THE ROLE OF EXPERT CONSENSUS IN UK GUIDANCE: PATIENT SELECTION FOR HYDROGEL SPACER USE DURING PROSTATE CANCER RADIOTHERAPY

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Introduction
In UK males, prostate cancer is the most common cancer, with over 11,000 deaths annually.1 Radiotherapy is a highly effective curative treatment but can have unwanted side effects;2 these can be reduced with use of a hydrogel spacer.3,4 Despite NICE guidance5 (which is in the process of being updated), spacers are not widely funded in the UK. Limited funding has necessitated patient prioritization. There is no current guidance on how best to prioritize spacer use.

Objectives
To identify consensus among radiation oncologists on patient prioritization for rectal hydrogel spacers in the UK.

Methods
A Delphi study where seven radiation oncologists from across the UK experienced in using rectal hydrogel spacers participate in two rounds of online questionnaires and two virtual advisory boards (Figure 1). Scoring on consensus was performed as in Figure 2

Results
Experts considered that even low-grade adverse events were important to patient well-being and estimated that:
- Rectal spacers more than half the incidence of Grade 2+ adverse events
- 83% of patients who could potentially benefit from a spacer are denied access
Overall, ten points of consensus were reached, with eight statements having strong consensus (Figure 3)

Discussion & Conclusion
Even low-grade adverse events impact patients and with such opportunity for treatment with curative intent, more focus should be placed on improving patient quality of life. Consensus here indicates how health policy could be adapted to promote appropriate and equal access in a finite health economy.

Figure 1 Overview of the Delphi-panel process. The number of participating experts at each stage of the Delphi panel process are indicated by n.

Figure 2 Consensus statement scoring, decision tree.

Figure 3 Eight statements reached a strong consensus during the Delphi panel.

References

No consensus

Spacers are useful in eligible patients with T1-T2 disease. Spacer use in patients with T2+ disease should not be excluded but should be assessed on an individual basis by a team proficient in inserting spacers.

Certain grade 1 toxicity-related adverse events can still have a significant impact on patient quality of life.

Despite meeting rectal dose constraints, too many patients continue to experience rectal toxicity.

Any toxicity grading system in use should be complemented by patient-reported outcomes.

Use of spacers in eligible patients significantly reduces radiation dose to the rectum and toxicity-related adverse events.

For treatments with curative intent, focus should be on minimising toxicity and the risk of side effects.

Patients receiving long-term anti-coagulation therapy with medications such as direct oral anticoagulants (DOACs) should be considered for spacer use if their anti-coagulation can be safely paused.

Patients should have the opportunity to partake in the discussion regarding the use of a spacer.

Spacers are useful in eligible patients with T1-T2 disease. spacer use in patients with T2+ disease should not be excluded but should be assessed on an individual basis by a team proficient in inserting spacers.