RCPE Symposium – Oncology: Challenges and Changing Outcomes

L Rodgers[1]

The Oncology: Challenges and Changing Outcomes symposium was held on Friday 21 September 2018 at the Royal College of Physicians of Edinburgh

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Introduction

The field of oncology is rapidly evolving with the emergence and integration of enhanced diagnostic and therapeutic approaches. This has expanded the therapeutic options for cancer patients and improved outcomes. The introduction of an acute oncology service (AOS) has undoubtedly also contributed to improvements in cancer care. Despite real benefits, these developments in practice and the increased capability to treat cancer patients present a number of challenges and add to the complexity of decision-making. Improvements are still needed to support early diagnosis and service delivery in oncology. These issues were discussed at the recent Oncology symposium alongside examples of recent advances, including immunotherapy, surgical and ablative techniques, and stereotactic radiotherapy.

Session 1: Challenges in establishing cancer diagnosis

The symposium opened with Dr Sally Clive (Consultant Medical Oncologist, Edinburgh Cancer Centre, Edinburgh) who draws on many years' experience managing cancer of unknown primary (CUP). She illustrated the challenges in managing CUP or malignancy of undefined primary origin, which are defined separately by the National Institute of Health and Care Excellence.[1] These patients represent a heterogeneous group who vary widely in terms of presentation, tumour type, disease burden, response to treatment and outcome, often with an unpredictable disease trajectory. Selecting the most appropriate next investigation (if any) and therapeutic approach in this group can be challenging. This group should be managed by a specialist CUP service with access to a dedicated CUP multidisciplinary meeting to provide appropriate, timely and streamlined radiological, pathological and clinical review. The importance of close communication between oncology and other specialties was highlighted.

This presentation was followed by Dr Noelle O'Rourke (Consultant Clinical Oncologist, Beatson West of Scotland Cancer Centre, Glasgow) who stressed the importance of early diagnosis[2] while also addressing the causes of diagnostic delay, including accessing care, referral pathways and investigations at primary and secondary care level. Regardless of the root cause of delay the effect on outcome is detrimental and multilevel strategies employed to address diagnostic delay were discussed.

The first session closed with a presentation from Dr Nina Tunariu (Consultant Radiologist, Royal Marsden Hospital, London) who discussed the challenges facing radiology with the introduction of new therapeutic strategies (e.g. antiangiogenic therapy and immunotherapy) and more sophisticated oncological imaging. Dialogue between radiology and oncology is important to ensure imaging is selected appropriately and interpreted accurately with a shared understanding of the limitations of selected investigations.

Session 2: Acute oncology

Dr Chit Cheng Yeoh (Consultant Medical Oncologist, Queen Alexandra Hospital, Portsmouth) presented the Professor Alexander A D Spiers Lecture. She described her own experience of acute oncology, discussing the role and benefits offered by an AOS and the challenges facing development of an AOS, emphasising the importance of the multidisciplinary team. Strategies to overcome barriers to acute oncology care were proposed.

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Dr Ashley Horne (ST5 in Clinical Oncology, Edinburgh Cancer Centre, Edinburgh) provided an update on how to manage common acute oncological problems, including febrile neutropenia (focusing on low-risk patients[3]), syndrome of inappropriate antidiuretic hormone and the use of vasopressin receptor 2 antagonists and malignant spinal cord compression.

Session 3: Tailoring care: from intensive care to end-of-life care

Dr Graham Nimmo (Consultant in Intensive Care, Western General Hospital, Edinburgh) described decision-making in medicine, including oncology, as complex and multifaceted, particularly in an era when access to treatment and often multiple lines of therapy is increasing. He reinforced the need to carefully consider the patient benefit of intensive escalation of care with organ support alongside the predicted course of disease, response to treatment and, critically, the reversibility of the clinical situation with disease-modifying treatment. In oncology it can be challenging to identify both the potential reversibility and when or who to admit for intensive escalation.

Decision-making at the end of life is equally complex, affected by multifactorial influences with the same need for holistic assessment and to balance the benefit and burden of treatment. This was explored by Dr Katharine Thompson, (Consultant in Palliative Medicine, Roxburghe House, Dundee) in her presentation. She described the difficulties in recognising dying but also the importance of timely communication about end of life with and between families.

Session 4: Pushing boundaries: recent progress in oncology

The final session opened with Mr Thomas Diamond (Consultant Surgeon, The Mater Hospital, Belfast) who highlighted the progress that has been made in managing oligometastatic disease, which has contributed, in part, to improved survival outcomes. An increasing number of patients with liver metastases due to colorectal cancer are treated with multimodality approaches: combination or staged techniques with surgery and ablation or embolisation; newer techniques, such as irreversible electroporation and selective internal radiation; and novel parenchymal-sparing surgical approaches.

A dramatic improvement in outcomes in oncology has also been observed with the advent of immunotherapy. Dr Alastair Greystoke (Honorary Consultant and Senior Lecturer in Medical Oncology, Freeman Hospital, Newcastle) demonstrated clinical trial data with immunotherapy agents in melanoma and lung cancer, which offer patients a significant survival advantage. At the same time he also warned of the significant risk of grade 3 and 4 immune-mediated toxicities,[4] which lacks a predictive tool. It represents one of the biggest challenges of immunotherapy delivery and has significant implications for health resources.

Progress has also been made in the field of radiation oncology with the development of stereotactic radiotherapy, which has the potential to increase radiotherapy efficacy while minimising toxicity. This is an emerging radiotherapy technique increasingly available in the UK and described by Dr Jennifer Sheriff (Consultant Clinical Oncologist, Queen Elizabeth Hospital, Birmingham) who discussed the advantages and disadvantages of this approach and applications to clinical practice.[5]

Take home messages

Early diagnosis, prompt treatment, the development of improved diagnostic and therapeutic approaches, better supportive care and access to AOSs are all contributing to improved cancer care and outcomes. Contribution from a multidisciplinary team, continued dialogue between oncology and specialists involved in patient care, and involvement of a dedicated CUP team for patients with CUP can all enhance cancer care and patient experience. Supporting and communicating with patients and their families is paramount, and for patients with cancer approaching end of life there is a responsibility to have timely and meaningful conversations about dying.

References

1 Metastatic malignant disease of unknown primary origin in adults: diagnosis and management. National Institute for Health and Care Excellence. 2010. http://www.nice.org.uk/guidance/cg104 (accessed 12/10/2018).
2 O'Rourke N, Edwards R. Lung cancer treatment waiting times and tumour growth. *Clin Oncol* 2000; 12: 141–4.
3 Cooksley T, Campbell G, Al-Sayed T et al. A novel approach to improving ambulatory outpatient management of low risk febrile neutropenia; an enhanced supportive care clinic. *Support Care Cancer* 2018; 26; 2937–40.
4 Haanen JB, Carbonnel F, Robert C et al. Management of toxicities from immunotherapy: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow up. *Ann Oncol* 2017; 28: iv119–42.
5 Tree AC, Khoo VS, Eeles RA et al. Stereotactic body radiotherapy for oligometastases. *Lancet Oncol* 2013; 14: e28–37.