

Society for palliative radiation oncology: founding, vision, and report from the Second Annual Meeting

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Founding and vision of Society for Palliative Radiation Oncology (SPRO)

Radiation therapy is well known to provide palliation for a variety of localized cancer symptoms, which can improve patient quality of life and reduce caregiver burden and stressors. Palliative radiation therapy plays critical roles in the management of pain from bone metastases, neurological symptoms from brain metastases or spinal cord compression, and local symptoms caused by compression, mass effect, or local invasion.

The importance of palliative radiotherapy to end-of-life oncology care has led to International Consensus Conferences on Palliative Radiotherapy in New York in 1990, London in 2000, San Diego in 2010, and most recently Barcelona in 2015. The successes and momentums from these meetings, as well as the increasing collaboration between colleagues worldwide dedicated specifically to the subspecialty of palliative radiotherapy led to thoughts of a new, unified organization. So, in the fall of 2014, the SPRO was formed under the leadership of Dr. Stephen Lutz, from the Department of Radiation Oncology, Blanchard Valley Regional Cancer Center.

SPRO is a worldwide group of like-minded colleagues dedicated to excellence in end-of-life radiation oncology care. SPRO strives for palliative radiotherapy that is effective, efficient, safe, cost effective and collaborative. SPRO Mission Statement is to promote and advance the practice of evidence-based palliative radiation therapy through (I) research; (II) education; and (III) advocacy.

Report of the Second Annual Meeting of SPRO

On October 19, 2015, SPRO held its Annual Meeting in San Antonio, Texas, in conjunction with the American Society for Radiation Oncology (ASTRO) Annual Meeting (*Figure 1*). Dr. Lutz, Chair of SPRO, welcomed everyone to the meeting and reviewed the initiatives that have been undertaken since SPRO was formally introduced one year before. He then introduced selected speakers in three categories that mirror the three pillars of SPRO's mission: Research, Education, and Advocacy.

For clinical research, Chad Tang, MD from MD Anderson Cancer Center presented the Prognostic Index for Spine Metastases (PRISM), a measure that aims to stratify patients with spinal metastases into having excellent or poor prognosis following stereotactic spine radiosurgery and to help identify the rationale for single or multiple fraction regimens. The PRISM score takes into account and categorizes gender, Karnofsky Performance Score, prior surgery, previous radiotherapy to the affected site, number of organ system involved with metastasis, solitary versus multiple spine metastases, and time from diagnosis to discovery of metastasis. Patients in Group 4, those with the worst prognosis, had a median survival of 9.1 months after SSRS treatment. Groups 3 and 2 achieved median survivals of 22.2 and 32.4 months, respectively. Group 1, those with the most favorable prognosis, showed the best survival, with 65% of the patients living more than 60 months after treatment. Dr. Tang invited suggestions and collaborative data accrual from experts at other radiotherapy centers to further build, refine, and validate PRISM.



Figure 1 Photograph of the attendees at the Society for Palliative Radiation Oncology (SPRO) Second Annual Meeting in San Antonio, Texas, October 19, 2015.

In the education section of the meeting, Randy Wei, MD, PhD, from UC Irvine presented preliminary survey results of radiation oncology residency directors regarding their thoughts about palliative care training within radiation oncology residency programs. Approximately, 70% of United States residencies have formal palliative care curriculum. However, 36% of programs offer no instruction recognizing when to stop or not start radiation therapy in end of life patients. The survey, which aims to determine current training practices and ultimately lead to identification of areas in which more robust education in palliative care is needed, is to be completed by the end of 2015 with plans for publication in early 2016.

Drew Moghanaki, MD, from Virginia Commonwealth University and Hunter Holmes McGuire VA Medical Center, presented palliative radiotherapy advocacy efforts within the Veterans Affairs system, the largest integrated health care system in the United States. He described a difficulty that veterans face when they enroll in hospice, namely that they lose their VA benefits and become ineligible for palliative radiation treatment. Through advocacy, Dr. Moghanaki and his colleagues have begun an effort to allow for the provision of radiotherapy for veterans who have been admitted to hospice, with the additional goal of creating a model for similar patterns of care in civilian hospitals.

Following the presentations, small working groups brainstormed ideas for further improvements in palliative oncology care across the three pillars of SPRO. One of the initiatives that garnered the most interest was the need for a greater push towards including palliative care questions on national board exams for radiation oncology. Furthermore,

the group declared its support for both the formation of palliative radiotherapy clinical services in tertiary care centers, as well as improved collaboration with palliative care services in hospitals throughout the United States.

Updates on SPRO

Groups of experts have been assembled to lead and carry forth the mission of each of the three pillars of SPRO. Their work and updates about the Society can be read about in regularly published newsletters of SPRO that appear on the website of SPRO (<http://www.spro.org>), as well as the website of *Annals of Palliative Medicine (APM)* (<http://www.amepc.org/apm>), the official journal of SPRO.

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