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Radiation Oncology Prioritisation Guidelines

The purpose of the Radiation Oncology Prioritisation Guidelines is to provide guidance for prioritising patients' access to publicly funded radiation oncology services. This document is intended for people planning and providing public radiation oncology services.

Statement of Guiding Principles

- All patients who may potentially benefit from a radiation oncology opinion should have access to a radiation oncology opinion in the New Zealand public health system.
- It is good practice where possible to see patients within two weeks of receipt of referral for a radiation oncology first specialist assessment (FSA) with patients seen within four weeks where two weeks is not possible.
- All patients should be kept informed of the status of their referral.
- All patients accepted for treatment, and who are fit to receive treatment, should commence that treatment within four weeks of being ready to treat or earlier, depending on urgency.
- All radiation oncology services should have the capacity to provide an FSA within 24 hours for patients prioritised as requiring immediate assessment (see table below).
- All radiation oncology services should have the capacity to commence a patient's treatment within 24 hours of the decision to treat for those patients requiring immediate intervention.
- Where a radiation oncology service holds an outreach clinic or sub-speciality it is acceptable for some patients, who have had their clinical urgency assessed, to wait and be seen at the appropriate clinic.
- Where a patient is referred to multiple specialists for multi-disciplinary care, it may be best for the patient to attend FSAs in an ordered fashion as long as the patient is seen within four weeks by a cancer specialist.

Where available resources do not permit medical intervention within the defined standard the *Prioritisation Criteria for Radiation Oncology FSA* and the *Priority Categories for Radiation Treatment* should be used. Under normal circumstances patients should not wait more than four weeks for a FSA, or four weeks to commence treatment.

The *Prioritisation Criteria for Radiation Oncology FSA* is primarily based on the ability of each patient to benefit from intervention, and secondarily on consequences of delay.

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Prioritisation Criteria for Radiation Oncology FSA

Category	Criteria	Examples
1 Immediate see within 24 hours.	<ul style="list-style-type: none"> Patients with responsive cancers who are severely symptomatic or in whom there is documented rapid progression; where if not treated quickly will suffer serious morbidity, threat to life, or loss of function. 	<ul style="list-style-type: none"> Acute spinal cord or cauda equina compression. Tracheo-bronchial or superior vena cava obstruction diagnosed. Nerve compression with progressive loss of motor function/imminent loss of function. Uncontrolled haemorrhage causing or likely to cause symptomatic cardiovascular compromise. Visual compromise.
2 Urgent see within 1 week.	<ul style="list-style-type: none"> Urgent palliative treatment not meeting criteria for category 1. 	<ul style="list-style-type: none"> Uncontrolled pain. Lung collapse. Symptomatic brain metastases.
3 Routine see within 2 weeks.	<ul style="list-style-type: none"> Known responsive cancers with a defined survival benefit where delay may compromise survival – unresected primary cancer for radical treatment. All other palliative treatments where patient has significant symptoms. 	<ul style="list-style-type: none"> Radical head and neck. Cervical cancers. Lymphomas. Bladder cancers. Germ cell tumours. Oesophageal cancers. Pre-op rectal carcinoma. Glioblastoma multiforme. Potentially curable lung cancer.
4 Routine see within 4 weeks.	<ul style="list-style-type: none"> All other cancers not covered by categories 1, 2 or 3; acceptable to be seen within 4 weeks. 	<ul style="list-style-type: none"> All other cancers not covered by categories 1, 2 or 3. Prostate cancer. Adjuvant breast carcinoma. Post-op endometrial carcinoma.
5 Routine indolent see within 4 weeks.	<ul style="list-style-type: none"> Cancers with known indolent behaviour and most appropriate clinic is a monthly clinic. 	<ul style="list-style-type: none"> Non-melanomatous skin cancer. Ductal carcinoma in situ. Non-malignant disease.
6 Advice only letter to referrer, no appointment offered.	<ul style="list-style-type: none"> Condition not requiring radiation treatment. Further assessment and/or management required. Very low or unlikely benefit from treatment and patient not requiring a discussion or assessment. 	

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Priority Categories for Radiation Treatment

Categories

Priority A

- *Urgent radiation treatment, treat within 24 hours.*
- Indications:
 - o Acute spinal cord compression
 - o tracheo-bronchial compression or superior vena cava obstruction causing respiratory compromise
 - o uncontrolled haemorrhage causing, or likely to cause symptomatic cardiovascular compromise

Priority B

- *Curative intent, treat within 2 weeks.*
- Indications:
 - o Tumour control probably compromised, ie worsening prognosis/compromised cure, if not treated promptly
 - o No requirement for minimum survival

Priority C - curative

- *Curative intent all other tumours (non B or D), treat within 4 weeks.*
 - o Account for delays as agreed (neutropenia, wound healing, dental healing, co-morbidity, patient decision)

Priority C - palliative

- *All other palliative treatments, treat within 2 weeks.*

Priority D

- *Planned delay on radiation treatment as per treatment protocol.*

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RANZCR policy:

	<i>Best practice</i>	<i>Max acceptable delay</i>
<i>Urgent</i>	<i>24 hours</i>	<i>48 hours</i>
<i>Palliative</i>	<i>2 days</i>	<i>14 days</i>
<i>Radical</i>	<i>14 days</i>	<i>28 days</i>

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Examples of tumour types against the priority categories for radiation therapy

Tumour Types

Priority B

- *Curative intent, treat within 2 weeks*

<i>Treatment</i>	<i>Tumour Type</i>
Definitive RT +/- Chemo	Glioblastoma multiforme (60 Gy + Tem) Squamous Cell Carcinoma Head & Neck Non-Small Cell Lung Cancer Oesophagus (SCC, Adeno) Bladder (TCC, SCC, Adeno) Cervix (SCC, Adeno) Most paediatric cancer High grade Sarcoma Intermediate /High Grade Lymphoma
Adjuvant RT	Glioblastoma multiforme (60 Gy + Tem) Squamous Cell Carcinoma Head & Neck Oesophagus (SCC, Adeno) Bladder (TCC, SCC, Adeno) Cervix (SCC, Adeno) Most paediatric cancer High grade Sarcoma Intermediate /High Grade Lymphoma

Priority C - curative

- *Curative intent all other tumours (non B), treat within 4 weeks*

<i>Treatment</i>	<i>Tumour Type</i>
RT	Most Breast cancer Most Prostate cancer Most Gastro-intestinal cancers including chemo/radiotherapy for rectal cancer