



# SCHOOL

## Course report: Palliative Care And Radiotherapy

**22-24 October 2023, Istanbul, Turkey**  
**Onsite/online**

### Course directors

*Peter Hoskin, clinical oncologist, Mount Vernon Hospital, London, UK, & University of Manchester, UK*

*Yvette van der Linden, radiation oncologist / head of Centre of Expertise in Palliative Care, Leiden University Medical Centre, Leiden, The Netherlands*

### Course report by Ceren Atahan, Radiation Oncologist from Turkey

#### **ESTRO Course on Palliative Care and Radiotherapy: update on clinical knowledge and different aspects of palliation**

I am a third-year resident doctor at the radiation oncology department of Acibadem MAA University in Istanbul, Turkey. To be honest, palliative radiotherapy and care is not my favourite subject in the clinic. However, since the course was held in the city where I live, I chose to attend it onsite.

The course refined my understanding of patient assessment, which should take into account not only the patient's physical symptoms but also the psychological and emotional aspects of their condition. This knowledge aids in the tailoring of radiotherapy regimens to alleviate symptoms and to improve each patient's quality of life. During the course, I realised that we deliver palliative radiotherapy more frequently than I had thought. Additionally, I discovered that palliation is not only for 'dying patients'.

The course programme included lectures on stereotactic body radiation therapy in oligometastatic disease and on re-irradiation, which are always topics of debate at our clinic's multidisciplinary tumour board meetings. The knowledge gained in the course is not just theoretical but highly practical and applicable in real-world scenarios.

The nine interactive case-study sessions were beneficial in exploring the clinical practices of experienced lecturers and clinicians from different countries and backgrounds. In one of the case discussions, it turned out that the accepted Dmax tolerance dose for the medulla spinalis varied from 46Gy to 54Gy according to the clinic. Also, I noticed that to treat painful bone metastasis, an 8Gy single fraction was used more commonly in some countries than was multifractionation. The approach to the management of brain metastasis varied among clinicians, and it was enlightening to hear the opinions of Professor Peter Hoskin on this subject.

The networking opportunities and exposure to field experts made it an enriching and insightful learning experience. However, I wish our social event had not been in the basement of the course hotel but rather in a spot with a beautiful view of Istanbul! Overall, the course exceeded my expectations with subjects directly applicable to current practice.

I extend my gratitude to Prof Hoskin, Prof Yvette van der Linden and colleagues for their efforts in making this ESTRO course on palliative care and radiotherapy both enjoyable and beneficial.



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## **Course report by Henk Bijl, Radiation Oncologist from The Netherlands**

*Could you please briefly introduce yourself?*

My name is Henk Bijl, and I have been a radiation oncologist in the Department of Radiation Oncology at the University Medical Center Groningen, The Netherlands, since 1998. My main fields of interest are sarcoma and treating palliative patients.

*Why did you choose to attend this course?*

Palliative care is one of the most complex and relatively underestimated fields in radiation oncology. Improving my knowledge, competence, and skills on this topic were good reasons for attending this ESTRO course.

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

The most interesting and challenging aspects of treating these patients is deciding when and how much dose to give or whether it would be better not to treat. At several moments in this course, we discussed this dilemma by referring to case studies.

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

The course offered me new and relevant information on several subjects, e.g., principles of pain control, at what point to start palliative care instead of active radiotherapy treatment, re-irradiation and decision-making in oligometastatic disease.

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

The speakers showed good teaching skills and addressed their messages expertly. However, the discussions could have been more engaging if online participants could participate by asking questions and commenting using the raised-hand function in Zoom and not only by chat.

*List three important takeaways following the course.*

- Discuss the patient with a colleague. Feel free to contact a peer when unsure which treatment is suitable.
- Make palliative care an area for special attention in the department.
- Palliative radiotherapy can be a bridge too far in some instances. Consider not treating, as this might be better for the patient.

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

I will share what I learned during the course with colleagues and residents in my department and through multidisciplinary meetings.

*How would you encourage someone who has never been to an ESTRO course to join this course?*

This course is of high quality and has excellent speakers who have substantial practical and theoretical experience. Every resident and radiation oncologist working in this field should attend this course. After 25 years of clinical experience, I still learned much and became updated during this course. Remember to consider the complexity of palliative care.



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