

IMPACT

Influencing Models of Practice with Advanced
Competency in Therapeutic Radiation

WELCOME TO OUR THIRD EDITION OF IMPACT!

In this edition, we focus on one of our priority working groups: Palliative Care, and the important impact we as CSRTs have had in this field. Each section of the newsletter highlights a different aspect of this work and we are excited to share our various successes.

We would like to start off by introducing the newest palliative CSRT to our Community of Practice (CoP), Ms. Carina O'Connor who joins us from the Royal Victoria Hospital.

Dr. Kris Dennis, a Radiation Oncologist from Ottawa, starts the edition with his perspective on the palliative CSRT. He has experience in the palliative radiation programs in both Toronto and Ottawa, and with CSRTs from both.

We then continue with our Spotlight series, where we showcase the initiatives that Ottawa's own palliative CSRT Ms. Kelly Linden has developed. It is fascinating how she has expanded her role to the community outpatient setting as well.

Co-chairs of our CoP, Ms. Kitty Chan and Ms. Laura D'Alimonte provide an update on our most important initiatives.

The final article of our series provides a snapshot of the palliative CSRTs across Ontario. It demonstrates the diversity and value a CSRT can bring to a program and we invite you to think about where a CSRT can fit in your centre.

We conclude the issue with a summary of our academic achievements in the last 6 months. We hope you enjoy this edition.

If you have questions or wish to join our readership, contact us at the email addresses listed below.

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CSRTs at the Sunnybrook Odette Cancer Centre



Following the hugely successful inaugural **International Leading the Way: Radiographer Advanced Practice (LTWRAP)** conference held in the UK in 2016, Toronto, Canada is delighted to host LTWRAP in 2018. Come and network with fellow medical imaging and therapy practitioners on international perspectives in advanced practice, be inspired by our influential keynote speakers and appreciate the depth and breadth of current research in advanced practice.

PALLIATIVE CSRTs: IMPROVING THE PALLIATIVE PATIENT'S JOURNEY

Kristopher Dennis MD FRCPC PhD, The Ottawa Hospital Cancer Centre

The CSRT, unlike any other health care provider involved in the delivery of radiation therapy, is ideal for navigating and making more efficient, the spaces that exist between radiation oncologists and therapists, nurses, clerical staff, administration, patients and their families. Dedicated palliative CSRT positions can be credited for a number of novel and important changes in how patients receive care in many institutions.

Palliative CSRTs develop impressive, expanded clinical and administrative skill sets and take on a great deal of responsibility. They develop and manage dedicated rapid-access palliative RT programs. They independently field questions from referring physicians and coordinate patient transfers and follow-up care. They become actively sought out by tertiary and community physicians as key contacts and links to expedited palliative RT. In time they can function at the level of a radiation oncology fellow with history taking, physical examination, symptom control measures and RT targeting. Palliative CSRTs counsel and work with patients and families on advance care planning, accessing community resources, and actively support them until patients pass away. Families often consider them as their main care provider and point of contact within cancer care programs because of the comprehensive and integrated spaces their positions occupy.

A palliative CSRT's influence can extend beyond dedicated clinical programs. They can drive the development of centre-wide initiatives such as palliative RT peer review processes. They take on administrative roles within radiation oncology disease site and multidisciplinary clinics. They develop competence in clinical research and independently lead novel clinical and translational multidisciplinary studies that often have immediate and positive impacts on patient care. They are integral to the training of radiation oncology residents and medical students and allow trainees to glean a better understanding of all processes involved in coordinating, planning and delivering comprehensive palliative RT as well as detecting and managing RT-induced toxicity, than they would have with a radiation oncologist mentor alone.

The palliative CSRT position has had an extraordinary impact on the care of patients in many institutions. I am excited about future developments within this program that will no doubt materialize.

CSRT SPOTLIGHT

Kelly Linden, MRT(T)

The Ottawa Hospital Cancer Centre

Kelly Linden began her role as a Clinical Specialist Radiation Therapist (CSRT) in Palliative Care in the fall of 2014. Prior to this, she developed advanced skills, knowledge and judgement as a resource therapist in CT-Simulation. She gained a wealth of experience and exposure to the unique needs of palliative patients in CT-Simulation, which positioned Kelly for a successful transition. In addition to her extensive knowledge, Kelly brings compassion, professionalism, and dedication to the role. One of Kelly's strengths is her flexibility and ability to adapt to the changing needs of the program quickly and effectively. In 3 years, she has assisted 400 patients navigate the rapid palliation program at The Ottawa Hospital. She has seen 350 patients in consultation, delineated radiation treatment volumes for over 260 cases and conducted approximately 100 follow-up visits.



In the community, Kelly has received multiple invitations to present to family physicians and specialists in other hospitals to provide education on the benefits of rapid palliation. Kelly's future plans include implementation of the in-patient rapid palliation program and exploring the provision of in-patient consultation services at other campuses. She is also enrolled in the Masters of Science program in Supportive and Palliative Care at Sheffield Hallam University, UK to further enhance her knowledge of palliative care.

CSRT Community of Practice

At the end of 2016, nearly one year after the establishment of the CSRT Community of Practice in Ontario, we conducted a membership survey inquiring about our very own satisfaction. As a self-governed group, are we walking in a direction that satisfies all Ontario CSRT members' needs? As a result, our priority working groups were restructured.

1. **Palliative Care Working Group:** with a goal of reporting on the impact a Palliative CSRT has on the patient and the system including i) increase access to care, ii) improve quality of care and iii) system improvement. In 2018 this group will finalize the report to share across Ontario.
2. **Advanced Practice Resources Working Group:** curated a resource list to address learning needs of CSRTs in Ontario. This upcoming year will focus on finalizing the strategy to quantify advanced practice workload in i) patient interactions, ii) multi-disciplinary consults, iii) resource optimization and iv) technical aspects of radiotherapy.
3. **The Communications Working Group:** successfully published two editions of the IMPACT newsletter and expanded the distribution list to include international audiences, department hiring managers, educators and more. We will continue this good work in conjunction with our strong social media presence via Twitter (@AdvPracticeRT).

Laura D'Alimonte and Kitty Chan
CSRT Community of Practice Co-Leads

JOIN THE CLUB

Realizing the Benefits of the Palliative CSRT

The CSRT model of care has been shown to increase access to care for patients and improve the quality of patient care. There are currently 22 CSRT roles at 8 Ontario Cancer Centres with a variety of clinical foci within radiation medicine. Although each cancer centre has different needs, it is clear that the Palliative CSRT is one that can offer universal benefit. Here is a snapshot of what a few of our Palliative CSRTs feel has been their greatest impact.

Durham Regional Cancer Centre: *"...the CSRT's clinical tasks include patient assessment, facilitating consent, patient navigation, contouring and field placement with the goal of providing expedited palliative radiation therapy. In addition to the clinical tasks, the CSRT has been instrumental in departmental process improvements, including refining the same day Simulation & Treat process and co-leading the Oligometastases Program Implementation Team."*

Simcoe Regional Cancer Centre: *"A CSRT Palliative Clinic was established for patients with brain and bony metastases. This clinic provides expedited care to this patient population, allowing for accelerated new patient consultation and same day simulation. A proactive telephone follow-up call 4-weeks post treatment has also been introduced to assess treatment response and provide the patient with a venue to address subsequent concerns, enhancing the continuity of care."*

The Ottawa Hospital Cancer Program: *"Creation of a rapid response clinic that had previous not existed. Patients are now offered a same day approach to palliative cancer care which is very much appreciated by those who must travel long distances to reach the cancer center. The CSRT also exhibits professional impact by participating on committees and working groups that extend into the community at large, providing valuable insight that only a radiation therapist could offer."*

Southlake Regional Health Centre: *"... improving access to palliative radiotherapy for our patients through our Rapid Response Clinic. Patients are able to be seen faster and get onto treatment faster, resulting in better symptom management. The CSRT has also been involved in several research projects that have resulted in positive changes and improvement in the overall radiotherapy experience for patients."*

The palliative CSRT role is one that can provide benefit to the patient and department as a whole and is very rewarding for the individual. We encourage you to consider where such a role could fit within your centre!

Peer-Reviewed Manuscripts

Chan K, Cashell A, Rosewall T. From Computed Tomography–Guided to Magnetic Resonance Imaging–Guided Intracavitary Brachytherapy for Cervical Cancer: What Do the Key Stakeholders Have to Say about the Transition? *JMIRS* 48(4): 394-401(2017)
Recipient of Top 5 Papers Editor's Choice Award

Erler D, D'Alimonte L, Campbell M, Opportunity is Knocking: The Need to Responsively and Responsibly Integrate Therapeutic MRI into Radiation Therapy (Commentary), *JMIRS* (2018), In press

Timotin E, Doerwald-Munoz L, Hann C, Wright J, Sur R. Odynophagia in esophageal cancer patients treated with high dose brachytherapy (HDRBT) – Results from a prospective study of fungal infections
J Natl Compr Canc Netw (2017) In press

Oral Presentations

Lee G, Tsui F, Koch A, Fyles A, Dinniwell R. Are We Missing the Post-Operative Cavity in Whole Breast Radiotherapy? Canadian Association Radiation Oncology (CARO) Annual Meeting, Toronto, 2017.

Sinclair E, Patient expectations of a visit to Ontario's only multidisciplinary skin cancer clinics, Canadian Association of Ambulatory Care Conference, Niagara Falls, 2017.

Sinclair E, Skin Cancer: Improving the outcomes for advanced BCC: recent case studies. American Society of Radiologic Technologists (ASRT) Conference, San Diego, 2017.

Poster Presentations

Chan K, Simeonov A, Di Tomasso A, O'Leary G, Filici A, Rink A, Beiki-Ardakani A, Borg J, Croke J, Fyles A, Han K, Milosevic M. Implementation of real-time MR-guided interstitial brachytherapy for gynecological cancer. Canadian Association Radiation Oncology (CARO) Annual Meeting, Toronto, 2017 & American Society for Radiation Oncology (ASTRO) Annual Meeting, San Diego, 2017.
Recipient of 2017 CARO Poster Award

Erler D, Brotherston D, Sahgal A, Cheung P, Chu W, Soliman H, Loblaw D, Chung H, Chow E, Poon I, Stereotactic Body Radiation Therapy for Non-spine Bone Metastases: A Single Institution's Experience. Canadian Association Radiation Oncology (CARO) Annual Meeting, Toronto, 2017 & American Society for Radiation Oncology (ASTRO) Annual Meeting, San Diego, 2017.

Javor J, Zhang B, Wong O, Hope A, Waldron J, Bratman S, Bissonette JP, Giuliani M, McNiven A, Assessment of PTV Margin Reduction for Nasopharyngeal Carcinoma Using Deformable Image Registration and Dose Accumulation. Canadian Association Radiation Oncology (CARO) Annual Meeting, Toronto, 2017.

Invited Lectures and Presentations

Blain J. Metastatic Bone Disease and Palliative Radiation Therapy Services at the Walker Family Cancer Centre. Niagara Oncology Half Day. Nov, 2017.

Blain J. Better Pain Control What is your role in it? McMaster University, Interprofessional Seminar Series in Palliative Care. Jan, 2018.

Lee G, Rozenac N, Dinniwell R, Warde P, **Harnett N**, Why Wouldn't Ya? A Win/Win Strategy Using Advanced Practice Radiation Therapists. Workshop, Canadian Association Radiation Oncology (CARO) Annual Meeting, Toronto, 2017.

Rozenac N, Advances in Palliative Radiation Therapy. RTi3 Pre-Conference Webinar. Jan, 2018.

Chan K, Erler D, D'Alimonte L, The Role of MRI in Radiation Therapy Education Day, Toronto, Feb, 2018.