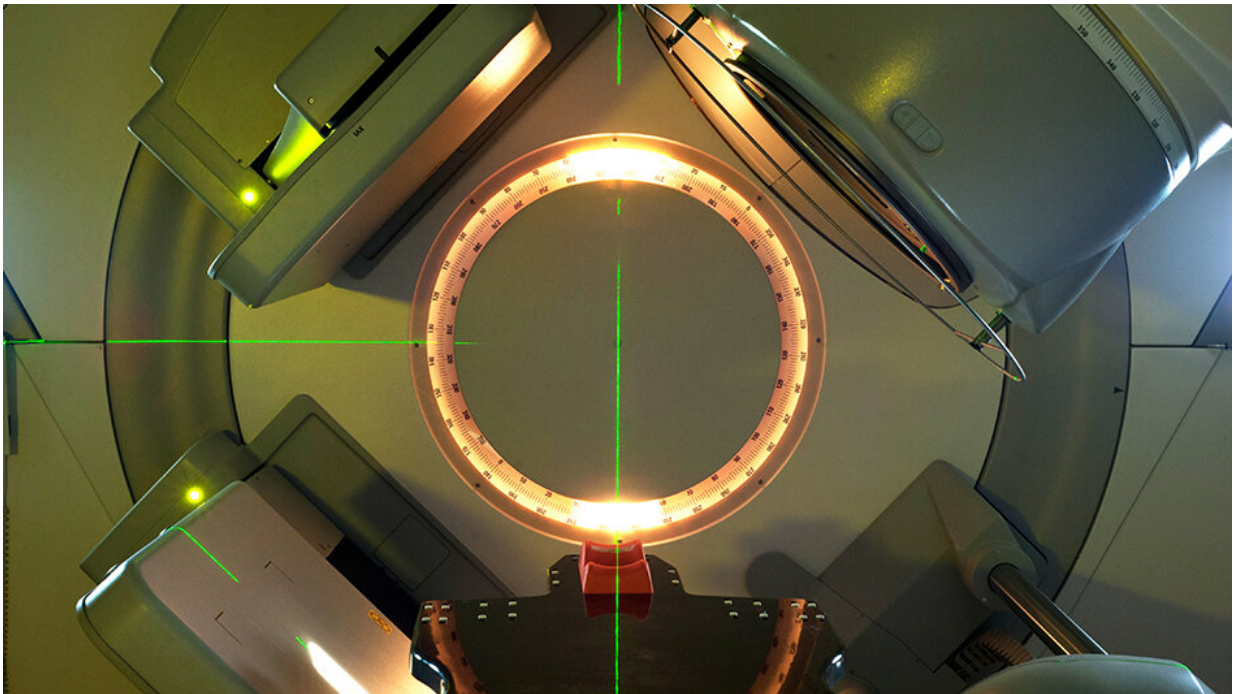


Advanced radiotherapy 'must play central role' in clearing COVID-19's cancer backlog

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Radiotherapy machine. Credit: Jan Chlebik, The ICR

Urgent investment is needed in advanced forms of radiotherapy so the high-tech treatment can play a central role in clearing the backlog in NHS cancer care that has built up during the pandemic.

Leading cancer experts are calling for the Government to address gaps in funding for high-precision radiotherapy and to do more to overcome the

public's skepticism of radiotherapy as an 'outdated' form of treatment.

Experts believe NHS patients are missing out on potentially life-saving treatments that could play a huge role in coping with the pressures of the pandemic, because of under-investment in new radiotherapy technologies that target treatment more precisely at tumors. They warn that more must be done to overcome radiotherapy's "PR problem."

The Institute of Cancer Research, London, is now calling for increased funding and a nationally coordinated approach to support the delivery of the latest radiotherapy research advances after a survey of more than 2,500 people showed widespread misconceptions about this type of treatment.

Postcode lottery in access to radiotherapy advances

NHS patients currently face a postcode lottery across the UK in access to the latest radiotherapy trials, technologies and approaches. Lack of up-to-date equipment, properly trained staff or support for clinical trials restricts access to advanced, high-precision radiotherapy in many parts of the country.

That leaves the NHS in a poor position to take advantage of the huge potential of advanced forms of radiotherapy to offer curative treatment during the pandemic while putting less pressure on hospitals than surgery and avoiding the immunosuppression that occurs with chemotherapy.

The Institute of Cancer Research (ICR) surveyed 2,216 people from the general population and 505 [cancer patients](#) to help shape recommendations for improving access to radiotherapy.

Only 8 percent of respondents from the general population considered radiotherapy to be cutting edge—compared with 50 percent for targeted

drugs, 43 percent for immunotherapy and 58 percent for proton beam therapy.

Radiotherapy's 'PR problem'

That perception of radiotherapy as old-fashioned means few people think it should be an area of focus for the NHS—only 12 percent of survey respondents thought it should be prioritized for funding.

Yet research over the last 20 years, much of it led by the ICR and The Royal Marsden, has been highly successful at targeting radiation more precisely at tumors using advanced imaging, and delivering radiotherapy in streamlined regimens. These advances have increased cure rates and reduced side effects and the burden on patients.

Today, radiotherapy is one of the most successful and cost-effective treatments for cancer and plays a part in the treatment of around 40 percent of all cancer patients cured of their disease.

Patients are missing out or traveling unacceptable distances

But new techniques are often restricted to major specialist centers and, as a result, patients are either missing out or having to travel long distances to receive treatment or participate in clinical trials.

According to the ICR survey, almost a quarter of patients overall had to travel more than 20 miles for their radiotherapy—including 20 percent of those living in urban areas and 41 percent of those in rural areas.

During the COVID-19 pandemic, radiotherapy may be a safer treatment option than chemotherapy or surgery in certain cases while the incidence of coronavirus remains high—as it often involves fewer and shorter visits to hospital and therefore less exposure to the virus.

The shortest safe form of radiotherapy so far

A trial in breast cancer called FAST-Forward, led by the ICR and The Royal Marsden, has delivered the shortest safe form of radiotherapy so far, after showing that five high-dose radiotherapy sessions given over a shorter period are as effective as previous standard protocols involving 25 visits to hospital.

However, a lack of up-to-date technology to provide high-precision radiotherapy targeted at tumors, specialized training and access to clinical trials is limiting access in many parts of the country—exposing a postcode lottery.

The ICR is now calling for more to be done within the healthcare system to expand access to radiotherapy—calling for an upgrade of radiotherapy and imaging infrastructure, as well as the specialized training required to allow staff to use the most up-to-date technology to treat patients and participate in clinical trials.

The Government and NHS England should work with research institutions, funders and hospitals to guarantee that an appropriate funding system is in place—one that supports investment in innovative technology, so that research institutions can continue to lead in developing innovative new forms and faster regimens of radiotherapy for the benefit of patients.

"Radiotherapy is the unsung hero of cancer treatments"

Professor Kevin Harrington, Head of Radiotherapy and Imaging at The Institute of Cancer Research, London, said:

"Radiotherapy has an absolutely crucial role to play during the pandemic. Some radiotherapy regimens can now be given effectively

over a much shorter period of time, limiting cancer patients' exposure to the risk of contracting COVID-19 and helping relieve pressures on the NHS. Increased access to radiotherapy can be key in tackling the huge backlog of cancer care that has built up over the last year.

"We are urging the Government to invest in radiotherapy, for the immediate benefit of cancer patients during the pandemic, and in the long term to put in place access to clinical trials and new radiotherapy technologies in every part of the UK.

"Radiotherapy is the unsung hero of cancer treatments but so often it isn't seen as a funding priority. We have to address radiotherapy's PR problem, persuade patients that this treatment is cutting edge and highly sophisticated, and put in place systems to support nationwide clinical trials and the rollout of new technologies."

Professor Paul Workman, Chief Executive of The Institute of Cancer Research, London, said:

"Radiotherapy is a life-saving treatment for so many people with the potential to play a major role in clearing the backlog of cancer care during the COVID-19 pandemic, but the myths and misconceptions that surround it are surprisingly difficult to shift. We need to ensure that radiotherapy has support from both the public and the Government, so that patients do not miss out on advanced treatment, and can gain improved access to the [clinical trials](#) which are so vital for driving forward advances."

"Only having to attend hospital for five days made a massive difference to my life"

Karen Davis, 53, who runs a hairdressing and beauty business, took part in the FAST-Forward trial after being diagnosed with breast cancer in

2013. She said:

"It was a total shock when I was diagnosed. I was only 45, and I was fit and healthy—and to be told that this tiny lump was cancer really frightened me. I genuinely thought I was going to die.

"I had surgery and hormone therapy, which I'm still on now. My oncologist suggested I take part in the FAST-Forward radiotherapy trial, where I was given radiotherapy over five days instead of the usual three weeks. I agreed to take part as I thought the results of the trial might help others in the future, and I wanted to help.

"Only having to attend hospital for five days for my radiotherapy made a massive difference to my life. It meant less time dealing with side effects, and it meant I could get back to work sooner—which means a lot when you're running your own business. People don't want to spend time in hospital, particularly during a pandemic, and I hope that new radiotherapy treatments can be rolled out everywhere so everyone has access to them."

"Driving 90 minutes a day, for six weeks, was incredibly tough"

Judi Billing, 70, was diagnosed with tongue cancer in 2019. She had to travel 30 miles each way from her home in Hitchin, Hertfordshire, every weekday for six weeks, to receive the radiotherapy treatment she needed. She said:

"I originally had laser surgery at my local hospital to remove the cancerous cells, but they came back pretty quickly and so my oncologist recommended I undergo a six-week course of radiotherapy to be on the safe side.

"Because my local hospital didn't offer radiotherapy, I had to travel to

Addenbrooke's in Cambridge, which was a 30 mile drive away. The staff there were amazing, and I can't praise them enough, but the travel was dreadful. I was able to drive myself the first week, but as the side effects of my treatment got worse, I had to rely on other people to take me. Driving 90 minutes a day, for six weeks, was incredibly tough, and it placed a massive burden on my friends and family, all of whom had their own lives and who had jobs to go to.

"If we can improve access to [radiotherapy](#), that would make a massive difference to so many [cancer](#) patients and their families, at what is already a very difficult time in their lives."

More information: Read the ICR's Radiotherapy position statement: [www.icr.ac.uk/about-us/policy- ... tements/radiotherapy](http://www.icr.ac.uk/about-us/policy-...tements/radiotherapy)

Provided by Institute of Cancer Research

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