



Radiotherapy4Life

The Radiotherapy4Life campaign has been contacted by a number of cancer patients about changes and cancellations to their cancer treatment. A selection of their stories are recorded below. There are many more on twitter and in the media.

1. A young patient with breast cancer has faced an 11 week delay between her surgery on 7th Feb and her first radiotherapy (RT) session on 23rd April. She was expecting to receive 15 radiotherapy sessions treatment plus an additional four radiotherapy sessions targeted at the original site of the tumour (known as a “boost”). She was advised that her boost treatments have been cancelled with no explanation. Of note, according to latest breast cancer Covid-19 guidelines via RCR “Boost RT should be omitted to reduce fractions and/or complexity in the vast majority of patients **unless they 40 years old and under**, or over 40 years with significant risk factors for local relapse”.¹
2. Another patient mid-way through her radiotherapy treatment for breast cancer was concerned that her five boost sessions had been cancelled due to Covid-19. She was told over the phone that her oncologist had weighed up the pros and cons and had made the decision to cancel the boost. She was left feeling anxious with unanswered questions.
3. We were contacted by 2 other concerned patients with breast cancer who have had their 15 planned radiotherapy sessions reduced to only five treatments. This is a recommendation in guidelines available from the RCR¹ and based on a clinical trial (“Fast Forward”). 5-year data on risk of local recurrence has not yet been published for this trial. One patient (53 years of age with a background in nursing) voiced her concern that this practice change was being advised without published evidence on whether 5 sessions would work as well as 15. She was told it was under the direction of NHS England. This same patient admits to feeling “hopeless and low” about her situation because of a positive lymph node (1 out of 4). She was informed that this worked in her favour, and that due to the changes to cancer pathways, had she not had this positive lymph node she would not be offered any radiotherapy at all (this is a suggestion in the guidelines for low-risk patients over 65).
4. A patient diagnosed with prostate cancer in February and currently taking hormone therapy was due to start 7 weeks of radiotherapy in June. He has now been told that due to Covid19, it is now postponed and that he can remain on hormone therapy for a year without any detrimental effect. No arrangements had been made to follow him up and he was feeling very concerned having also lost his wife to breast cancer recently.

¹ Guidelines on radiation therapy for breast cancer during the COVID-19 pandemic available [here](#).

5. A young patient with no underlying health conditions, diagnosed with P16+ throat cancer has had their treatment changed from 6 weeks of radiotherapy plus chemotherapy to just 4 weeks of radiotherapy. The patient is very concerned that the decrease in treatment will reduce her chance of cure. One reason she was given for the change was that because of Covid19 she would not be able to have a feeding tube fitted due to theatre capacity and with the reduced intensity treatment she may only lose a stone in weight and not require the feeding tube.
6. We were contacted by a patient with breast cancer having 15 sessions plus 3 boost sessions. On her 10th treatment a family member in her household developed a cough and she was advised to isolate for 14 days and so her radiotherapy was interrupted. She received the remaining sessions after a 14-day break.
7. We were contacted by another patient with stage 4 cancer. The patient has two tumours and was due to have radiation. Her chemotherapy treatment has been stopped as no one could come to her house to take bloods. She was expecting an urgent referral to Hospital to provide bloods but no one contacted her to arrange to visit her at home instead. She has now missed two cycles. She has no more antibiotics as the oncologist is waiting to get the blood results onto the Kings Mill website. She says that “no one comes” and that she does not feel she has sufficient PPE to enter a hospital. And unless she can find someone to drive her feels she is going against Government advice. She feels she only has months to live and not being able to see her kids and grandkids is a struggle. **She is thinking now of ending her life.** She questioned whether getting the virus is the answer to getting her bloods taken.
8. A patient with prostate cancer was told he could not now have surgery but when asked if he could have radiotherapy instead was told that his local radiotherapy department was no longer accepting referrals.

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