

## Letter to the Editor

# Lessons for Ukraine: How the International Radiation Therapy Community Can Respond and Support Both Now and in the Future



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To the Editor:

The humanitarian crisis in Ukraine promoted a huge outpouring of support. For many, the question was what to do and how to help. In the radiation therapy community, the challenges our Ukrainian colleagues would face were all too clear: how to maintain radiation therapy services in a war.

The World Health Organization (WHO) Emergency Committee realized the unique challenges radiation therapy would face and so reached out to the Global Coalition for Radiotherapy (GCR) for support. Through the GCR's global network, the radiation therapy community joined forces with the European Cancer Organisation and American Society of Clinical Oncology Special Network on the Impact of the War in Ukraine on Cancer. The response from professionals, societies, organizations, and industry was as fast as it was phenomenal. The Global Coalition for Radiotherapy Emergency Task Force was formed. Within weeks, this network was able to curate needs with the help of the Ukrainian Association of Medical Physicists and many others, as the global community came together to help devise solutions. A summary of the position to date has been published in *The Lancet Oncology*. The Global Coalition for Radiotherapy Emergency Task Force website also provides regular updates on the ever-changing situation: Ukraine | GCR ([globalradiotherapy.org](http://globalradiotherapy.org)).

The challenges in Ukraine for a technical specialty such as radiation therapy are many: internal displacement of people (7 million people, according to the UNHCR UN Refugee Agency, and 13 million people

stranded in affected areas)<sup>1</sup>, infrastructure under threat or occupation, dependence on information technology, technical and radiation supply chains, and disruption to the prewar-agreed modernization program. Surrounding countries face a migrant crisis, which for patients with cancer is causing treatment to be interrupted. For the surrounding Eastern European countries, the challenge is the influx of refugees (the UNHCR has registered 6.1 million Ukrainian refugees worldwide, as of June 30, 2022, with 5 million registered in Europe)<sup>2</sup>, some of whom need to continue their cancer care. Although Eastern European centers are coping with the increased capacity for now, many were already challenged in their radiation therapy provision before the crisis.

The information emerging is of the amazing resilience of the radiation therapy workforce and their patients with cancer. Outside of this conflict, we can only admire what they are achieving. At the time of writing, a team of engineers and industry worked together tirelessly in Kyiv to fix a linear accelerator that was not operational, all under the pressures of a war zone. Staff are currently being trained on the updated technology, and patients should expect to begin treatments within 2 weeks. Never has an entire country's radiation therapy service been challenged. Lessons can be learned; the global community can respond when asked, and the volunteer space, thanks to technology and communication, can become international and broad (translating, information technology solutions, supplies, remote training and planning,

<sup>1</sup> UNHCR Ukraine, Internally Displaced Persons (IDP), <https://www.unhcr.org/ua/en/internally-displaced-persons>

<sup>2</sup> UNHCR, Operational Data Portal, Ukraine Refugee Situation, <https://data.unhcr.org/en/situations/ukraine>

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advocating, donations, etc). Coordination needs to rely on accurate, real-time information from legitimate sources. The entire radiation therapy community can respond to these needs as they work as one: clinicians, physicists, technicians, industry, societies, and advocates. Radiation therapy is a small community, but with the amplifier of technology, both virtual and remote, solutions can be suggested and implemented.

Radiation therapy is needed in approximately 50% of patients with cancer and in approximately 40% of cures. Worldwide, there is an underinvestment in radiation

therapy. We need to future-proof the world against global disasters—wars, climate and nuclear disasters, and pandemics—which will surely interrupt cancer services. We must also develop the way the global community can respond. In radiation therapy, the emergency task force has shown how agile the community can be by working together inclusively. For those willing to help and to provide ideas and solutions, please join the Global Coalition for Radiotherapy Emergency Task Force and help us support Ukraine and surrounding countries.