Radiotherapy is increasingly seen as an essential component of treatment in childhood malignancies which can contribute to the likelihood of cure and aid symptom control.1

Specialist Palliative Care Team (SPCT) consultation in paediatric patients with cancer has been shown to result in the detection of symptom control issues and the identification of communication needs.2,3

Referral for Radiotherapy can be another 'trigger-point' for referral to SPCT.

To retrospectively review the numbers, demographics, timing and nature of paediatric referrals to a SPCT amongst those children receiving radiotherapy in a national centre for paediatric radiotherapy over a 5-year period and to retrospectively record symptom burden on initial review by the SPCT.

All paediatric patients who received radiotherapy in a national referral centre for paediatric radiotherapy over a five-year period were identified.

The centre’s electronic Patients Information System (PAS) and Hospital In-Patient Enquiry (HIPE) databases were used to identify these children.

This data was cross-referenced with information from the PAS database of the national referral centre for paediatric haematological and oncological malignancy.

Further clinical information was collated from electronic medical record and chart review.

Radiotherapy plays a vital role in the management of childhood cancer, with both curative and palliative intent.

Early SPCT involvement, concurrent with routine oncological care, has been increasingly shown in adult care as having positive effects on quality of life, symptom burden and patient and caregiver satisfaction.4,5

Our review mirrors existing research in paediatric oncology which suggests that although the importance of early referral to SPCT is acknowledged, more work is needed to identify criteria or ‘trigger-points’ for referral.6

The most commonly documented reason for referral to SPCT was to provide a link to Community Palliative Care Services.

This was closely followed by symptom control with pain being the most commonly documented symptom requiring review.

The time between referral to SPCT and death was heterogeneous in nature with a large range from days to months.

The initial treatment intent of radiotherapy, labelled as radical or palliative, is likely not the most appropriate ‘trigger-point’ for referral to SPCT, with children who commenced treatment with either radical or palliative intent having unpredictable trajectories and requiring SPCT input.

Further prospective research could more robustly identify referral criteria or barriers to referral to ensure timely referral to SPCT for all children with a malignant diagnosis to ensure that symptoms are adequately addressed irrespective of treatment intent.

References