### Radiotherapy for CTYA 2010 – 2011

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# Radiotherapy

- High-energy x-rays
- Historically important for cancer treatment
- Continue to be important
- Better recognition of late-effects
  - Especially in younger patients
- Often long courses (5 6 weeks)
  - May be very complex descriptions of dose

# Late effects of RT

- Growth
  - Bone, Muscle
- Function
  - Endocrine, Cognitive
- Cosmesis
- Second-malignancy

# Radiotherapy Data in England

- RT has EXCELLENT data
  - Legal framework
  - Computerised systems
- Now nationally extracted into RTDS
- Managed by NatCanSat
- Various reports
  - Little mention of CYTA specific data

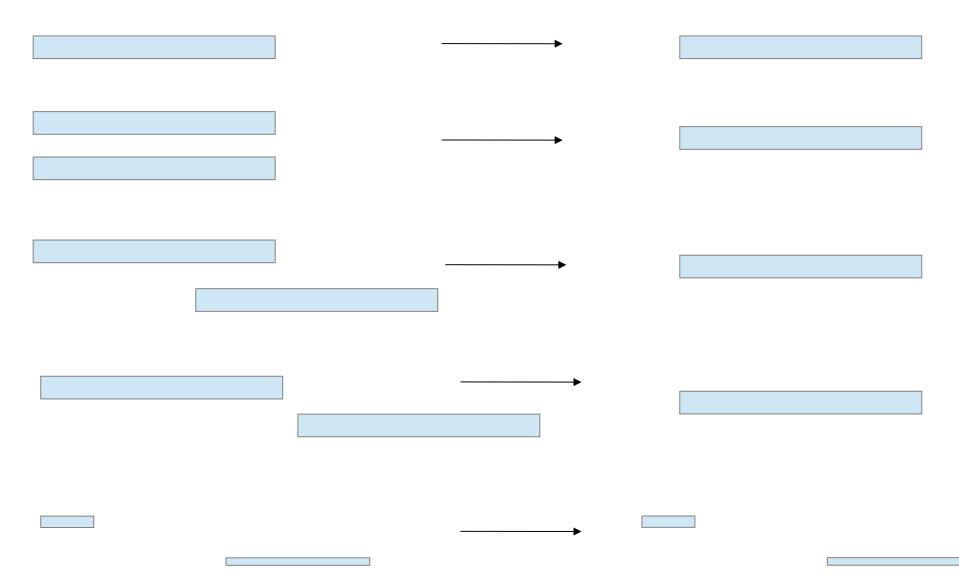
# This Work

- CYTA (0-24)
- Who lived in England and started & finished RT 2010 – 2011
  - Info on primary site (ICD10), age, sex, where treated, survival

- Need more info on disease
  - Link with Cancer Registry data
    - added morphology data
    - Also checked ICD 10 code

#### All results preliminary

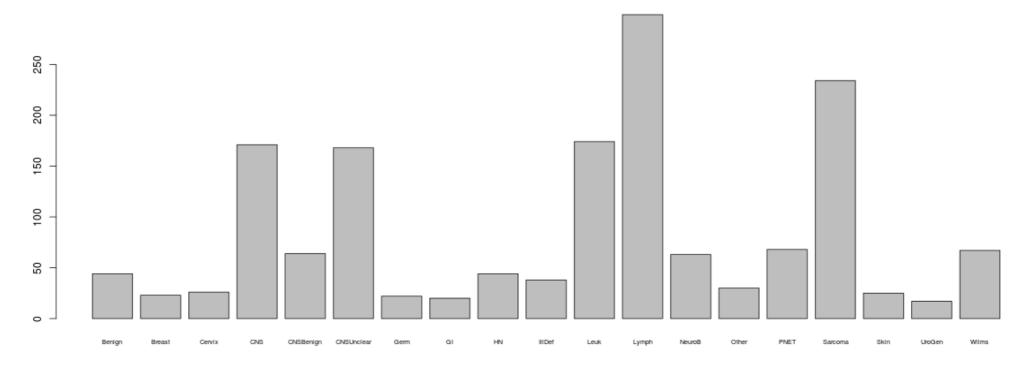
## **Biggest Problem**

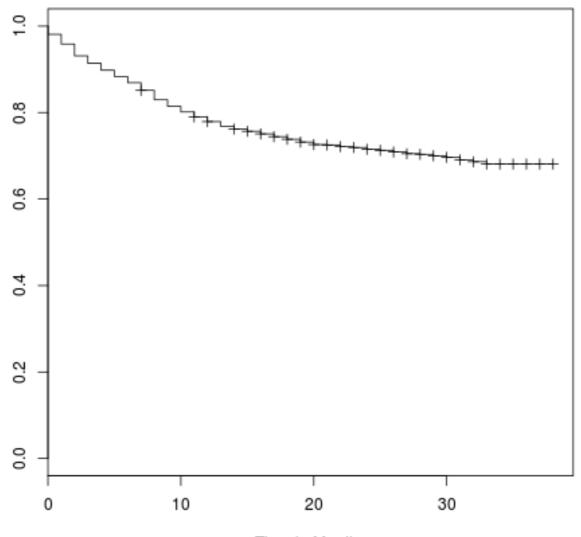


# Results

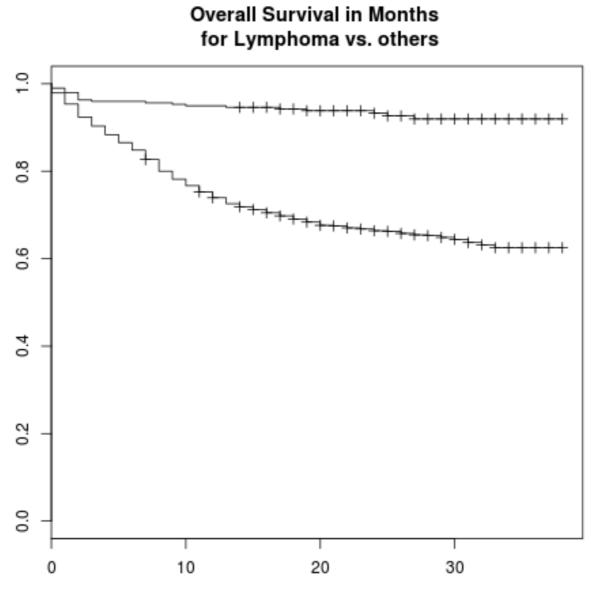
- 1597 patient
- 2309 courses
  - Reduced from 2819 courses
  - May reduce further
- Age, Primary Site and Survival

#### **Distribution of Primary Sites**





Time in Months



Time in Months

# Some RT specifics

- 56 TBIs & 1 hemi-body
- 85 IMRT
- Who gets brain RT?
  - 262 pts in all
  - 249 are CNS primary
  - 63% OS @ 24 months
    - Most of whom are patients with primary brain

# Further Work

- Incident populations
- Dose/ frac
  - Who is getting hyper-frac RT ?
- Where are people treated ?

• Other questions suggested by you!

# Summary

- RT important, but toxic component of treatment
- RTDS potentially very useful
  - Needs some care in interpreting data
  - Depends on whether you want to know about treatment

# Thanks

- Mark Gaze & Jenny Gains (UCH)
- Mike Stevens & Peter Hoskin
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