SCHOOL



Course report

Palliative care and radiotherapy

28-30 November 2021, online

Course directors:

Peter Hoskin, clinical oncologist, Mount Vernon Hospital, London (UK), and University of Manchester (UK)

Yvette van der Linden, radiation oncologist/head of the Expert Centre for Palliative Care, Leiden University Medical Centre, Leiden (The Netherlands)

Could you please briefly introduce yourself?

My name is Andriana Giouroukou and I work as a radiation oncologist at the Sahlgrenska University Hospital in Gothenburg, Sweden. I am in my second year of practice after finishing my training as a resident. My main field of work is prostate and gynaecological cancer.

Why did you choose to attend this course?

I have always been interested in palliative radiotherapy and in the alleviation of pain and other symptoms that patients endure. Moreover, palliative radiotherapy patients constitute a major part of a radiotherapy department's daily job, so this course was an excellent chance to enhance my knowledge of this topic.

What aspects of the course were more interesting to you and why?

The discussion of real cases was very interesting to me. These cases were patients of different ages and with different cancers, needs, symptoms and prognoses. I had the chance to exchange opinions and thoughts not only with the experienced professors but also with colleagues from all around the world.

Did the course activities improve your knowledge and skills in the relevant subject?

Yes, no doubt about it!

Did the course meet your expectations? If so, how?

Yes, absolutely! Although palliative radiotherapy is a wide subject, most possible clinical cases were covered. The presentations by the professors were interesting, and there was plenty of time to discuss and answer questions.

List three important takeaways following the course.

- 1. Early palliative care can improve quality of life and survival.
- 2. The importance of no action in some situations.
- 3. Palliative care is holistic care.

How will what you have learned be implemented in your daily clinical practice?

I think that now I will be able to make wiser, individualised decisions for my patients, while I take into consideration the lack of any detailed guidelines (except for bone metastases). I will definitely begin to use tools in order to assess pain, quality of life and life expectancy.

How would you encourage someone who has never been to a European SocieTy for Radiotherapy and Oncology (ESTRO) course to join this course?

As already mentioned, palliative treatments are a large proportion of the job in a radiotherapy department. So, it is very important that the radiation oncologist has the competence to provide patients who require palliative care with the best radiation treatment to maintain or improve the quality of their lives.



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