Single-fraction palliative radiotherapy for bone metastasis appears to be much more available for cancer patients receiving end-of-life care within the United Veterans Healthcare Administration when compared with the general US health care system.

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Background: Recent surveys have demonstrated that < 20% of US-based radiation oncologists are willing to offer single-fraction palliative radiotherapy for bone metastasis. The United Veterans Healthcare Administration (VHA) initiated this study to determine the willingness of radiation oncologists who work within the VHA to offer single-fraction treatment.

Methods: In early 2013, a 12-question survey was emailed to all 78 radiation oncologists currently practicing at VHA radiation oncology facilities. Phone calls were made to nonresponders. Radiation oncologists who did not offer single-fraction palliative radiotherapy were evaluated by Fisher’s exact test for associations with a variety of factors.

Results: The response rate was 90% (70/78). Half were full-time employees of the VHA, and the majority had thoroughly read either the American College of Radiology (ACR) or American Society for Radiation Oncology (ASTRO) guidelines for palliative radiotherapy of bone metastases. Single-fraction palliative radiotherapy for bone metastasis is currently offered by 75.7% of respondents. Those not offering single-fraction palliative radiotherapy (24.3%) were more likely to be > 10 years out of training (37% vs 10%; \( P = .01 \)) and more likely to have worked in private practice at some point in their career (36% vs 12%; \( P = .03 \)). There were no associations with employment status, history of an academic appointment, or whether they had read the ACR or ASTRO guidelines.

Conclusion: Single-fraction palliative radiotherapy for bone metastasis appears to be much more available for cancer patients receiving end-of-life care within the VHA when compared with the general US health care system.

Proceedings of the 96th Annual Meeting of the American Radium Society
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Source URL:
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