

What is the best way to support patients undergoing radiation therapy?

Georgia Halkett, FIR, BMedRad (Hons), PhD¹ & Moira O'Connor, BA (Hons), MSc, PhD²

¹Faculty of Health Sciences, School of Nursing and Midwifery, Curtin University, Perth, Western Australia, Australia

²Faculty of Health Sciences, School of Psychology and Speech Pathology, Curtin University, Perth, Western Australia, Australia

J Med Radiat Sci 62 (2015) 3–5

doi: 10.1002/jmrs.100

In this issue of the *Journal of Medical Radiation Sciences*, Sarah Lewis provides a personal account of her breast cancer journey.¹ As medical radiation professionals it is confronting to experience loved ones going through cancer and radiation therapy; furthermore it is very difficult and challenging as trained medical radiation professionals to be faced with medical procedures, illness and receiving treatment. Sarah's article brings home the importance of research focusing on patients' perspectives and improving the way that we communicate and deliver education to patients throughout their cancer journey.

Such a personal account presented extends our understanding of the journey patients have and the importance of considering this when we are communicating with patients, delivering education and preparing them for treatment. It may well be that patients are nervous or anxious when they present to radiation therapy because they have had a difficult experience in another health setting or perhaps have already experienced chemotherapy side effects.

In a recent systematic review, Waller et al. highlighted the need for further research to be conducted to guide how we prepare patients for radiation therapy.² The process of informing patients varies considerably between radiation therapy centres throughout Australia and New Zealand.³

We are currently conducting a study entitled 'RT Prepare' which focuses on whether tailored education and support provided by radiation therapists (RTs) at the time of computed tomography (CT) planning and day 1 of treatment reduces anxiety and improves patient preparedness for treatment.⁴ Prior to delivering the intervention RTs participate in two training sessions focusing on (1) eliciting and responding to emotional cues⁵ and (2) preparing patients for radiation therapy. Participating study sites are located in Victoria, South Australia and Western Australia. Our pilot study⁶ showed

positive results and we aim to publish our findings from our larger trial later this year.

Sarah reported that she was comfortable in the radiation therapy setting because of her medical radiation knowledge and the time RTs spent chatting with her on a daily basis. In our previous research we also found that patients placed high importance on RTs communicating effectively and were pleased when they were able to form a relationship with the RTs who treated them regularly throughout their treatment.⁷ RTs need to remember how important these relationships are for patients. Much of our time is focused on patients; however, involvement of family members is likely to improve the experience of patients and their loved ones. Research is warranted in exploring family members' perspectives and whether their involvement in education sessions reduces both patient and family member anxiety.

Sarah does not identify as a survivor and touches upon the possibility of recurrence. While Sarah does not report feeling anxious, cancer survivors often report an ongoing fear of cancer recurrence, and periods of depression and anxiety.^{8,9} These issues need to be recognised and addressed. A number of studies have been conducted on who can provide follow-up support and monitor treatment-related outcomes.^{10–12} However, further research is needed to ensure we meet the needs of patients, particularly with a greater number of patients being diagnosed with cancer and the increased workload in radiation therapy centres. In our initial research looking at the experiences of patients completing radiation therapy, we found that patients had many information needs relating to treatment completion and follow-up.¹³ End of treatment is now acknowledged as an important transition and there is debate about follow-up. Certainly at the end of radiation therapy there is a window for RTs and radiation oncology nurses to provide end of treatment information and support.

Patients with young children face a quandary in deciding what to tell their children, and manage this experience differently. Many parents want to protect their children from distress and so do not communicate with children about the illness, or they give them limited information. However, clear and open communication in an age appropriate way emerges strongly across a number of studies;¹⁴ and quality communication between parents and children is associated with emotional health when a parent has cancer.¹⁵ The most common reason for a lack of open communication between parents and children is that they do not want to upset each other.¹⁴

Parent–child communication needs to be supported and facilitated by health professionals, including RTs and radiation oncology nurses. However, this is a major ask for health professionals and they, alongside parents, need resources such as booklets and websites. These resources need to be relevant and age appropriate.¹⁶ Referral pathways also need to be clearly articulated as it may be more helpful for the patient to speak to another health professional about his/her family needs. In essence, it is critical that health professionals ask about children, have resources available for patients with children, and make a referral where appropriate.

The provision of more comprehensive care in the home means that children and adolescents do not see the medical side of their parent's treatment. Sarah's husband found the linear accelerator shocking, but few children get to see the treatment areas and they often do not get to visit their parents in hospital. This divide may cause apprehension and anxiety and children may imagine a number of scenarios. Fantasy, myths and misconceptions are prevalent in young children.¹⁷ Familiarising patients with the treatment environment is part of our focus in 'RT Prepare', and this is sorely needed. However, further research is needed to explore the best ways of preparing the family, including the children.

Findings can guide health professionals in giving relevant anticipatory guidance for women diagnosed with breast cancer and in considering family-focused psychosocial and behavioural interventions.

Conclusion

Sarah's account has highlighted a number of issues in preparing patients and their families for radiation therapy. As RTs we need to work with patients to elicit their emotional cues and understand their backgrounds. We then need to prepare them for CT planning and treatment by providing tailored education and support. Throughout treatment they are also reliant on RTs to provide daily interaction, support and education. These roles need to remain a focus, despite ongoing changes in

technology and a research focus on other areas of radiation therapy treatment.

Patients with children need to be supported to make decisions about how and when to talk to their children. They need support and guidance and appropriate resources to inform these decisions, and to help make difficult communication easier. RTs and radiation oncology nurses are able to support patients by asking, acknowledging, giving appropriate resources and referring for additional support in a timely manner, if necessary.

Sarah addresses a critical issue; survivorship and follow-up. As more people survive cancer this becomes a pressing issue for clinicians and researchers, and we need to find ways to support people moving forward.

Conflict of Interest

None declared.

References

1. Lewis S. Finding my own voice through the breast cancer journey: humour, sadness and smurfs. *J Med Radiat Sci* 2015; **62**: 82–85.
2. Waller A, Forshaw K, Bryant J, Mair S. Interventions for preparing patients for chemotherapy and radiotherapy: a systematic review. *Support Care Cancer* 2014; **22**: 2297–308.
3. Halkett G, Short M, Kristjanson L. How do radiation oncology health professionals inform breast cancer patients about the medical and technical aspects of their treatment? *Radiother Oncol* 2008; **90**: 153–9.
4. Halkett G, O'Connor M, Aranda S, et al. Protocol for the RT Prepare Trial: a multiple-baseline study of radiation therapists delivering education and support to women with breast cancer who are referred for radiotherapy. *BMJ Open* 2014; **4**: e006116. doi: 10.1136/bmjopen-2014-006116.
5. Butow P, Cockburn J, Girgis A, et al. Increasing oncologists' skills in eliciting and responding to emotional cues: evaluation of a communication skills training program. *Psychooncology* 2008; **17**: 209–18.
6. Halkett GK, O'Connor M, Aranda S, et al. Pilot randomised controlled trial of a radiation therapist-led educational intervention for breast cancer patients prior to commencing radiotherapy. *Support Care Cancer* 2013; **21**: 1725–33.
7. Halkett G, Kristjanson L. Patients' perspectives on the role of radiation therapists. *Patient Educ Couns* 2007; **69**: 76–83.
8. Brennan ME, Butow P, Marven M, Spillane AJ, Boyle FM. Survivorship care after breast cancer treatment—experiences and preferences of Australian women. *Breast* 2011; **20**: 271–7.
9. Brennan ME, Butow P, Spillane AJ, Boyle F. Patient-reported quality of life, unmet needs and care coordination outcomes: Moving toward targeted breast cancer

- survivorship care planning. *Asia Pac J Clin Oncol* 2014; doi: 10.1111/ajco.12254.
10. Grunfield E, Levine M, Julian J, et al. Randomized trial of long-term follow-up for early-stage breast cancer: a comparison of family physician versus specialist care. *J Clin Oncol* 2006; **24**: 848–55.
 11. Jiwa M, Halkett G, Deas K, Meng X. Women with breast cancers' preferences for surveillance follow-up. *Collegian* 2011; **18**: 81–6.
 12. Collins R, Bekker H, Dodwell D. Follow up care of patients treated for breast cancer: a structured review. *Cancer Treat Rev* 2004; **30**: 19–35.
 13. Halkett G, Kristjanson L, Lobb E, O'Driscoll C, Taylor M, Spry N. Meeting breast cancer patients' information needs during radiotherapy: what can we do to improve the information and support that is currently provided? *Eur J Cancer Care* 2010; **19**: 538–47.
 14. Huizinga GA, Visser A, Van der Graaf WT, Hoekstra HJ, Stewart RE, Hoekstra-Weebers JE. Family-oriented multilevel study on the psychological functioning of adolescent children having a mother with cancer. *Psychooncology* 2011; **20**: 730–7.
 15. Kim S, Ko YH, Jun EY. The impact of breast cancer on mother–child relationships in Korea. *Psychooncology* 2012; **21**: 640–6.
 16. Christ GH, Christ AE. Current approaches to helping children cope with a parent's terminal illness. *CA Cancer J Clin* 2006; **56**: 197–212.
 17. Christ GH. Impact of development on children's mourning. *Cancer Pract* 2000; **8**: 72–81.

Georgia Halkett
School of Nursing and Midwifery
Curtin University
GPO Box U1987, Perth
Western Australia 6845, Australia
Tel: +61 8 9266 1762
Fax: +61 8 9266 2508
E-mail: g.halkett@curtin.edu.au