Global Task Force on Radiotherapy for Cancer Control: 
ESTRO Symposium
Panel of Experts

Background: The Global Task Force on Radiotherapy for Cancer Control held a half-day symposium during the ESTRO33 meeting in Vienna, Austria on April 4th, 2014. The purpose of this meeting was to convene the task force with other thought leaders on cancer and global health, and to provide an update of activities. The meeting featured presentations from IARC, the IAEA, Professor Rifat Atun, and major players in radiotherapy industry, along with updates from GTFRCC working groups chaired by Jake van Dyk and Michael Barton.

The symposium culminated in an expert panel discussion with audience participation. Panel members included:
- Michael Barton (Collaboration for Cancer Outcomes Research and Evaluation)
- Cary Adams (CEO UICC)
- Eduardo Rosenblatt (IAEA)
- Rifat Atun (Harvard)
- Nelly Enwerem-Bromson (Director PACT, IAEA)
- Peter Hoskin (Imperial College London)
- Susan Morgan (IAEA)

The panel discussion was moderated by Professor Richard Sullivan, Kings College, who is our GTFRCC liaison with the global surgery campaign. Below is a transcript of the panel and audience discussion.

Question 1: Professor Sullivan kicked off the discussion with a question to the audience: On political legitimacy and advocacy – what are we doing well? What could we do better?

Luc Beaulieu (President of COMP): The investment framework identifies leadership as critical to enacting change. Is the IAEA that leader? 
Rifat Atun: In the context of HIV AIDS, leadership came from Kofi Annan and Nelson Mandela. For woman/child health the Prime Ministers of Norway and Canada have been prominent. The GTFRCC cause needs to be taken up at the G7 or G20 level. 
William Mackillop (Queens University): The Canadian statesman Steven Lewis has spoken eloquently on the need to control cancer. We need to fix the framing to make sure that this is part of the cancer discussion, and not just radiation therapy.
Rifat Atun: HIV gained support because it is a disease; radiotherapy is not a disease but a treatment. For radiotherapy to be supported and implemented globally the message needs to be about controlling and treating the disease of cancer.

Cary Adams: At the creation of the NCD alliance, there was discussion of having a visible leader as well as a patient advocacy component. The visible leader has not emerged but countries have taken elements of the agenda and worked with them. We may need to look for influential versus iconic leaders.

Nelly Enwerem-Bromson: The iconic leader is necessary, and PACT is recruiting good will ambassadors.

Eduardo Rosenblatt: The Honorary Chair of the GTFRCC is the Past-President of Uruguay, and may return to the role of President. We already have leadership at the highest level.

Key messages:

- GTFRCC must position itself as part of the broader cancer discussion.
- High-level and iconic leadership is required to move forward the global radiotherapy agenda.

Question 2 Richard Sullivan: Do people not involved in radiotherapy understand it? Do they think it’s expensive? How do we address these perceptions?

Daniel Rodin (University of Toronto): The Young Leaders initiative of the GTFRCC is launching an effort called GlobalRT to break down misconceptions around radiotherapy and present information them to the global health community.

Peter Hoskin: We just had the year of radiotherapy in the UK, and after a year we’re no further ahead. We need to do a better job of communicating our message.

Michael Barton: We are all in the radiotherapy business, but there are no consumers in the room. We need to engage consumer (patient) groups.

Nelly Enwerem-Bromson: We need to simplify the language for general consumption.

Dan Low (AAPM): Seven years ago there was no political awareness in the US around radiotherapy. ASTRO has consistently promoted with members and patients to change perceptions and legislation.

Geoff Delaney (University of New South Wales): There is a perception that radiotherapy is for palliation and chemotherapy is for cure. This is a framing issue – this is a curative
treatment. Need to have an aspirational (inclusive) model and a more realistic model. Jason Efstathiou (Harvard University): Can we piggyback on previous icons, recognizing that the increasing prominence of cancer arises in part from success in treating communicable diseases. Can we put our words in their mouths? Julie Torode: as a first step, need to establish RT as essential technology among NCD peers.

Key messages:

- Simplify the message
- Engage patient groups
- Frame radiation therapy as a curative treatment for cancer
- Promote greater LMIC representation in GTRCC

Question 3 Richard Sullivan: What would you like the GTFRCC to be accountable for? Political life cycles are short; what can be achieved in the next 4 years?

Cary Adams: This is part of putting cancer on the global health agenda. We need to link to Millennium Development Goals post 2015. This applies to all countries and is on agenda for all governments.
Nelly Enwerem-Bromson: The IAEA is already doing what’s realistic, with assessments, guidance, etc, and aligning with other NCD work.
Rifat Atun: There is no UN funding for NCD work. Need to engage with Chatham House on global health security. Need to identify new sources of funding over next few years to describe what’s achievable.
Mary Gospodarowicz: Need to recognize that there is a threshold investment before radiotherapy can be implemented. Need to stress how many patients can be treated once the initial investment is in place.
Mary Coffey: We want to change the image of radiotherapy, as it is rarely seen in the context of positive discussions around cancer.
David Jaffray: We have an historical perspective of radiotherapy. Need to recognize that new frameworks exist, and there are opportunities to speak to them rather than change what we’re doing. We should already be part of the cancer discussion.
Key message:

- Engage and align with other global health initiatives