### Back to Future: Radiotherapy

Aiming at the patient in a technology driven environment

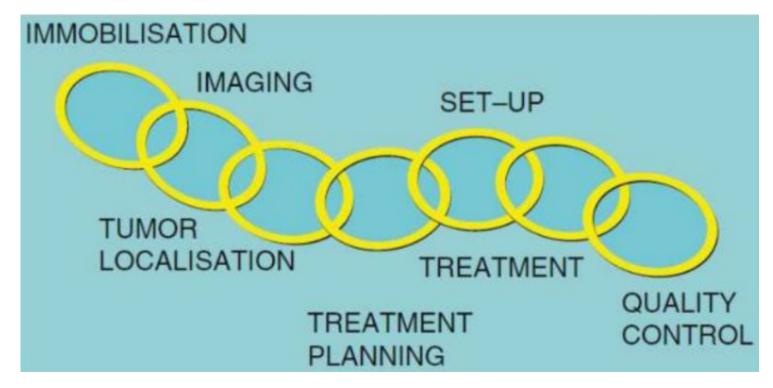




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# Radiotherapy Workflow:



Courtesy S. Rivera, Gustave Roussy, Villejuif, France



#### Radiotherapy

Technology driven and aiming at precision





Radiotherapy

Aiming at the patient: A holistic approach

- To provide support
  - that looks at the whole person
  - that should consider physical, emotional, mental and spiritual well-being



#### Radiotherapy

Aiming at the patient: A holistic approach

#### Adams et al. 2014 / Stewart et al. 2022

- Holistic support not kept pace with improved survival outcomes
- Consider what life after treatment may look/feel like
- Beyond conventional medicalised outcomes -> provide appropriate support



#### Radiotherapy

Aiming at the patient: A holistic approach

Adams et al. 2014: Questionnaires cancer survivors 1-11 years after pelvic radiotherapy

- Symptoms as frequent in 6-11 as in 1-5 years after RT
- Symptom severity significantly associated:
  - poorer overall quality of life
  - higher levels of depression



Radiotherapy

Aiming at the patient: A holistic approach

Stewart et al. 2022: prototype digital intervention to support post-treatment well-being for patients

- Patients felt well-supported attending hospital for treatment
- Support dropped off dramatically once radiotherapy completed



#### Well-being --> Central holistic pillars

- Physical: Exercise, sleep, healthy diet
- Emotional: Ability to navigate our emotions in a healthy way
- Mental: Healthy state of mind to cope with stresses of life. Being in a healthy psychological state permits you to perform productively
- **Spiritual**: Spiritual wellness is not about a specific religion or belief system. It is about personalizing the journey.



### Well-being --> Central holistic pillars

- Physical
- Emotional / Mental
- Spiritual

Radiotherapy
Aiming at the patient:
A holistic approach



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Radiotherapy
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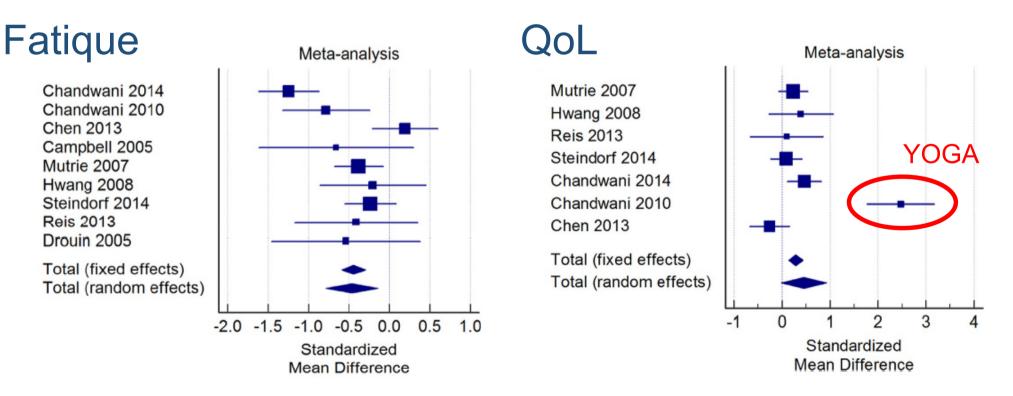
Lipsett et al. 2017: systematic review/meta-analysis

- Breast cancer patients only
- 32 articles: 9 RCTs included (n=802)
- Aerobic exercise, resistance training, yoga, qigong, tai chi and pilates during RT
- Fatigue levels: determined at baseline and postintervention



Lipsett et al. 2017: systematic review / meta analysis

738 participants

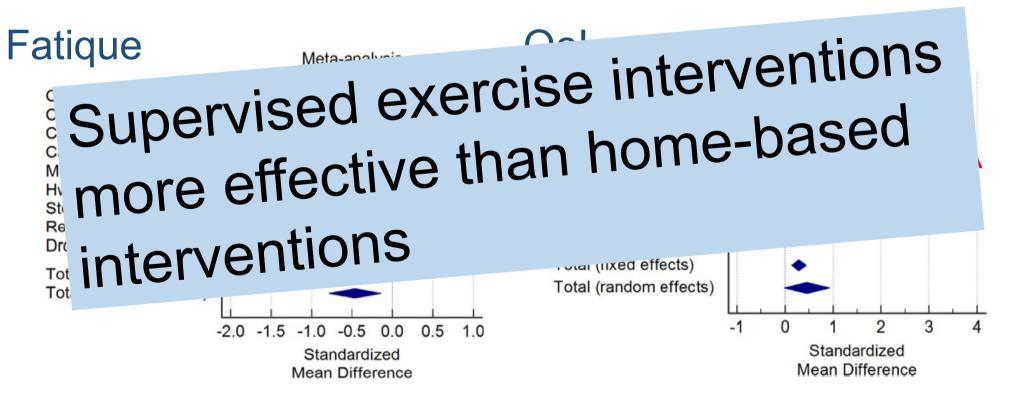


Lipsett et al. 2017, The Breast 32;144-155



Lipsett et al. 2017: systematic review / meta analysis

738 participants



Lipsett et al. 2017, The Breast 32;144-155

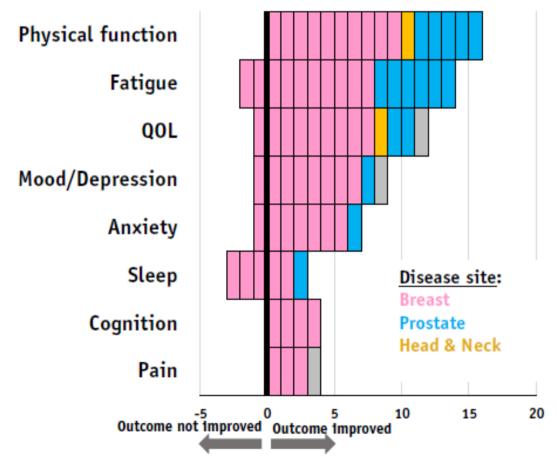


Zaorsky et al. 2021: systematic review

- 693 articles: 26 included
- Heterogeneity in outcomes: no meta-analysis
- 4 categories: resistance training only, aerobic exercise only, yoga and mixed/other exercise
- Tumour sites: breast, prostate, H&N, spinal metastasis



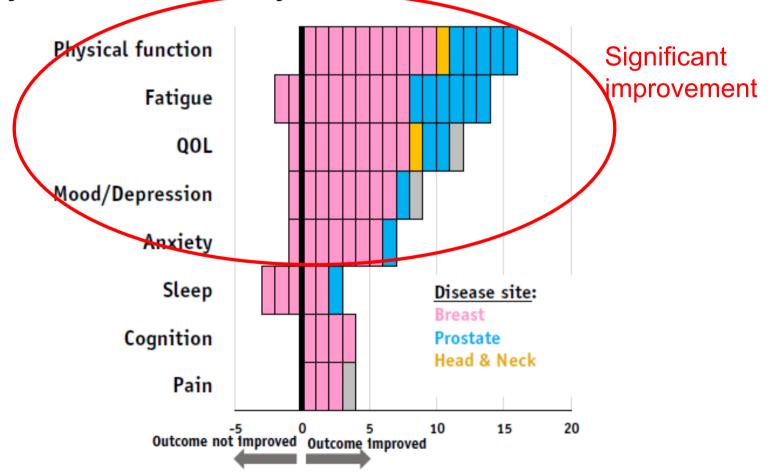
#### Zaorsky et al. 2021: systematic review



Zaorsky et al. 2021, Int J Radiation Oncol Biol Phys, 110;973-983



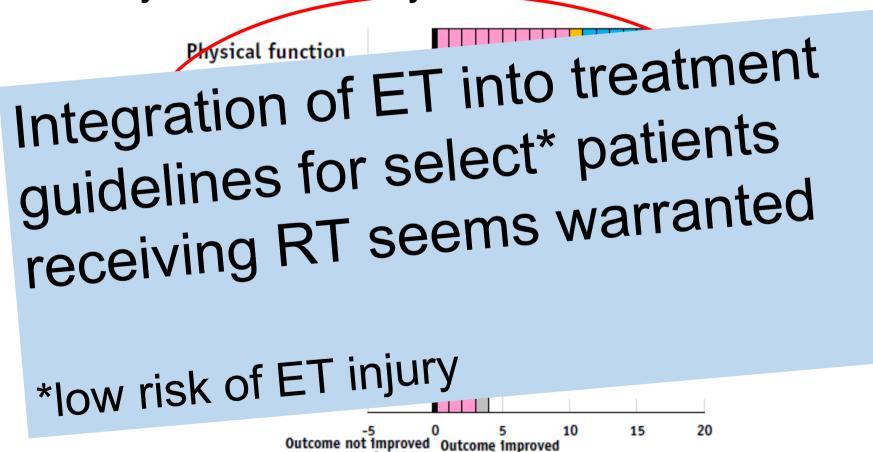
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Zaorsky et al. 2021, Int J Radiation Oncol Biol Phys, 110;973-983



Zaorsky et al. 2021: systematic review



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RT for gynecological cancer

Humphrey et al. 2021: systematic review

- Applicator removal most problematic part of brachytherapy. Studies reported:
  - instrument removal "the most physically uncomfortable aspect"
  - "maximal levels of pain" during insertion and removal of the applicator



#### RT for gynecological cancer

#### Stewart et al, 2022:

Ghosts in the machinery: Living with and beyond radiotherapy treatment for gynaecological cancer

Patient 1: when attending followup appointments she is asked how she is, however, 'do they mean mentally or physically? all they ask is 'has there been any bleeding?' no, and that's it!'.

Stewart et al. 2022 Health Jul 28 (Epub ahead of print)



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Radiotherapy
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Probst et al. 2021: qualitative investigation (n=9)

- Experiences of RT pathway?
- Women's views of being naked during RT sessions?

Permanent tattoos affect overall patient experience?





Probst et al. 2021: qualitative investigation (n=9)

- Consider patient dignity, support regarding undressing
- Understanding impact permanent tattoos
- Encourage patient empowerment during RT



Luigjes et al. 2022: systematic review/meta-analysis

- Recurrence distress (Fear Cancer Recurrence FCR)
- 280 articles: 87 included (n= 9311 meta-analysis)
- The mean FCR severity score:14.8 (13.7–16.0)
   (<13 low fear of cancer recurrence)</li>
  - Moderate level of FCR (≥13): 59%
  - High level of FCR (≥22): 19% (need for specialized intervention)



### Luigjes et al, 2022, systematic review/meta-analysis

- No major differences: survivors and patients
- More prevalent among women
- FCR scores:
  - Highest: lung cancer and melanoma
  - Lowest: prostate cancer
- All time points since cancer diagnosis



#### Distress in cancer

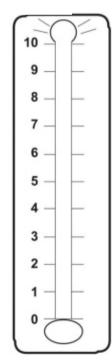
#### **DEFINITION OF DISTRESS IN CANCER**

Distress is a multifactorial unpleasant experience of a psychological (ie, cognitive, behavioral, emotional), social, spiritual, and/or physical nature that may interfere with the ability to cope effectively with cancer, its physical symptoms, and its treatment. Distress extends along a continuum, ranging from common normal feelings of vulnerability, sadness, and fears to problems that can become disabling, such as depression, anxiety, panic, social isolation, and existential and spiritual crisis.

**Extreme distress** 

#### NCCN DISTRESS THERMOMETER

Instructions: Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week including today.



National Comprehensive Cancer Network (NCCN) 2019 J Natl Compr Canc Netw. 17:1229–1249

No distress



#### Distress in cancer

- Patient's distress level is ≥4
- Analyze "Problem List"

PROBLEM LIST Please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.										
YES	NO	Practical Problems	YES	NO	Physical Problems					
		Child care			Appearance					
		Housing			Bathing/dressing					
		Insurance/financial			Breathing					
		Transportation			Changes in urination					
		Work/school			Constipation					
		Treatment decisions			Diarrhea					
					Eating					
		Family Problems			Fatigue					
		Dealing with children			Ecoling swollen					

National Comprehensive Cancer Network (NCCN) 2019 J Natl Compr Canc Netw. 17:1229–1249



#### Distress in cancer

- Identify key issues of concern
- Ask questions to determine the best resources

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#### Distress in cancer

- Identify key issues of concern
- Ask questions to determine the best resources

A total of 20% to 52% of patients

A total of 20% to 52% of patients

show a significant level of distress

Transportation

Transportation

Work/school

Treatment decisions

Breathing

Changes in urination

Constipation

Diarrhea

Eating

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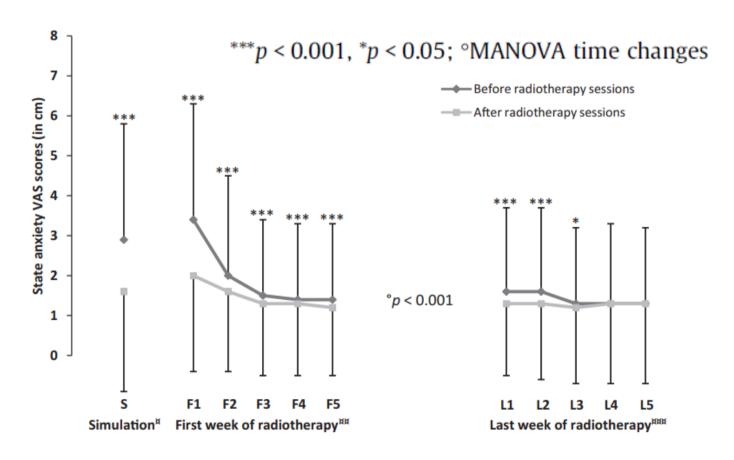


Lewis et al. 2014: longitudinal study (multicenter)

- Non-metastatic breast cancer
- N= 213, completed Visual Analogue Scale (VAS: 0-10 scale)
- Anxiety measured:
  - Before and after RT simulation
  - First and last five RT sessions



Lewis et al. 2014: longitudinal study (multicenter)



Lewis et al. 2014 Radiother Oncol 111:276-80



Lewis et al. 2014: longitudinal study (multicenter)

\*\*\*p < 0.001, \*p < 0.05; °MANOVA time changed

Small minority clinically relevant Levels remained high throughout anxiety treatment Simulation<sup>♯</sup> First week of radiotherapy<sup>♯♯</sup> Last week of radiotherapy

Lewis et al. 2014 Radiother Oncol 111:276-80



Lewis et al. 2014: longitudinal study (multicenter)

- To optimize care, RT team members should:
  - Offer information about RT at the simulation
  - Check patients' understanding
  - Identify patients clinically relevant anxiety: need support throughout RT



Elsner et al. 2017: systematic review

- Effect of RTT-led psychosocial support on patient anxiety
- 378 articles: 12 included (n=1363)



Elsner et al. 2017: systematic review

- Reduce anxiety: group and individual education/information sessions effective
- Training in:
  - communication skills
  - detection/management of emotional distress



### Elsner et al. 2017: systematic review

- Reduce anxiety: group and individual education/information sessions effective
- Training in:
  - communication skills
  - detection/management of emotional distress
- Management and RTTs provide infrastructure to
  - enable interventions and overcome barriers
  - achieve improved patient care and reduce anxiety



van Beusekom et al. 2019: systematic review

- Can Communication Skills Training (CKS) help RT members to support patients?
- 177 articles: 9 included (5 RCTs: n=12-313)
- Different training programmes: communication tools and skills



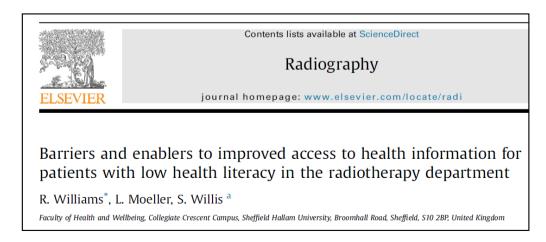
#### van Beusekom et al. 2019: systematic review

- 4 of 5 different CST programmes increased emotional communicative behaviour RT member
  - Fear of cancer recurrence: none of the included studies took this into consideration
  - Focus on patient anxiety, (general) concerns and depression.
- Limited but high level evidence:
  - RT members' communication skills reduce anxiety and concerns



#### Williams et al. 2018: systematic review

- Literacy: person's ability to read, write and understand information
- Low literacy associated with poor health related knowledge and health outcomes





Williams et al. 2018: systematic review

- Radiotherapy: stress and anxiety barriers to effective communication
- Practitioners need to overcome literacy barriers to ensure effective information
- Further research: non written information in radiotherapy



Williams et al. 2018: systematic review

Example "Teach back method"

"I have just given you a lot of information, please tell me what you have learnt, so I can check that I haven't missed anything?"



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#### Rossetti et al. 2017: RCT

- Breast / Head & Neck cancer (n=78)
- Consultation music therapist

 Selection music of the patients' choice played during simulation

Clinical Investigation

The Impact of Music Therapy on Anxiety in Cancer Patients Undergoing Simulation for Radiation Therapy

Andrew Rossetti, MMT, LCAT, MT-BC,\*
Manjeet Chadha, MD, MHA, FACR, FASTRO,† B. Nelson Torres, MPH,†
Jae K. Lee, PhD,® Donald Hylton, AAS, RTT,†
Joanne V. Loewy, DA, LCAT, MT-BC,\* and
Louis B. Harrison, MD, FASTRO

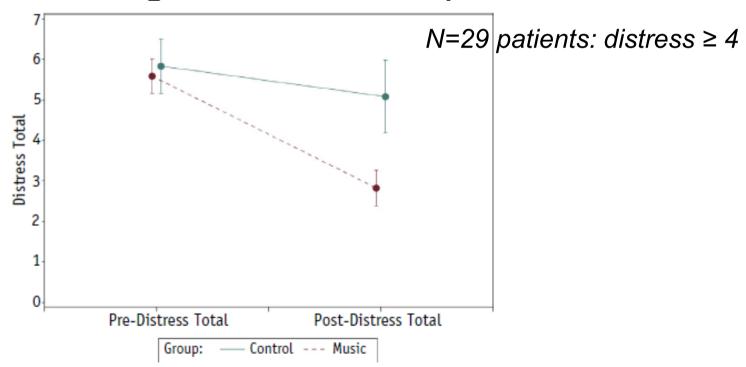
\*Louis Armstrong Center for Music & Medicine, Department of Music Therapy, Mount Sinai Beth Israel Medical Center; <sup>1</sup>Department of Radiation Oncology, Mount Sinai Downtown Union Square, Mount Sinai Health System, New York, New York; <sup>1</sup>Moffitt Cancer Center, Biostatistics Shared Resources Core; and <sup>1</sup>Department of Biostatistics and Bioinformatics, Moffitt Cancer Center, and <sup>1</sup>Department of Radiation Oncology, H. Lee Moffitt Cancer Center and Research Institute, Tampa, Florida

Received Oct 3, 2016, and in revised form Apr 28, 2017. Accepted for publication May 1, 2017.



#### Rossetti et al. 2017: RCT

 MT significantly lowered patient anxiety and distress during the simulation procedure



Rosseti et al. 2017 Int J Radiat Oncol Biol Phys. 99:103-110



Pearson et al. 2020: cross-sectional survey

- Breast cancer (n=56)
- Covid pandemic: Spending more time at home and enjoying more passive contact with nature
  - Reduced use of community outdoor space: higher stress and cancer symptoms
  - Increased at-home nature contact: opposite trend



#### Pearson et al. 2020: cross-sectional survey

- Interventions may reduce cancer symptoms and stress:
  - public nature experiences
  - indoor real nature experiences

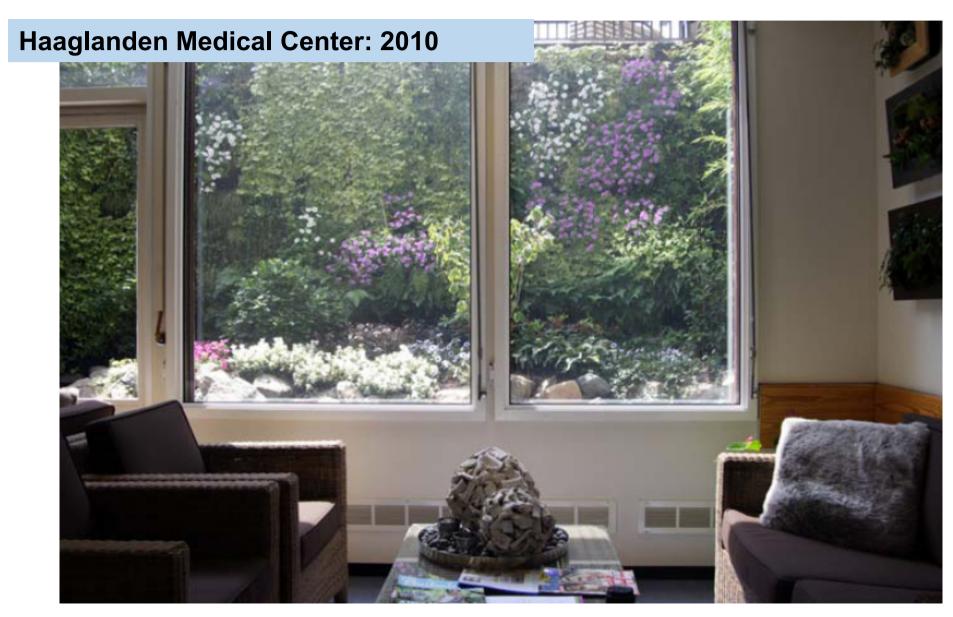


Pearson et al. 2021 Int. J. Environ. Res. Public Health 18:9102.









#### Conclusion



Focus: technical improvements



#### Conclusion



#### Patient well-being, holistic pillars:

- Physical pillar:
  - Exercise can be helpful in reducing fatigue
  - Beware of the mental impact of the physical strain of RT
- Emotional/mental pillar:
  - Fear of cancer recurrence is present at all time points
  - Patients can experience high levels of anxiety during the radiotherapy workflow
  - Communication is essential to overcome barriers
- Spiritual pillar:
  - Music and nature can be helpful in reducing distress

#### Take home message



- With better outcomes we should not overlook well-being
- We need to make changes to the workflow and follow-up to make improvements

### Take home message



- With better outcomes we should not overlook wellbeing
- We need to make changes to the workflow and follow-up to make improvements

#### Aiming at:

Improving RT technologies & patient well-being

