The future of United Kingdom radiation oncology

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United Kingdom Radiation Oncology (UKRO) is the only three-day radiation oncology meeting with invited international speakers. Smaller single-day multidisciplinary meetings have been held by the British Institute of Radiology (BIR) for nearly a hundred years. The individual professional groups had their own meetings, but those longer than a day tended to be merged with other professional groups such as radiologists or physicians/surgeons, or were held in isolation from the other disciplines. The aim of UKRO was to further educate emerging and established persons in all the sub-disciplines within radiation oncology about the newest developments in order to ultimately benefit cancer patients. The health of UKRO is twinned to the vicissitudes of radiation oncology, especially the balance between service and research as well as the emergence of new techniques.

**Historical development of UKRO**
A conversation between Dr David Morgan (Nottingham) and myself during the early 1990s led to a concept of a British version of ESTRO (European Society of Therapeutic Radiation Oncology) because we had noted very few British delegates at European radiotherapy meetings and a perceptible decline of interest in technical radiotherapy compared with cytotoxic chemotherapy among many British Clinical Oncologists. We were firmly against the formation of any new society requiring membership and voting rights. David even proposed, in jest, the acronym BISTRO, for a ‘British Isles Therapeutic Radiation Oncology’ meeting!

Converting such ideas into reality demands influence and a prolonged strategy. Dr Dan Ash provided exactly this. He, as president of the Royal College of Radiologists, obtained agreement between the RCR, BIR, IPEM (Institute of Physics and Engineering in Medicine) and the CoR (College of Radiographers) to hold a joint three-day meeting. He very diplomatically asked me to organise the first UKRO meeting at York in 2001. At that stage there was no agreement as to an organisational structure apart from nominations from the respective organisations to form a small committee. A questionnaire about prospective speakers was sent to all major UK departments. There was no secretariat at that stage and all letters to speakers and provisional advertisements were designed, typed and printed on a very old system that demanded a considerable degree of manual assistance. Eventually IPEM provided very professional support, which has continued ever since. My discussions with potential speakers provided much evidence on the difficulties of obtaining travel expenses for attendance at scientific meetings and special arrangements had to be made for some prestigious persons from well known hospitals. The first meeting produced a reasonable financial surplus which was divided between the partner organisations. It was then possible to make an expansion in the number of attendees at UKRO II held two years later at the University of Bath. Subsequently, there have been successful UKRO meetings at the Universities of York, Herriott-Watt (Edinburgh) and most recently in the neo-Baroque splendour of City Hall, Cardiff. Abstracts from the most recent meeting have been published in Clinical Oncology as well as a brief summary of the main topics.

**Future prospects**
UKRO has been a very successful meeting and its future seems assured. Access to UKRO meetings remains a cause for concern in some hospitals owing to the lack of study leave resources. Some NHS Trust chief executives have instructed that study leave funding be obtained from the pharmaceutical companies, without realising that this is not realistic for attendance at radiation meetings or hospitals in order to observe new radiotherapy techniques, and such companies are unlikely to fund a physicist or radiographer. Perhaps the officers of the UKRO partner organisations should collectively persuade the NHS to provide equity across the UK in this respect.

The future of UKRO is linked, of course, to that of radiation oncology in the UK. There can be no doubt that good UKRO meetings have resulted in enhancing the confidence factor of staff in departments attempting to make progress in implementing new techniques. The UK strengths in radiation oncology include a broadly trained medical staff, uniformly high standards in medical physics and radiography; its weaknesses include technical deficiencies, high workload demands and arguably a lack of confidence in competing for resources. Also, leadership skills have been patchy and the subject tends to be under-represented especially in academic circles.

The leadership of The Royal College of Radiologists (RCR), British Institute of Radiology (BIR), Institute of Physics and Engineering in Medicine (IPEM) and College of Radiographers (CoR) are usually dominated by experts in diagnostic radiology rather than radiation oncology because of the larger numbers of members in the former category. In the case of the BIR, for example, there has been no oncology president for 18 years. The RCR is exemplary in that there is a rotational system that allows clinical radiation oncology to occasionally lead. Requests for funding have been made mostly through the hard-pressed NHS and much has been achieved through its NRAG (National Radiotherapy Advisory Group) structure.

More engagement with the cancer charities is urgently indicated as well as direct negotiations with the other government departments (e.g. trade, industry, education, universities, science, skills – the nomenclature does tend to vary with time and the preferences of Ministers). It is these departments that have responsibility for research and applications of physics and engineering and can influence research agendas as well as university policies. The UKRO meeting and its organising bodies should invite representatives from such government departments and their associated research councils.

It is important to consider if the UK needs another society concerned only with radiation oncology. Should UKRO become an independent society? The formation of the Academic Clinical Oncology and Radiobiology Research Network (ACORRN) aimed to bring together a similar range of expertise and, as with all limited-duration network grants, the core group is now setting up as a charity with some support from the BIR. The ACORRN website proved to be of considerable benefit in providing quick answers to a range of often difficult clinical and technical questions across the UK. Although it is not a society with members, there have been further positive developments as part of the National Cancer Research Institute (NCRI), which originally had one radiotherapy committee and now has four.

Much is expected of this new arrangement under the proven leadership of Professor Tim Maughan who has organised adjuvant clinical studies across Wales with dis-
tinction. It is important for such a structure to remain in touch with opinions throughout the UK and so far there seems to be a sensible mix of sub-disciplines. UKRO could be a useful conduit for its studies, for recruitment, providing feedback and to hold genuine discussions with the wider community about the next set of clinical trials in radiotherapy.

Another question is whether UKRO should be held annually or should continue biennially. The present arrangement allows longer preparation time, but leaves a gap year in which attendance at ESTRO and other meetings is possible. The BIR has tried to insert at least one two-day meeting on alternate years, using the most interesting themes and many of the best UKRO speakers from the previous year.

Possible variants of UKRO might include a meeting held abroad in order to have a visit to a particle therapy centre, or inviting a radiotherapy society from nearby Europe to provide a single afternoon of speakers. A meeting in Ireland would also seem a worthwhile goal, especially as the original ‘BISTRO’ concept was to include Eire actively; or alternatively we should have an UKERO or EUKRO with full Irish participation. However, it should always be a priority to allow such a meeting to occur in close association with a local cancer centre in order to allow its staff the maximum opportunity to contribute and attend.

Every responsible person involved in the delivery of radiotherapy in the UK should attend at least one UKRO meeting. Perhaps we should all be expected to attend at least one such meeting each decade and more frequently if possible. With the increasing availability of remote learning and conferencing we might all derive benefit from the talks and discussions of each conference without being physically present, although the excellent technical exhibition and networking opportunities would be missed. This aim is probably achievable within the next five to ten years.

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References
1, Clinical Oncology 21, pp.234-280, 2009.