

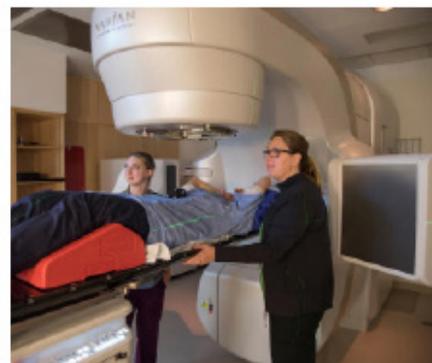
Rapid Response Clinic

Palliative Radiotherapy

A Guide for Referring Physicians & Healthcare Providers

ABOUT PALLIATIVE RADIOTHERAPY

- Palliative radiotherapy (PRT) is a quick, effective means of relieving symptoms and improving quality of life for patients with advanced, incurable cancer.
- PRT is delivered in short treatment courses, ranging from a single treatment to 1-2 weeks of treatment.
- Maximal PRT treatment response usually occurs 2-4 weeks after treatment is completed, and some patients may experience a temporary worsening of symptoms before improvement.
- For patients in the final weeks of life with controlled symptoms, best-supportive palliative care may be a more appropriate option.



THE RAPID RESPONSE CLINIC



The Rapid Response Clinic (RRC) at the London Regional Cancer Program runs Tuesday to Friday and provides fast access to PRT.

In most cases, patients are seen within several days of referral and can be treated on the same day as their consultation appointment, which is ideal for patients traveling from a distance.

CLINICAL INDICATIONS FOR REFERRAL TO THE RAPID RESPONSE CLINIC

PRT can provide effective management of the focal symptoms related to **primary** and **metastatic** tumours.

Locally advanced head and neck cancers / Bulky regional lymphadenopathy

- May cause pain, dysphagia, airway compromise, or bleeding.
- *Considered for 1-10 radiation treatments depending on the scenario.*

Painful bone metastases

- Very common in patients with advanced cancer and the most frequent indication for PRT.
- Can limit function and ability to perform daily activities.
- Consider PRT referral AFTER attempting analgesic management.
- Long bones and their proximal joints as well as vertebrae are at risk for pathological fracture and may require surgical assessment/stabilization followed by post-operative PRT.
- *Uncomplicated bone metastases can often be managed with a single treatment. Complicated bone metastases are typically treated in 5 treatments but exceptions can be made for patients where travel is an issue.*

Multiple brain metastases

- May cause headaches, nausea/vomiting, seizures, and other focal neurologic dysfunction.
- Any patient with brain metastases is suitable for referral to RRC.
- If possible, we request a contrast-enhanced MRI head be arranged prior or concurrent to referral.
- *Usually considered for 5 or 10 treatments depending on the scenario.*

Malignant spinal cord compression (MSCC)

- May result from bony retropulsion and/or extension of tumor into the epidural space.
- Can cause pain and neurological compromise (including paralysis and bowel/bladder dysfunction).
- For patients who undergo surgical decompression, post-operative PRT is considered a standard of care and is typically delivered 2-4 weeks after surgery.
- For non-surgical patients, upfront PRT is recommended.
- *For patients with limited life expectancy and poor performance status, MSCC can often be managed with a single treatment.*

Locally advanced thoracic cancers / Lung metastases and bulky metastatic lymphadenopathy

- May cause dyspnea, chest pain, cough, hemoptysis, airway compromise, dysphagia, esophageal obstruction, superior vena cava syndrome (SVCO), or bleeding.
- *Considered for 1-10 radiation treatments depending on the scenario.*

Locally advanced genitourinary, gastrointestinal and gynecologic cancers / Soft tissue metastases or bulky abdominopelvic lymphadenopathy

- May cause pain, bleeding, discharge, hematuria, urinary outlet obstruction, hydronephrosis, or bowel obstruction.
- *Considered for 1-10 radiation treatments depending on the scenario.*

Diffuse, symptomatic liver metastases

- Can cause abdominal pain/distention, liver capsule inflammation, or nausea and vomiting.
- *Whole liver PRT is often delivered in a single treatment.*

REFERRAL PATHWAY

The new Patient Referral Form can be found on the London Regional Cancer Program's website at: <https://www.lhsc.on.ca/london-regional-cancer-program/referral-guidelines>

Please ensure that all relevant reports are attached to ensure quick referral processing.

MANAGING SIDE EFFECTS

- Side effects are dependent upon the area being treated and the organ(s)/tissue(s) which receive a substantial dose; side effects are temporary and usually mild.
- The most common side effect of PRT, experienced by 2/3 of patients, is fatigue.
- Acute effects usually resolve within 4-6 weeks of completing treatment, and long term effects are uncommon.
- Increased analgesia, anti-emetics, and/or corticosteroids may be prescribed to reduce discomfort and side effects during and/or after treatment.
- All patients will receive written information about their treatment area(s), possible acute reactions, and side effect management.

FOLLOW-UP

- Patients are often discharged back to the care of their primary healthcare provider(s), but in some cases the RRC team will coordinate future follow-up or investigations.

RESOURCES FOR PATIENTS

- A Rapid Response Clinic Guide for Patients and Caregivers is available at: <https://www.lhsc.on.ca/media/9024/download>
- Additional resources about the London Regional Cancer Program can be found at: <https://www.lhsc.on.ca/london-regional-cancer-program/resources-for-patients>

CONTACTING THE RAPID RESPONSE CLINIC TEAM

- If you have any questions or would like more information, please contact Melissa O'Neil (Palliative Care Clinical Specialist Radiation Therapist) at 519-685-8500, extension 75337.