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In the light of the current pandemic situation the GenesisCare Urology Clinical Reference Group have held a meeting to discuss radiotherapy for prostate patients and how we can continue to support and treat these patients during this unprecedented time.

Whilst the Government's new arrangement with private hospitals is not impacting on the GenesisCare UK network of radiotherapy centres, the group have agreed that it is appropriate to enable clinicians the ability to replicate how they may decide treat patients in the NHS and private sectors. The decision will rest between the Oncologist and their patient.

Currently we recommend continuing to prioritise treating patients to 20 fractions. Referrals for 37 fractions will be sent back for re-consideration. 33 fractions is agreed for patients requiring treatment to the prostate bed.

The MRIdian MRLinac in Oxford will continue to provide 5 fraction SABR for patients from all areas of the UK with transport provided by GenesisCare as required. Referral is via the Project Primrose pathway as previously communicated in recent months.

Clinicians who have experience in treating with 5 fractions through the PACE-B trial are being identified and a further communication will be sent informing you of the appropriate consultants that will be able to offer treatment for your patients, also via the Project Primrose pathway.

The introduction of the 5-fraction delivery in prostate cancer across the GenesisCare network is a priority and we will continue to update you as our physics and radiographer teams develop the launch and roll out following the launch of the breast 5 fraction plan. Once this has been launched across the GenesisCare network, we will issue further guidance and how to refer. Given this is complex SABR, we anticipate this being available at the sites already identified to deliver such treatment; Birmingham, Guildford, Oxford, Cambridge and Nottingham.

Finally, for the coming months, we are working to ensure all patients have access to SpaceOAR hydrogel placement under local anaesthetic and further communication around this will follow separately.

Clearly this is situation that is fast moving and rapidly changing. Further updates will be disseminated as necessary.