

XXXIII CONGRESSO NAZIONALE AIRO

AIRO2023

BOLOGNA,
27-29 OTTOBRE 2023

PALAZZO DEI CONGRESSI

Radioterapia Oncologica: l'evoluzione al servizio dei pazienti

QUAL È IL PUNTO DI VISTA SULLA RADIOTERAPIA PALLIATIVA DA PARTE DEGLI ONCOLOGI RADIOTERAPISTI E PEDIATRICI? UN'INDAGINE MULTI-SOCIETARIA AIRO-AIEOP

Costanza M. Donati¹⁻², R. Di Franco³, L. Ronchi⁴, S. Cammelli¹⁻², G. Siepe¹, M. Mascarin⁵, F. Mercolini⁶, R. Masetti²⁻⁶, D. Leardini², C. Satragno⁷, F. Cuccia⁸, E. Pozzo⁹⁻¹⁰, A. Prete⁶, A.G. Morganti¹⁻²

1.Radiation Oncology, IRCCS Azienda Ospedaliero-Universitaria di Bologna. Bologna, Italy 2.Department of Medical and Surgical Sciences (DIMEC), Alma Mater Studiorum - Bologna University, Bologna, Italy 3.AYA Oncology and Pediatric Radiotherapy Unit, IRCCS Centro di Riferimento Oncologico, Aviano, Italy 4.Pediatric Oncology and Hematology "Lalla Seràgnoli", IRCCS Azienda Ospedaliero Universitaria di Bologna, Bologna, Italy 5.Department of experimental medicine (DIMES), University of Genoa, Genova, Italy 6.Radiation Oncology-ARNAS Civico Hospital, Palermo, Italy 7.Pediatric Radiotherapy Unit, Istituto Oncologico Veneto IOV-IRCCS, Padova, Italy 8.Department of Medicine-DIMED, University of Padua, Padova, Italy

Aim.

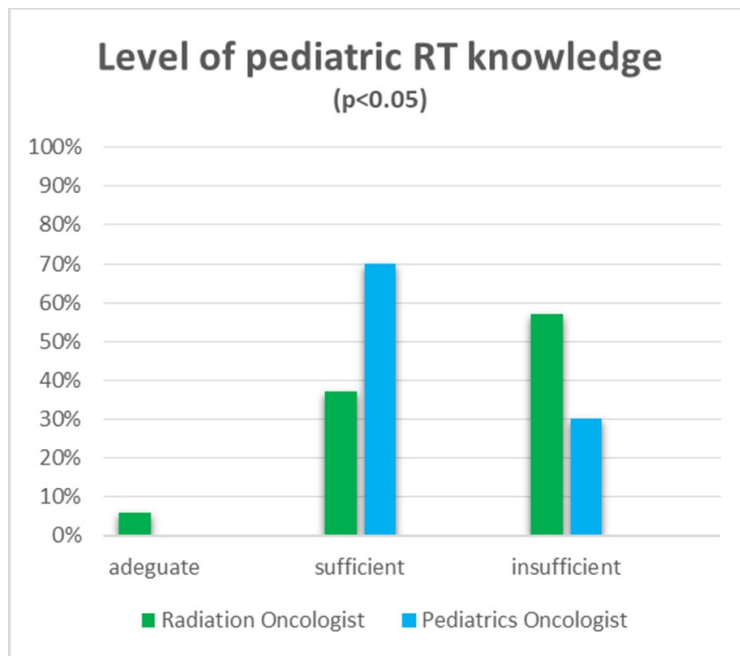
The Italian Association of Radiotherapy and Clinical Oncology (AIRO) and the Italian Association of Pediatric Hematology and Oncology (AIEOP) promoted a **national survey on the use of PRT in pediatric cancer patients** to analyze the degree of knowledge on this topic by radiation oncologists (ROs) and pediatric oncologists (POs) and to identify potential barriers to patient referral.

Methods.

A 13-item questionnaire and an 8-item questionnaire were sent to all Italian departments of Radiotherapy and Pediatric Oncology, respectively, on **knowledge, use, potential barriers and gray areas** of evidence regarding PRT.

70 ROs and 23 POs returned their responses

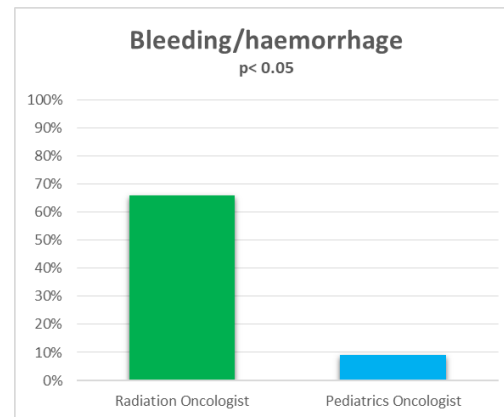
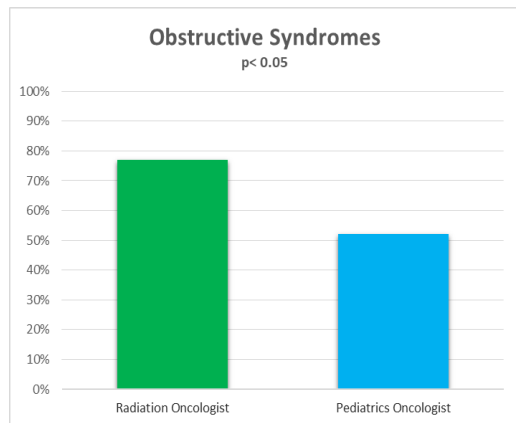
Knowledge



In my clinical practice consider palliative RT for..

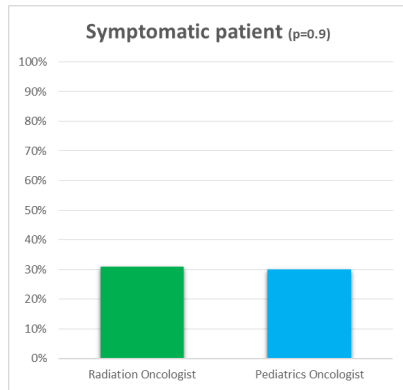
Bone metastases; spinal cord compression and brain metastases are consider for both...

BUT...



Radiation Oncologist have experience with adult patients

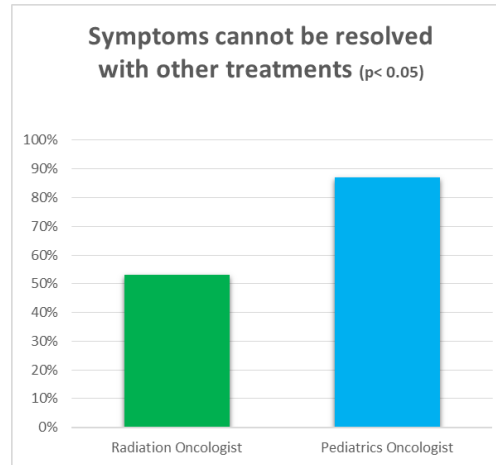
In my clinical practice I consider re-irradiation in case of..



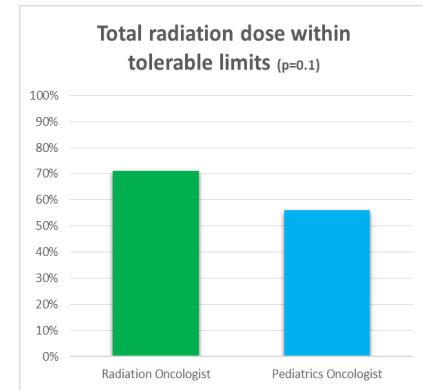
Low percentage in both



a problem of expertise ?
depends on the site to be re-irradiated?

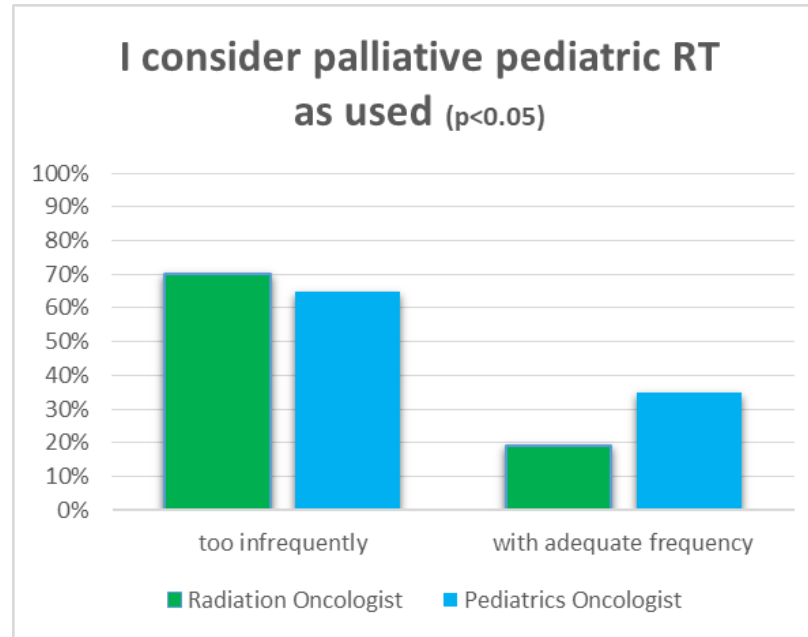


For PO re-irradiation is not the first therapeutic approach in symptom control

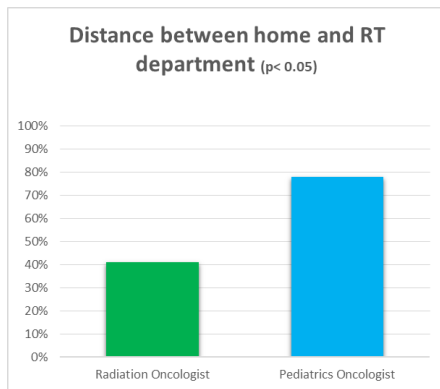


RO is aware of the limits dose for organs

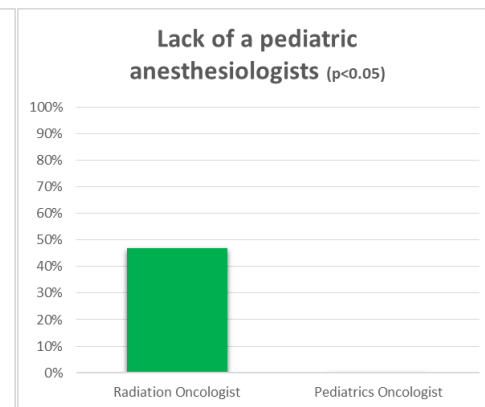
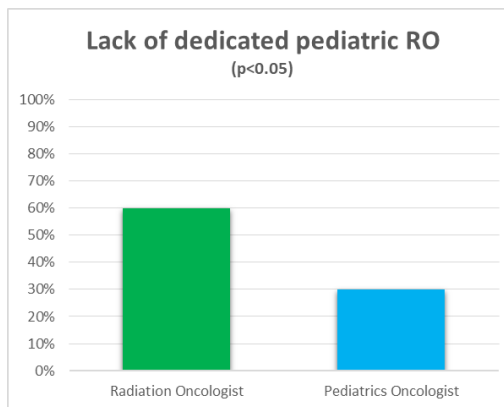
I consider palliative pediatric RT as used



Logistical factors limiting the referral to pediatric palliative RT



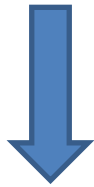
For PO, family discomfort is more important



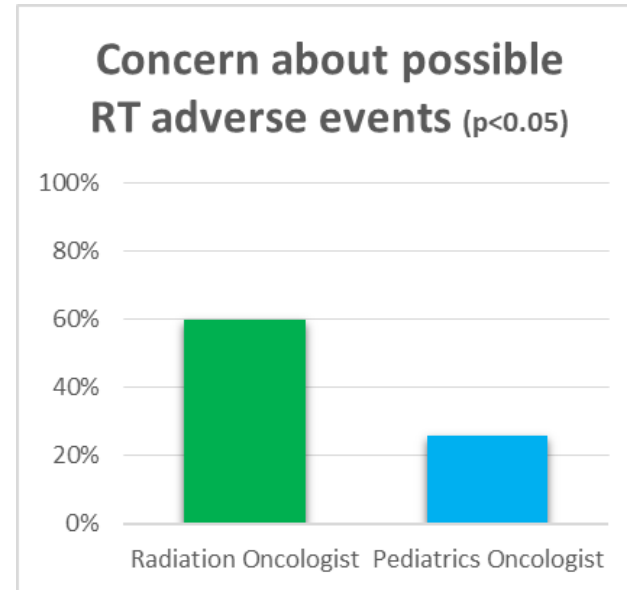
For ROs, the lack of specialist expertise has a greater impact, perhaps because they understand the technical difficulty of treatment

Other factors limiting the referral to pediatric palliative RT

- lack of knowledge on palliative RT
- need for patient sedation



Important factors for both

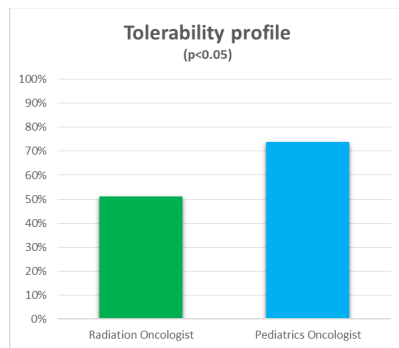


'Grey areas' in current evidence

- efficacy in symptoms relief

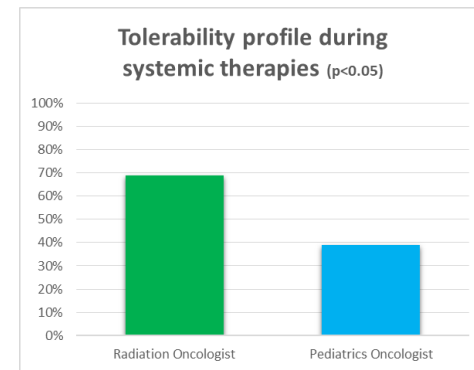


is not questioned by both



the effects of local treatment are to be investigated by pediatrics oncologist

The effects of systemic therapies are to be examined by the radiation oncologist



Conclusions

- ✓ The results of this survey suggest the lack of knowledge on pediatric PRT even by specialists and that this therapy is underutilized due to several barriers.
- ✓ Different barriers are observed from ROs and POs.
- ✓ Increased dissemination and sharing of knowledge, as well as the development of interdisciplinary guidelines, are needed to improve access-to and quality-of PRT.

Thank you!

«Inguaribile non significa incurabile»

[Cicely Saunders]