



# Patient selection for palliative radiotherapy, oligometastatic stereotactic body radiation therapy, diabetic foot reconstruction, and low-salt diets

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The May 2023 issues of *Annals of Palliative Medicine* featured 12 Original Articles, 4 Editorials, 1 Review Article, 2 Editorial Commentary Articles, and 1 Case Report. Additionally, that issue also featured articles from five different columns, including a Palliative Radiotherapy Column narrative review, an Oncology Nursing review, a Medical Oncology narrative review, an Editorial Commentary on Palliative Reconstructive Surgery, and an Editorial Commentary on The Human Experience. This Message from the Editor-in-Chief focuses on those five column articles and highlights the ongoing columns (1) that help to ensure, in addition to our standard article types, that cutting-edge, impactful, clinically useful, and provocative content are regularly published in *Annals of Palliative Medicine*.

*Annals of Palliative Medicine* is proud to have recurring columns that include Palliative Radiotherapy, Ethics, Pain, Oncology Nursing, Medical Oncology, Palliative Surgery, and The Human Experience. Several of these columns were active in the May 2023 issue.

First, in the Palliative Radiotherapy Column, a group of international palliative radiation oncology experts (2) conducted a narrative review assessing the appropriateness of using the 30-day expected mortality metric when considering patients for palliative radiation treatment. The authors found that several trials have reported patient populations achieving significant pain responses and/or improvements in bleeding in as few as two weeks and more commonly four weeks following radiation therapy. Therefore, the authors concluded that radiation therapy should be considered in patients with symptoms amenable to improvement with

palliative radiotherapy regardless of life expectancy, and that the 30-day mortality metric should not be the only tool used when considering offering radiotherapy.

The merits of single fraction palliative radiotherapy have been reported extensively in this journal (3-5) and others, and such an abbreviated yet effective treatment approach should be preferentially used in patients with a limited life expectancy. This international review also underscores not withholding radiotherapy for patients with a limited life expectancy, especially considering life expectancy in terminal cancer patients is notoriously difficult to predict accurately and since prognostic discordance between physicians and their patients or patient surrogates is common (6,7).

In the Oncology Nursing Column, Galassi and colleagues (8) wrote a review on the global challenges and initiatives in oncology nursing education. With an increasing armamentarium of systemic therapy options beyond cytotoxic chemotherapy, including target therapies and immunotherapies, with recent advances in surgical procedures and perioperative management, and with increasing use of advanced radiation therapy modalities, including stereotactic body radiation therapy (SBRT), intensity-modulated radiation therapy (IMRT) and proton therapy, there is increasing need for specialized training for nursing in oncology disciplines beyond general nursing education. The authors discuss critical challenges, including current nursing staffing shortages and limited qualified oncology nursing faculty. These challenges are compounded by the growing public health burden of cancer. The authors discuss recommendations on nursing education from

international authorities, and they detail economic, human resource, social, cultural, and governmental interventions that have the potential to overcome current challenges relating to optimizing oncology nursing education.

Next, in the Medical Oncology Column, Mikropoulos *et al.* (9) wrote a narrative review on the current state of oligometastatic prostate cancer. The landscape of oligometastatic cancer, typically defined as 5 or fewer sites of disease (10), has been rapidly changing, and radiation therapy is playing an increasing role in the non-palliative management of patients with oligometastatic disease (11,12). The authors focus on the role of and data for SBRT to treat oligometastatic prostate cancer, and they report on several recent trials demonstrating improvements in clinical outcomes when delivering SBRT to sites of metastases in this patient population (13-15). The authors, however, underscore the existing challenges with current studies, which to date are predominantly phase 2 trials, with phase 3 data lacking. Additional larger studies are needed to better clarify the role of SBRT in both oligometastatic and oligoprogressive prostate cancer.

The Palliative Reconstructive Surgery Column featured an Editorial Commentary written by Christos Tsagkaris (16) on diabetic foot reconstruction. Diabetic foot, a foot ulceration in patients with diabetes, can have a considerable impact on patient quality of life and can lead to chronic wounds, osteomyelitis, and amputations (17,18). The author discusses plastic reconstruction of diabetic foot, including the manipulation of the soft tissue to enhance wound healing and prevent or decrease the extent of amputation, and he describes common techniques utilized for this surgery. He also talks about patient access to diabetic foot reconstruction and European Union initiatives to improve equitable access to healthcare. The author highlights the burden that diabetic foot has on patients and society, and he discusses why diabetic foot reconstruction should be given a higher priority for funding.

Lastly, for The Human Experience Column, Nike Izmaylov (19) wrote a compelling and compassionate Editorial Commentary on nutritional needs for patients. The author describes the challenges of weighing dietary restrictions in a patient with renal disease, which can serve to delay the progression of his renal dysfunction, with the wishes of the patient to eat salty food. While this patient was able to start dialysis and had what is inferred to be a good clinical outcome, this fun narrative underscores the importance of treating patients humanely, respecting their wishes, and shared decision making—all things that are

great lessons and critically important for us as palliative care and more extended healthcare providers.

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