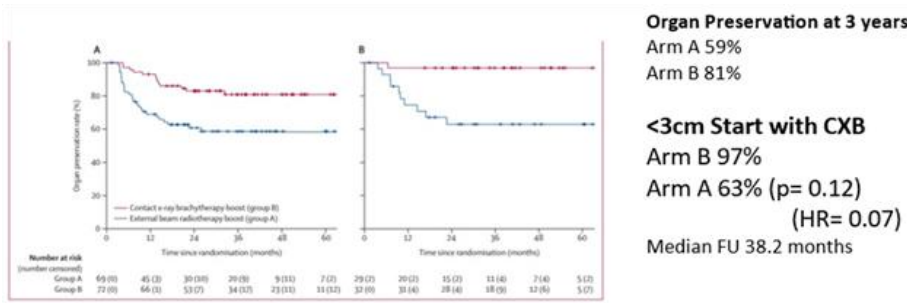


Figure 3: 3-year organ preservation rate (A) All patients (n=141) (B) Patients with tumours smaller than 3cm (n=65)

References

1. Gerard J-P, Barbet N, Schiappa R, Magné N, Martel I, Mineur L, et al (2023). Neoadjuvant chemoradiotherapy with radiation dose escalation with contact x-ray brachytherapy boost or external beam radiotherapy boost for organ preservation in early cT2–cT3 rectal adenocarcinoma (OPERA): a phase 3, randomised controlled trial. *The Lancet Gastroenterology & Hepatology*. 2023;8(4):356-67.

D2.2 Patient, Public and Practitioner Partnership within imaging and radiotherapy - an exploration of the implementation and use of the College of Radiographers Guiding Principles

Prof Ruth Strudwick¹, Dr Aarthi Ramlau², Mrs Pam Shuttleworth³, Ms Chioma Fiyebor⁴

¹University of Suffolk, Ipswich, United Kingdom, ²Buckinghamshire New University, High Wycombe, United Kingdom,

³Leeds Teaching Hospital NHS Trust, Leeds, United Kingdom, ⁴University of Suffolk, Ipswich, United Kingdom

In 2014 the NHS released the Five Year Forward plan2, envisioning a shift in power from health professionals to patients and public. In response the Society and College of Radiographers (SCoR) produced “Patient, Public and Practitioner Partnership within Imaging and Radiotherapy: Guiding Principles” (P4)3 document which was implemented within the four domains of radiography practice; service delivery, service development, education and research. This project explored how these guidelines were implemented; and whether improvement to the quality and scope were needed, making recommendations for updating the document.

Method A qualitative methodological framework was adopted with two phases. Phase 1 – a survey exploring use of the P4 document’s guiding principles. There was no maximum number of participants to ensure inclusivity. Phase 2 - six focus groups from the four domains1.

Results 626 participants completed the phase 1 survey. 18.85% (n=118) of participants were aware of the document and used it as a reference tool for practice, teaching, and research. 81.15% (n=508) of participants stated they were unaware of the document and not informed of its existence.

Themes from phase 2; importance of service user involvement in service delivery and evaluation, resources to ensure service user involvement, suggestions to update the P4 document and use of the P4 document in radiographer education.

Conclusions Participants acknowledged the guidance document, they reported more awareness of patients' needs and effect this has on radiographers in supporting their needs.

The voices of patients must be heard within radiography practice with a positive impact on each domain.

References

1. Boivin, A; L'Espérance, A; Gauvin, F.P; Dumez, V., & Macaulay, A.C. (2018). Patient and public engagement in research and health system decision making: A systematic review of evaluation tools. *Health Expectations*, 21:1075–1084. DOI:10.1111/hex.12804
2. NHS (2014) Five Year Forward View. [available at] <https://www.england.nhs.uk/publication/nhs-five-year-forward-view/>
3. Society and College of Radiographers 2018 'Patient, Public and Practitioner Partnership within Imaging and Radiotherapy: Guiding Principles'

D2.3 Shared decision-making in radiotherapy - the patient experience

[Ms Laura Howard¹](#), [Ehab Ibrahim¹](#), [Mrs Nicky Hutton¹](#), [Carl Rowbottom¹](#)

¹The Clatterbridge Cancer Centre, Liverpool, United Kingdom

Background Shared decision-making (SDM) is on the NHS policy agenda, and the preferred model for preference-sensitive decisions (NHSE, 2019). This study establishes baseline patient-perceived SDM and explores patients' views on SDM in a large, specialist Trust.

Method An SDM questionnaire was distributed to all radical head and neck radiotherapy patients (N=165), June-December 2023. This combined a well-validated instrument for measuring SDM from the patient perspective, SDM-Q-9 (Kriston et. al, 2010), with additional questions exploring patient views.

Results 65/165 (39%) questionnaires were returned. SDM-Q-9 mean standardised score was 78.6 (SD 26.3), where 100 is the highest level of SDM. There was a moderate ceiling effect (26.2%). Scores were not sensitive to sex (p=.64) or age (p=0.1). Higher levels of SDM were perceived by participants who stated SDM was very important (51/65, 79%) than somewhat or not at all important (82.4 vs. 62.7; p=.02; Cohen d=0.75). Individuals who discussed their personal priorities with the clinician (46/65, 70.8%), were more likely to be very satisfied with their involvement in SDM (89.1% vs. 52.9%).

Conclusion Patient-perceived SDM scores are high for head and neck patients in our trust. Participants who value SDM also perceive higher levels of SDM. Patient satisfaction increases when individuals discuss their personal priorities. The modest response rate and self-selection bias affect generalisability of the results. Only radiotherapy patients were included; those who chose alternative treatment may perceive different levels of SDM. The moderate ceiling effect may limit the use of SDM-Q-9 to measure impact of future interventions to improve SDM.

References

- Kriston, L., Scholl, I., Hölzel, L., Simon, D., Loh, A. and Härter, M. (2010). The 9-item Shared Decision Making Questionnaire (SDM-Q-9). Development and psychometric properties in a primary care sample. *Patient Education and Counseling*, 80, pp. 94-99.
- NHS England and NHS Improvement (2019). Shared Decision Making Summary Guide [online]. Available at: <https://www.england.nhs.uk/wp-content/uploads/2019/01/shared-decision-making-summary-guide-v1.pdf> [Accessed 16th January 2024]

D2.4 Commemorating the Last Event: calling time on the end of treatment Bell following RadioTherapy? The CELEBRATE study

[Keeley Rigby¹](#), [Dr Janet Ulman](#), [Prof Heidi Probst](#), [Dr Robert Appleyard](#), [Laura Jacques](#)

¹Sheffield Hallam University, Sheffield, United Kingdom

Introduction In the UK it is commonplace for patients completing radiotherapy to be invited to ring a bell as a form of celebration. The project aimed to explore the experiences of the end of treatment (EoT) bell from the perspective of patients who had received treatment for cancer, and therapeutic radiographers who treat patients. The study also aimed to consider possible alternative methods of commemorating the EoT, considering the needs of patients, family members and healthcare professionals (HCPs).

Methods Online focus groups were held with patients (n = 5) and therapeutic radiographers (n = 4) in December 2020; a joint online event (n = 6) was held in March 2022. They were all facilitated by two members of the research team.

Thematic analysis was used for data analysis.

Results Participants' views and experiences were mixed; however, there was a consensus that alternative forms of commemoration should be available to meet patients' diverse needs. Features of a specification were considered and suggestions made for alternative practices, with a focus upon patients' transition needs after radiotherapy has ended. The use of a reflection stone and digital app were favoured.

Conclusion The results indicate that departments should consider the harms as well as the benefits conferred by the EoT bell and explore alternative ways to mark an episode of treatment.

Implications for practice A one-size-fits-all approach is not appropriate in relation to marking the end of an episode of treatment.

Keywords - End of treatment; transition needs; patient experience; radiotherapy, therapeutic radiographer

D2.5 Podcasts as a platform for engaging patients and healthcare professionals with radiotherapy research

***Dr Lisa Whittaker**¹, **Jesse Tristram**², **Helen Haar**², **Sophie Lambert**², **Dr Elly Hall**², **Michaela Vladykova**², **Elena Espinosa-Cabrera**², **Jo McNamara**³, **Mr Naman Julka-Anderson**³, **Gemma Eminowicz**⁴, **Patrycja Lewandowska**⁵, **David Owen**⁶, **Rebecca Drake**⁷, **Amanda Webster**⁸, **Dr Catarina Veiga**⁸, **Jamie Dean**⁸*

¹CRUK RadNet City of London, King's College London, School of Biomedical Engineering and Imaging Sciences, London, UK

²Young Adult ParticipantUK, ³RadChat Podcast, Sheffield, UK, ⁴Department of Oncology, University College London

Hospital, London, London, UK, ⁵Department of Haematology, Cancer Institute, University College London, London,

⁶Gurukula, London, UK, ⁷The Barts Cancer Institute, Queen Mary University of London,, London, UK, ⁸Department of

Medical Physics and Biomedical Engineering, University College London, London

Background We conducted a project to engage patients and healthcare professionals with radiotherapy research. By uniting radiation researchers with young adults treated with radiotherapy we created a special series of the podcast RadChat.

Purpose

- 1) Increase awareness of radiotherapy and radiation research
- 2) Highlight and understand young adults' experiences of cancer and radiotherapy
- 3) Promote cancer research to new audiences outside academia

Six young adults were paired with radiation researchers. Online workshops to prepare the podcast participants helped enable conversations and elicit the personal stories and research angles that would be explored.

Summary of Content Each episode featured unique patient experiences, different fields of cancer research and explored personal motivations for participating in engagement projects. Overall, the project was well received and valued by patients and researchers. An external evaluation involved semi-structured interviews with participants and RadChat hosts, and an audience survey. Several key findings include, the importance of the 'human' or relational aspect of the project and the need for a dedicated project co-ordinator.

We achieved our aims, with around 2,400 downloads of the podcast series from listeners across 30 different countries. Audience data showed that the podcasts have successfully increased awareness of radiotherapy as an anti-cancer treatment and promoting cancer research to new audiences. Patient participants felt heard and their contributions valued. Some researchers experienced motivation arising from this unique opportunity to engage with people directly affected by their research.

To conclude, podcasts provide a successful platform for engaging patients and healthcare professionals with radiotherapy research.

D2.6 Equity in radiotherapy skin care assessment

***Mr Naman Julka-Anderson**¹, **Jo McNamara**¹*

¹Rad Chat, Sheffield, United Kingdom

Background Clinical education highlights 'redness' as a key visual representation of erythema on skin. Radiation induced skin reactions (RISR) are a common side effect from radiotherapy treatment that people can experience. However, this has caused inaccurate assessments of people of colour as healthcare professionals have been directed to look for 'redness' is rarely seen^{1,2}.

Method Using an image-based methodology, crowd sourced images were collated utilising Rad Chat. Rad Chat linked with charities and communities to obtain case studies and images showcasing RISR and cancer treatment related skin changes, as well as various images of radiotherapy tattoos.

Results By utilising an image library, healthcare professionals' confidence in assessing RISR and other treatment related skin reactions across people of colour improved.

Healthcare professionals were able to better manage skincare reactions and provide appropriate advice.

Conclusion Ensuring healthcare professionals have access to a broad demographic of medical imagery, improves assessment and management for people going through cancer treatment.

References

1Jothishankar B, Stein SL. Impact of skin color and ethnicity. Clin Dermatol. 2019 Sep-Oct;37(5):418-429. doi: 10.1016/j.clindermatol.2019.07.009. Epub 2019 Jul 17. PMID: 31896399.

2 Julk-Anderson N, Structural racism in radiation induced skin reaction toxicity scoring. JMIRS. 2023 Oct;54(4):S44-S46
<https://doi.org/10.1016/j.jmir.2023.09.021>
