



ESTRO 2021 RTT track report

- **Teaching lecture** - Health literacy: the cornerstone of the patient's understanding of radiotherapy
- **Symposium** - The use of telehealth in radiotherapy

Teaching lecture - Health literacy: the cornerstone of the patient's understanding of radiotherapy

Dr Adele Stewart-Lord (professional lead for therapeutic radiography at London South Bank University, London, UK) delivered an excellent presentation on patient health literacy, which will be of particular interest to radiation therapists (RTTs). As RTTs, we are involved in radiotherapy consent and radiotherapy review and we communicate on a daily basis with our patients. Dr Stewart-Lord discussed a concern that our professional expectations of our patients may not meet the reality: we expect them to access and appraise information, follow instructions, understand medical language, make engaged and informed decisions and undertake a role of self-management. All these expectations may not be achievable for some of our patients due to low levels of health literacy.

As health professionals we must have an awareness of a patient's health literacy skills. Low levels of health literacy are linked to poor adherence to medication instructions, reduced uptake of disease-detection activities, increased morbidity and premature death. We must be mindful of the impact of 'fake news' on our patients. The navigation of fake news can pose a challenge. The presentation gave examples of published studies that detailed, for example, YouTube videos and Twitter stories that contained misinformation regarding treatments. This misinformation contradicted the reference standards. Also highlighted, was the difficulties that health professionals and patients could have when they try to verify the credibility of these sources.

There are many benefits to improving health literacy for patients who undergo radiotherapy: increased health knowledge, improved adherence to medical instructions, improved lifestyles, and greater engagement and involvement in health. Dr Stewart-Lord advocates the development of health literacy communities, which employ health mediators who can assist patients to source credible treatment information, share knowledge, support patients' understanding of the information and help patients to connect with appropriate healthcare professionals.

To conclude, from an RTT's perspective, we must never assume that patients understand all the radiotherapy information given to them. We should implement teach-back/talk-back strategies that give us, as practitioners, an insight into a patient's understanding. This is especially relevant as the oncology community recovers from the global pandemic. Phone and video consultations are becoming common practice. The use of technology must not be another barrier for patients with low literacy levels.

Symposium - the use of telehealth in radiotherapy

The use of telehealth in radiotherapy was a really interesting session, that was particularly pertinent this year. The global pandemic has made all members of the oncology team re-assess how we communicate with our patients. Face-to-face consultations have been substituted with phone and video consultations. This session highlighted the use of novel technology to monitor toxicity and quality of life. The presentations demonstrated that electronic software could be implemented successfully in oncology departments while practitioners ensured that high standards of patient care continued to be met.

Pia Krause Moller, a PhD student in the oncology department at the University of Southern Denmark, spoke on the implementation of telehealth software to monitor electronic patient reported outcomes (ePROs). Telehealth technology can be used to monitor toxicity, implement electronic symptom reports and for real-time use of symptom reports to individualise symptom management. The presentation raised key points for RTTs who might consider the use of this software:

users must be mindful of the number of symptoms that a patient is required to report, to ensure that patients do not need to spend a lot of time on it;
don't be ageist: she found that adherence among patients over the age of 70 years was high; and
the software can be used to capture quality-of-life data and for patients to complete experience and satisfaction surveys, as these can be incorporated easily.

Nicole Billingy of Amsterdam University Medical Center, Amsterdam, The Netherlands spoke on the use of an app, SYMPRO, to monitor side effects of lung radiotherapy during the year following radiotherapy. Patients are asked to complete a weekly checklist

of 11 symptoms. Alerts are set by the app and if toxicities of grade 2 or above are reported, interventions are raised. Patients and health carers can see the toxicity reports for each symptom and track changes over the treatment course. It is hoped that the results of this trial, due in 2022, will improve health-reported quality of life and reduce the number of emergency admissions of patients.

Vilberg Johannesson, a PhD student in clinical chemistry and pharmacology at Lund University, Sweden, presented a talk on how his oncology department in Lund had developed a protocol for remote working during the pandemic. The team utilised electronic meeting platforms to implement daily meetings to check and validate target volume delineation and treatment plans. The system ensured that all members of the team could be involved in decision-making. The presenter noted that remote working could have a negative impact on the social working environment and collaboration of co-workers, but that overall, his colleagues had mastered the skills of remote work and had become more efficient, which would continue and be developed further.



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