



SCHOOL

Course Report

Palliative Care and Radiotherapy

26 – 28 November 2019, Brussels, Belgium

Course directors:

Peter Hoskin - Clinical oncologist, Mount Vernon Hospital, London (UK)

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I am a radiation oncologist trainee currently in my second year of residence, and I work in the Department of Radiation Oncology at the Portuguese Institute of Oncology of Coimbra, an oncological centre of reference that serves about two million people, in the centre of Portugal.

The number of oncology patients undergoing treatment for palliative purposes has been increasing over the past few years. Pain relief, spinal cord decompression, uncontrolled bleeding, and brain, liver and lung metastases are a few of the challenges we face every week in our department. The role of radiotherapy in relieving pain caused by bone metastases, for example, is well established; but, unfortunately, the same cannot be said about the treatment of metastatic lesions in other locations, for which there is a lack of evidence of the value of radiotherapy. Keeping in mind the balance between aim and toxicity, this lack of evidence poses a challenge to the eligibility of a patient for radiotherapy, which technique is the best option and what dose can or should be administered. In response to these challenges I decided to enrol on the European Society for Radiotherapy and Oncology (ESTRO) course on Radiotherapy and Palliative Care. ESTRO courses usually provide great learning opportunities and promote interaction with colleagues in a very valuable format, especially for trainees. Plus, since this was the third ESTRO course I would attend, I was aware that the ESTRO name was an assurance of quality, and that sparked my initial interest as well.

Considering the programme that was shared beforehand, I was expecting a sequence of lectures about evidence-based treatments for the most common palliative scenarios in oncology. The course went beyond these expectations. Indeed, we had the opportunity to learn from experienced faculty members about irradiation and re-irradiation of symptomatic malignant lesions, but I also had the chance to deconstruct a few preconceived ideas about doses and techniques in use in the palliative setting. We were encouraged to evaluate symptoms and the quality of life of our patients, in an accurate and systematic manner. Some measurement tools and questionnaires were shared, which I intend to adopt in my practice. Lastly, the cases presented provided the foundation for interesting discussions and proved once more the value that radiation treatments can add.

Palliative care is a demanding field of expertise that requires a wide set of communication and technical skills, as practitioners aim to provide the best quality of life for patients and their families. Overtreatments should be tackled with early palliative intervention for patients with advanced cancers, and patients' values and concerns must be taken into account, along with clinical expertise and research evidence.

For all these reasons, I would recommend this course to any oncologist/ radiation oncologist, at any stage of their careers.



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Course participants

