

# Manifesto For Radiotherapy 2022

Improving cancer survival with modern world-class radiotherapy

We are witnessing an unprecedented cancer crisis in the UK caused by a deadly combination of devastating waiting times for treatment, a lack of capacity in vital services like radiotherapy and an economic crisis.

The All-Party Parliamentary Group for Radiotherapy has put together this manifesto update to demonstrate the risks of not taking action and of overlooking urgent solutions to this crisis.



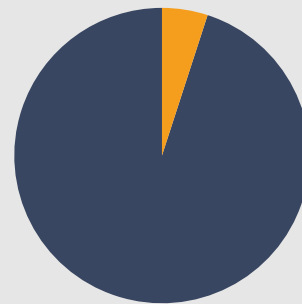
**1 in 2** people in the UK will get cancer



**1 in 4** people in the UK will need Radiotherapy



Radiotherapy is needed for **40%** of cancer cures



Radiotherapy, surgery, and systemic treatment are the three main cancer treatments, yet radiotherapy receives only **5%** of the UK cancer budget



**APPGRT**

All Party Parliamentary Group for Radiotherapy

# A crisis in cancer services

## Dangerous wait-times for treatment

NHS England data shows a significant and consecutive quarterly increase in cancer treatment waiting times over the past year. The longer a cancer patient waits for treatment, the less their chances of survival – for every 4 weeks of delay, cancer survival on average reduces by 10%.<sup>1</sup> **In England, waiting times are getting worse each month – over 1/3 of cancer patients (60,000) wait beyond the 62-day target, and 10,000 patients wait over 104 days.**<sup>2</sup> The waiting list for undiagnosed and untreated cancer is the deadliest of all waiting lists.

Radiotherapy services are already struggling to cope with existing demands and the front-line workforce are deeply concerned about what happens when demand escalates. 65% of respondents to the 2022 Radiotherapy UK Workforce Survey stated that they believe they will not have the machine capacity and an overwhelming 92% stated that they believe that will not have the workforce capacity to meet future patient need.<sup>3</sup> Staff also reported that patients are presenting with cancers that are much more advanced and harder to treat.



## A radiotherapy workforce at breaking point

Around 6,000 highly specialized multidisciplinary staff deliver radiotherapy treatment to over 100,000 cancer patients every year. The Royal College of Radiologists have reported that, by 2025, the NHS will be 272 full-time clinical oncology consultants short of the number it needs to meet basic cancer care demands.<sup>4</sup> A census report<sup>5</sup> from the Society of Radiographers shows that the number of posts vacant in radiotherapy centers are 30% higher than the number of new graduates qualifying, and that over half of departments report needing to reduce capacity due to staff shortages. Further evidence gathered by the Institute of Physics and Engineering IPEM indicates a 10% vacancy rate.<sup>6</sup> **A survey of the radiotherapy workforce undertaken by Radiotherapy UK in August 2022 found that 89% of respondents were thinking of leaving the profession or knew of a colleague who was considering leaving.**<sup>7</sup>

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This is a watershed moment for Radiotherapy in the UK. Without urgent sustainable and intelligent investment, the risks are so high that no action could mean the collapse of this essential cancer treatment.

Without functioning radiotherapy services the UK will not have a functioning cancer service.

<sup>1</sup> Mortality due to cancer treatment delay: systematic review and meta-analysis | The BMJ

<sup>2</sup> Statistics » Provider – based Cancer Waiting Times for Q1 2022/23 Provisional (england.nhs.uk)

<sup>3</sup> Workforce Flash Survey 2022 Results • Radiotherapy UK

<sup>4</sup> RCR census reports 2021 launched | The Royal College of Radiologists

<sup>5</sup> 2021\_CoR\_radiotherapy\_radiographic\_workforce\_uk\_census\_report\_v3 (sor.org)

<sup>6</sup> www.ipem.ac.uk/resources/workforce-intelligence/workforce-intelligence-resources/radiotherapy-resources/radiotherapy-workforce-summary-2019/

<sup>7</sup> Workforce Flash Survey 2022 Results • Radiotherapy UK

# Radiotherapy is a cost-effective solution

Radiotherapy is highly effective and represents excellent value for money. It improves survival rates in 16% of cancer patients, compared to only 2% with chemotherapy. It is needed in 50% of cancer patients and 40% of cancer cures. There are cost-effective, low-risk, hi-tech solutions available that can be implemented immediately and which have the potential to transform radiotherapy services, deal with the backlog, and improve cancer survival both now and in the future.

## Cutting-edge

Radiotherapy is one of the most technologically advanced and innovative medical disciplines. Hi-tech radiotherapy technologies have transformed what is possible over the last five years. New software tools for planning, adapting, and delivering patient treatment continue to raise the bar in what can be achieved to improve tumour control, reduce toxicities and long term outcomes.

### A.I.

A.I. developments support clinical decision making. Auto contouring tools can save up to 80% of a clinical consultant's time contouring at risk organs.<sup>8</sup>

### Surface Guided Treatments (SGRT)

A surface guiding tool can increase overall patient daily volume 28% with improved workflows and mark/tattoo-free treatment.<sup>9</sup>

## Value for Money

Investing in radiotherapy services is the most cost-effective way to increase cancer survival. It typically costs £4,000-£7,000 per patient. Shorter treatment courses, made possible with newer technology and evidence based clinical trials, can support faster and more precise treatments which provide better quality of life and outcomes for patients.

## Futureproofing cancer treatment

The radiotherapy industry have developed precise, innovative, and personalised technologies that are currently revolutionising radiotherapy treatment for patients worldwide. Out-dated equipment in the UK is preventing our services from implementing these advances. Immunotherapy will play a huge role in future cancer care. However, some patients can only be treated with immunotherapy if they have accessed radiotherapy treatment first.<sup>10</sup>

A recent editorial<sup>11</sup> in the world leading medical journal *The Lancet Oncology* underlined the crucial role of radiotherapy internationally for post-pandemic health systems;

**“Ultimately, when old paradigms are no longer working as well as they once did, we must look towards new and innovative approaches... not only should investment in radiotherapy workforce and infrastructure continue, but also must investment in innovation, with the aim to decrease delivery times for radiotherapy, increase patient volumes and accessibility, and reduce costs.”**

(Editorial, *The Lancet Oncology*, August 2022)

<sup>8</sup> Artificial Intelligence (AI) | Varian Overview of artificial intelligence-based applications in radiotherapy: Recommendations for implementation and quality assurance - Radiotherapy and Oncology (thegreenjournal.com)

<sup>9</sup> Case Studies - Vision RT

<sup>10</sup> Five-Year Survival Outcomes From the PACIFIC Trial: Durvalumab After Chemoradiotherapy in Stage III Non-Small-Cell Lung Cancer - PubMed (nih.gov)

<sup>11</sup> Lancet Oncology, Editorial Volume 23, Issue 9, P1109, September 01, 2022

# Immediate actions



## 1. Remove Bureaucracy

Bureaucracy is smothering progress in radiotherapy. The current funding model is convoluted and does not reflect what delivering advanced treatments to the benefit of patients looks like on the ground. For example where funding is based on the crude metric of patient visits rather than the complexity of treatments delivered, Trusts are financially disadvantaged if offering more advanced, complex treatment and imaging options which although deliver improved patient outcomes, also require fewer patient visits to hospital.

**Remove the red tape and unnecessarily bureaucratic funding models that stifle innovation, and enable the frontline expert workforce to make and implement decisions that will benefit patients and improve survival outcomes.**



## 2. Invest in the specialist workforce

The radiotherapy workforce is a 6,000 strong network of highly trained, specialised professionals. This small and skilled workforce need sustained investment, including funding for enhanced recruitment and training opportunities.. Currently, there are less radiographers in training than are needed to fill vacant posts.

**Invest in a recruitment and retention strategy for radiotherapy and re-instate trainee funding schemes.**



## 3. Upgrade Technology & Equipment

Radiotherapy is at the heart of cancer treatment innovation across the world. We need up-to-date equipment that can support rapid, comprehensive implementation of modern advanced radiotherapy.

**Invest £230M to replace LINAC machines over the 10-year-old recommended lifespan, £50M for 20 MR-planning scanners, and £200M for IT. A sustainable rolling programme of funding is urgently required to remove unnecessary bureaucracy from the procurement of essential LINAC machines.**



## 4. Leadership & Vision

We need vision, leadership and strategy that aims to catch up with the current backlogs and put in place infrastructure that will support ongoing improvements. Patients need better access to radiotherapy which is closer to home.

We need to think differently and try new approaches. There are world-class front-line staff who know what to do but who are prevented from delivering a world class service. Failure to act will mean thousands of needless deaths for those living with cancer. Investing in Radiotherapy can play a central role in arresting the devastating deterioration in cancer care and it has the capacity to future-proof our cancer services for years to come

**Appoint a radiotherapy Tsar with authority to work with front line staff and industry professionals to organise the service and allow the technological revolution in radiotherapy which cancer patients deserve, professionals recommend, and which will improve patients' chances of survival.**