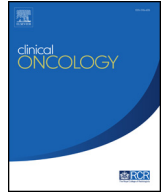




Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



Letters

Liver Stereotactic Ablative Radiotherapy: an Effective and Feasible Alternative to Surgery during the COVID-19 Pandemic



Madam — The COVID-19 pandemic is having an unprecedented impact on UK cancer services. Access to radical surgery has been severely restricted and resources for systemic therapy provision are being limited as the crisis unfolds. Radiotherapy resources are rightly being focused on patients being treated with curative intent. However, it is our experience that access to stereotactic ablative radiotherapy (SABR) is diminishing, predominantly due to staffing shortages.

SABR offers a non-invasive, outpatient ablative approach with minimal hospital footfall and with lower immunosuppressive risks than chemotherapy. The recently published long-term outcomes of the SABR COMET study illustrate the ability of SABR to substantially impact survival across tumour types [1]. The NHS England Commissioning through Evaluation process has shown that SABR can be safely delivered in the UK [2,3].

SABR requires specialist multidisciplinary expertise. The majority of radiotherapy departments are planning to maintain their capacity for category 1–4 treatments [4] and many have therefore suspended SABR for oligometastatic disease. However, we are concerned that diminishing access to SABR, at a time when access to other curative local treatment modalities is already restricted, will result in poorer patient outcomes in the short and medium term when this need not be the case.

Patients with liver-limited colorectal cancer have a 5-year survival of 40% following surgery [5]. Given the evidence supporting SABR for colorectal liver metastases [6], we believe that this should be prioritised if patients are unable to access surgery and interventional ablative techniques. Similarly, SABR should be considered for patients with hepatocellular carcinoma while access to other services (particularly transplant) is limited. We urge radiotherapy departments to preserve access to SABR for patients in these situations, particularly as the COVID-19 pandemic wanes and staffing levels allow the re-establishment of normal services.

Conflicts of interest

The authors declare no conflicts of interest.

<https://doi.org/10.1016/j.clon.2020.04.012>

© 2020 The Royal College of Radiologists. Published by Elsevier Ltd. All rights reserved.

K. Aitken^{*}, J. Good[†], M. Hawkins[‡], D. Grose[§], S. Mukherjee[¶], M. Harrison^{||}, G. Radhakrishna^{**}

^{*}The Royal Marsden NHS Foundation Trust, London, UK

[†]University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK

[‡]Department of Medical Physics and Biomedical Engineering, University College London, London, UK

[§]Beatson West of Scotland Cancer Centre, Glasgow, UK

[¶]CRUK/MRC Oxford Institute for Radiation Oncology, University of Oxford, Oxford, UK

^{||}Mount Vernon Cancer Centre, Northwood, UK

^{**}The Christie NHS Foundation Trust, Manchester, UK

References

- [1] Palma DA, Olson R, Harrow S, Gaede S, Louie AV, Haasbeek C, *et al.* Stereotactic ablative radiotherapy versus standard of care palliative treatment in patients with oligometastatic cancers (SABR-COMET): a randomised, phase 2, open-label trial. *Lancet* 2019;393(10185):2051–2058. [https://doi.org/10.1016/S0140-6736\(18\)32487-5](https://doi.org/10.1016/S0140-6736(18)32487-5).
- [2] <https://www.engage.england.nhs.uk/consultation/sabr-metachronous-extracranial-oligometastatic/>.
- [3] <https://www.engage.england.nhs.uk/consultation/sabr-for-hepatocellular-carcinoma-adults/>.
- [4] <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/specialty-guide-acute-treatment-cancer-23-march-2020.pdf>.
- [5] Jones RP, Kokudo N, Folprecht G, Mise Y, Unno M, Malik HZ, *et al.* Colorectal liver metastases: a critical review of state of the art. *Liver Cancer* 2017;6:66–71. <https://doi.org/10.1159/000449348>.
- [6] Petrelli F, Comito T, Barni S, Pancera G, Scorsetti M, Ghidini A. Stereotactic body radiotherapy for colorectal cancer liver metastases: a systematic review. *Radiother Oncol* 2018;129(3):427–434. <https://doi.org/10.1016/j.radonc.2018.06.035>. PubMed PMID: 29997034.