Clinical Oncology

'Spotlight on' series



Radiosensitisers

Some oncological and non-oncological medications can be radiosensitisers which can lead to significantly increased radiotherapy toxicity. Follow these tips to help you identify these agents and manage them appropriately.

Keep up to date about potential radiosensitisers



These can include systemic anticancer treatment and immunomodulators used in the management of autoimmune disease.

Consider creating a departmental reference list of potential radiosensitisers.

Read the ESMO-ESTRO consensus recommendations regarding the safety of combining radiotherapy with targeted agents or immunotherapy.

Identify potential radiosensitisers taken by your patients



Recognise radiosensitising agents and determine what conditions they are being used for.

Consider searching the literature for evidence of radiosensitisation for individual agents (eg case series, clinical trials databases).

Multidisciplinary patient-centred communication



Contact the clinician responsible for the patients radiosensitising medication to discuss whether the agent can be temporarily held and whether an alternative is required.

Share the risks of continuing and withdrawing the medication with the patient and come to a shared decision about medication changes.

Monitor closely



Ensure patients are tolerating the absence of any withdrawn agents. If not, liaise with the appropriate clinicians and consider alternative agents to manage symptoms.

If potential radiosensitisers have been continued, monitor closely for signs of above average toxicity and continuing holding the agent if this develops.

Reintroduce agents safely following radiotherapy



Liaise with the appropriate clinician to ensure the agent is safely reintroduced in a timely fashion.

References and useful links

https://www.thegreenjournal.com/article/S0167-8140(25)00205-1/fulltext

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