

Specialist Paediatric Radiotherapy Radiographers Interest Group Annual Report.

March 2025, Sarah Mowat.

There are 12 Radiotherapy departments in the UK routinely treating paediatric patients, and we have representatives from most of these departments within the group. Membership currently stands at 16. The majority of communication within the group happens through email if someone needs advice on something, however we do aim to meet in person at least once a year. Many photon departments are finding their numbers dropping as the list of proton eligible indications expands so the support and advice from within the group becomes more valuable. Paediatric photon treatments can often be to extensive areas and complex to treat, coupled regularly with the fact that the patient needs a GA or play therapy.

SPRRIG helps keep everyone up to date with technical changes as well as the major changes that are currently happening with the relocation of some services.

Paediatric Radiotherapy specific training is limited so we aim to share amongst us any courses or study days that come up.

In September 2024 the meeting took place in Birmingham as part of the CCLG Radiotherapy annual meeting. The CCLG meeting itself was well attended by a good range of professionals including Clinical Oncologists, Physicists, Nurses and Therapeutic Radiographers. There was a wide range of talks and discussions including re-irradiation, TBI and breath-hold techniques in Paediatrics.

The SPRRIG team had a small break out meeting which was attended by 9 people some of whom were specialist nurses. Topics discussed were:

1. Welcome and introductions
2. Whole CNS: Brief discussion around set up and how people do things. Nottingham currently switching over to VMAT.
3. Contrast: Discussion around when it is used. RMH use it for all paediatric patients. Nottingham only when they have the GA team and anaesthetists present.
4. Tattoos: Mark told us about an audit they did at The Christie on the impact of tattoos in patient's 16-24. He had interesting results, which will be presented at the SOR conference in Brighton.
5. Tattoos and SGRT: Birmingham use SGRT but for paediatrics also use pen marks and Tegaderm. No one was tattooless with their paediatrics.
6. 4DCT: Some centres use 4DCT – others had tried to but didn't have correct protocols set up in their scanners. Some centres try to use it with GA patients but often find breathing trace is too faint and it doesn't work.