Triage for Palliative Radiation Therapy by a Clinical Specialist Radiation Therapist: A literature review

P Paterson[1 2] A Fairchild[1 3].

1. Department of Radiation Oncology, Cross Cancer Institute, Edmonton, AB; ; 2. Faculty of Health and Wellbeing, Sheffield Hallam University, Sheffield, UK ; 3. Faculty of Medicine, University of Alberta, Edmonton, AB

Background

- Patients who could potentially benefit from palliative radiation therapy (PRT) may be in different phases of their cancer journey (1).
- Efficient triage performed at receipt of first referral is crucial for identification of the patient's clinical needs and urgency (2).
- Many cancer centres have a separate pathway to access infrastructure dedicated to PRT, for which triage is performed by a Palliative Clinical Specialist Radiation Therapist (PCSRT) (3)(4).
- A PCSRT is able to take on clinical and non-clinical tasks normally performed by others.

OBJECTIVE:

To review published literature describing triage for PRT performed by a PCSRT.

Methods

- An English-language literature search of 15 databases was performed, with no date limits, based on the PICO framework.
- Conference abstracts were not excluded.
- Key search terms were applied to title and abstract fields.
- After independent review by the two authors, duplicates were removed, and full text papers were retrieved.

References

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2. Hill, J., et al., Comprehensive assessment during palliative radiotherapy consultation optimizes supportive care for patients with advanced breast cancer. 2022. *Supp Care Cancer, 30*(10), 8339–47.
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4. Job, M., et al. Reducing radiotherapy waiting times for palliative patients: the role of the advanced practice radiation therapist. 2017. *J Med Radiat Sci,* 64, 274–80.
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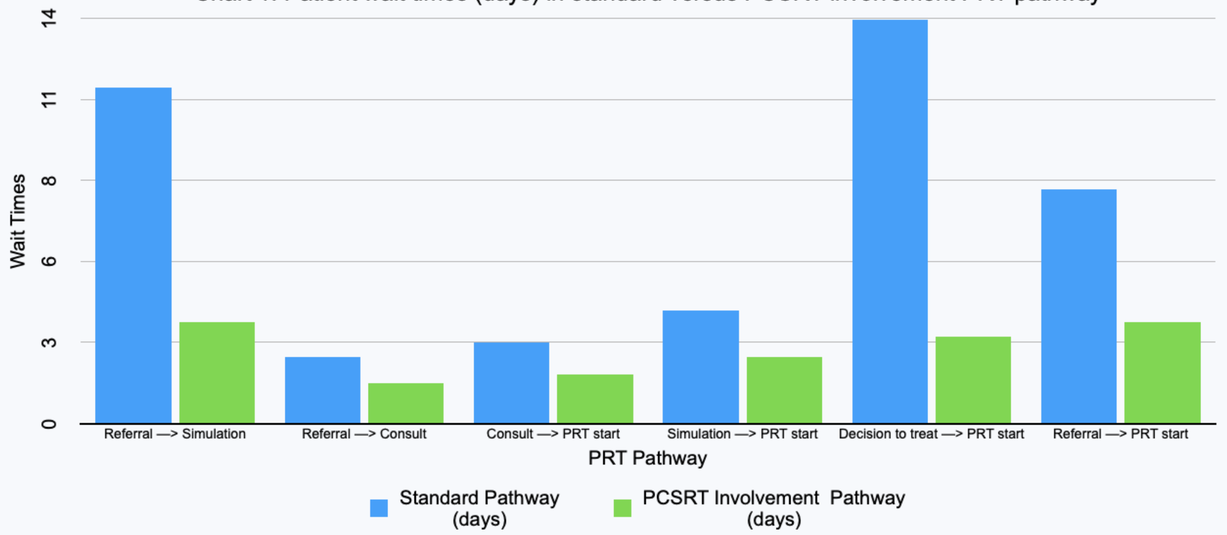
Results

Table 1. Reported Data - Advantages of Patient Triage by PCSRT

Wait Times	Standard Pathway (days)	PCSRT Involvement Pathway (days)	Centre (Reference)
Referral → Simulation	16	35	Edinburgh, UK (Blyth 2001)
Referral → consult	23	14	Australia (Job 2017)
Consult →PRT start	28	17	Ontario (Appendix 2010)
Simulation → PRT start	39	23	Ontario (Appendix 2010)
Decision to treat → PRT start	14	3	Derby, UK(Fisher 2021)
Referral → PRT start	8.1	3.5	Australia (Job 2017)

Chart 1. Patient wait times (days) in standard versus PCSRT involvement PRT pathway



Results

- Ultimately, 20 studies and one government report met inclusion criteria.
- Studies were published over a 21-year period (2001-2022) by investigators from 4 countries.
- By identifying bottlenecks, screening out inappropriate and incomplete referrals, and assessing patients in advance of consult, PCSRT triage decreased wait times by approximately **50 %** on average, compared to standard pathways (48.7%, range 30-82%). (Chart 1)(Table 1)
- PCSRT involvement in pre-booking and coordinating appointments contributes to efficiency of throughput (5).
- A triage PCSRT navigates and coordinates the patient care schedule.
- PCSRT triage allows MDT members to work to their maximum scope.

Conclusion

- PCSRT triage contributes to the delivery of efficient, holistic patient centered care by maximizing access, improving continuity and consistency of care and facilitating early MDT activation.
- PCSRT involvement in triage of cancer patients requiring PRT also accomplishes task-shifting, optimizes resource utilization and enhances patient satisfaction.

For further information, please email:
pamela.paterson@albertahealthservices.ca