

Stakeholder Testing Response Form

Stakeholder Response Form CRG Product Testing

Please complete one response form per consultation document that you wish to provide comments on.

Date	13/12/2018
Respondent's Name	Emma Jane Cooper
Respondent's Organisation	The Royal College of Radiologists
Replying on behalf of organisation?	Yes
Document responding to:	Draft Service Specifications – Teenage and Young Adults Network
Relevant CRG	Children and Young People's Cancer CRG

**It is proposed that highly specialised products will go for period of public consultation.
Please select the consultation level that you consider to be most appropriate.**

1 - changes that could reasonably be expected to be broadly supported by stakeholders - up to 6 week consultation

2 - up to 12 weeks consultation to include some additional proactive engagement activities during the live consultation period

Do you have any further comments on the proposed changes to the document?

1. YES
2. NO
-

If Yes, please describe below, in no more than 500 words, any further comments on the proposed changes to the document as part of this initial 'sense check'.

There is very little consideration of the role of clinical oncologist and radiotherapy in any part of the pathways described. Radiotherapy appears to be considered as an afterthought to systemic anti-cancer therapies (SACT). Clinical Oncologists are key to the management of many TYA patients with cancer – and not just those that require radiotherapy of some sort - in many disease settings Clinical Oncologists will be the specialty responsible for systemic therapy. As such, there must be explicit mention of the clinical oncologist as a core member of the TYA MDT. There should be a separate paragraph highlighting radiotherapy specific issues (similar to the SACT paragraph on page 9). This should clearly cite and endorse the Good Practice Guide for Paediatric Radiotherapy (which covers teenagers) as well as the NHSE Policy for PBT for Children, Teenagers and Young Adults (once finalised and approved).

A clinical oncologist should be a core member of the Late Effects Team

Treatment Summaries should accurately record radiotherapy site and dose, including doses to organs at risk. If this is not mandated it will not be done.

The importance of clinical radiologists and access to all necessary imaging modalities including PET and MRI, and of expert pathologists must be emphasised. Unless the disease is correctly diagnosed, staged and risk stratified, then the correct treatment cannot be given.

We are unsure whether it is appropriate to insist that the diagnosis of each young adult's cancer MUST be undertaken by the TYA PTC given that a significant number of these patients may have "adult type histologies" and some may be more appropriately "worked up" by the relevant adult service with input from the TYA team. While TYA MDTs are very important, their main role is in managing age appropriate care and psycho-social support. They are not necessarily skilled in disease management given the diversity of diagnoses seen in the TYA age group. The oncological management of 'adult' cancers occurring at an unusually early age, and 'paediatric' cancers occurring at an unusually late age, are best dealt with in paediatric or adult site specific MDTs.

Radiotherapy pathways in this age group have historically been somewhat fragmented depending on whether the referral has been to adult or paediatric teams. The emphasis for TYA care must be on establishing clearer pathways and facilitating the travel and information sharing necessary for these pathways to work effectively. Acknowledging there are NHSE RT specific service specifications underway it is imperative all interrelated service specifications are closely aligned, comprehensive and complementary to avoid unintentional oversights and potential detriment to patient care/experience.

Please declare any conflict of interests relating to this document or service area.

N/A