



The current landscape of oncologic emergencies: the role of radiotherapy

We are pleased to present this collection of papers for the special series of the *Annals of Palliative Medicine* on how radiation therapy (RT) has shaped the landscape in the management of oncologic emergencies. Oncologic emergencies can occur at any point during a patient's cancer journey, from initial diagnosis to a patient at the end-of-life. They mandate urgent recognition to maximize therapeutic benefit and avoid significant morbidity. The treatment of these emergencies can often improve the quality of life and, in some cases, prolong survival. Multi-disciplinary involvement is paramount to ensuring the needs of the situation are being addressed with the most effective tools available using the best available data. Given RT is a cornerstone in the management of oncologic emergencies, our compendium of papers provides a site-specific evidence based holistic approach to share with the community to elevate the quality and comprehensive nature of care that we provide for our patients and their families and support system in this critical time of need for shared decision-making to support a patient's goals.

A common thread emerged regarding the paucity of randomized or high-quality prospective data to inform decision-making, and there is an urgent need for prospective RT data to inform efficiency, optimal fractionation to maximize durability of response while minimizing side effects and number of days of treatment, and time to response of treatment. Advancements in novel systemic therapies have resulted in patients living longer with an increasing need for local disease-directed therapy in the metastatic and/or palliative setting. RT treatment in the emergent setting is typically administered using more basic radiation techniques (e.g., 3D-conformal RT) given the ability to generate a plan in hours to 1–2 days. Anticipatory use of advanced techniques such as stereotactic body radiation therapy (SBRT) to the spine or other potential parenchymal locations (e.g., liver, bone, lung), and/or radiosurgery to brain metastases may potentially decrease the risk of further progression and need for emergent treatment. The papers of this special series provide a guide for the clinician regarding the best approach to take given the patient presentation, extent of disease, and performance status.

Furthermore, these works sought to shine light on barriers to treatment, such as the logistical, financial, and spiritual considerations that need to be assessed to inform next steps. A thorough assessment, including spiritual history taking sometimes teaches us that no cancer-directed treatment may be the most appropriate in some cases, as it may be detrimental to the critical hours of need for preparation and saying goodbye.

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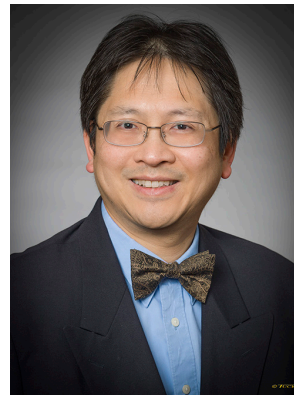
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