

Plan Aims to Make Cancer Radiotherapy Safer

BY KERRI WACHTER

The American Society for Radiation Oncology has released a six-point plan to improve patient safety and reduce the potential for medical errors during cancer radiotherapy.

The plan comes on the heels of two stories in the New York Times that detailed cases of excess radiation used in the treatment of specific patients, and

raised alarms about errors in radiotherapy. Its announcement follows initiation of a systemic review of the society's patient safety and quality assurance projects at the ASTRO board of directors winter meeting in late January.

"We have been developing and refining many of these programs for years. ... By committing to this plan, we are redoubling our efforts in this essential area of our specialty," Dr. Timothy R. Williams,

ASTRO board chairman, explained in a statement.

Dr. Williams, a practicing radiation oncologist in Boca Raton, Fla., acknowledged the stories, calling them "deeply troubling" to the society and noting that "in any area of medicine—and radiation oncology is no exception—even one error is too many. ... Any errors, no matter how small, must be reported, understood, and used as a tool to further

reduce the potential for future errors."

The six key areas of effort include:

- ▶ Creating a database for the reporting of linear-accelerator- and computer tomography-based medical errors.
- ▶ Enhancing ASTRO's practice accreditation program, starting with new accreditation models for advanced technologies, such as image-guided radiation therapy (IGRT), stereotactic body radiation therapy (SBRT), and brachytherapy.
- ▶ Expanding educational training programs to include courses on quality assurance and safety.
- ▶ Developing tools for cancer patients and caregivers to use in their discussions with their radiation oncologists to help understand quality and safety programs at the centers where they are being treated.
- ▶ Further developing the Integrating the Healthcare Enterprise-Radiation On-

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cology connectivity compliance program to ensure that medical technologies from different manufacturers can safely transfer information to reduce the chance of medical error.

▶ Advocating for the immediate passage of the Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy (CARE) Act to require national standards for radiation therapy team members.

ASTRO and the American College of Radiology also jointly issued practice guidelines for IGRT (*Int. J. Radiol. Oncol. Biol. Phys.* 2010;76:319-25) and SBRT (*Int. J. Radiol. Oncol. Biol. Phys.* 2010;76:326-32), two developing radiation therapies. The guidelines were published in the February issue of the *International Journal of Radiation Oncology, Biology, Physics*, the official journal of ASTRO.

IGRT uses digitally reconstructed images of a treatment area to direct radiation to the tumor. New IGRT guidelines address the clinical implication of this technology, including personnel qualifications, quality assurance standards, and suggested documentation.

SBRT is a type of external beam radiation therapy that can be completed in 1-5 days, instead of several weeks. SBRT is most commonly used for small tumors. This technology requires greater levels of precision and accuracy than does conventional fractionated radiation therapy of intensity-modulated delivery.

The new guidelines provide guidance in administering this complex treatment, and define quality criteria in view of the high technical demands of SBRT. ■



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Patients may not know that their pancreas is no longer making enough insulin and that their disease has progressed.²

Based on data from 2003-2004, about 40% of patients with diabetes nationwide were not adequately controlled³—and may have spent an average of 5 years with an A1C >8% from diagnosis to insulin initiation.^{3,4}

You may be surprised that in a survey, about 80% of patients with type 2 diabetes taking OADs said they would consider taking insulin based on your recommendation.⁵

Patients may focus on blaming themselves for their uncontrolled blood glucose, but you can help them focus on turning this negative mindset into positive action for managing their disease.²

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Helping patients get their blood glucose under control earlier in the disease process may help reduce their risk of long-term complications.⁷

So, consider prescribing insulin today to help lower blood glucose for your appropriate patients.

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