



Letters

Long-Term Toxicity of High Dose Rate Brachytherapy in Prostate Carcinoma Patients With Inflammatory Bowel Disease



Madam — We read with great interest the recent article by Mohammed *et al.* [1] describing the short-term toxicity profile of prostate carcinoma patients with a comorbidity of inflammatory bowel disease (IBD) treated with high dose rate brachytherapy (HDR-B).

Given the current contraindication to treat this patient population, due to the rectum's proximity to the prostate and radiation exacerbating the underlying rectal mucosa in patients with IBD [2,3], we would like to comment on our experience treating this unique subgroup of patients at the Cancer Center of Irvine (Irvine, CA, USA). Retrospectively we identified 11 patients treated at our clinic between 2007 and 2018 who had received HDR-B in conjunction with intensity-modulated radiation therapy as previously described [4]. Additionally, eight of these patients received an injectable hydrogel rectal spacer constituted of a polyethylene glycol gel, as previously detailed [5]. In our cohort, one patient had Crohn's disease; six had ulcerative colitis; four had IBD not specified; three had rectal involvement of disease; and two had prior abdominal surgery before treatment commenced.

The average follow-up period for this cohort was 36 months (range: 4–120). The incidence of acute and late diarrhoea and proctitis-related toxicity is presented in Table 1. Overall, we observed no late grade ≥ 2 gastrointestinal toxicity. Our cohort results here show minimal late bowel/rectal toxicity in patients with this comorbidity utilizing HDR-B in conjunction with intensity-modulated radiation therapy. We concur with Mohammed *et al.* [1] that HDR-B is safe and well-tolerated in this rare patient population, as we both noted minimal adverse events related to acute (and now late) bowel/rectal toxicity, the main concern in patients with IBD. Moreover, the use of rectal spacer implants may hold promise to further benefit these patients, as noted in studies conducted by our group [4,5] and others [6,7].

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Table 1

Incidence of acute and late gastrointestinal normal tissue toxicities using the CTCAE v4.0 grading scheme

Patient	Acute diarrhoea	Acute proctitis	Late diarrhoea	Late proctitis	Time for maximum late diarrhoea	Time for maximum late proctitis
1	1	1	0	0	During radiotherapy	During radiotherapy
2	1	0	0	0	During radiotherapy	No maximum
3	0	0	0	0	No maximum	No maximum
4	1	0	0	0	During radiotherapy	No maximum
5	0	0	0	0	No maximum	No maximum
6	0	0	0	1	No maximum	3 months
7	2	0	1	0	3 months	No maximum
8	1	0	1	0	60 months	No maximum
9	0	2	0	0	No maximum	During radiotherapy
10	0	0	0	0	No maximum	No maximum
11	1	1	1	1	30 months	30 months

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One Year of the Ocular Oncology Multidisciplinary Team Meeting – Has it Made a Difference?



Madam — Multidisciplinary team (MDT) meetings are the gold standard in the diagnosis and management of patients with cancer [1,2]. In September 2016, we established a weekly MDT meeting at our tertiary ocular oncology centre to discuss patients diagnosed with ophthalmic cancers. This involved specialist input from ophthalmology, radiology, pathology and oncology [3].

To assess the efficacy of this meeting, a retrospective case note review was carried out on patients discussed between September 2016 and August 2017. Data was collected on diagnoses made in clinic before the MDT meeting and changes in management after the MDT meeting. A random cohort of patients were also surveyed to determine their views on the MDT.

Over the 12-month period, 50 MDT meetings took place, in which 211 patients were discussed in 319 separate discussions. All core members of the MDT attended 86% of the meetings. Topics discussed included new presentation of ophthalmic cancers (36%, $n = 116/319$), disease progression (34%, $n = 107/319$), review of pathology or radiology reports (21%, $n = 66/319$) and discussion of ongoing management (9%, $n = 30/319$). Of 116 new patients, the clinical diagnosis was changed at the MDT meeting in six patients (5.2%). The MDT defined management plans in 143 cases (45%) and changed management plans in 16 of the 319 discussions (5%). Twenty-three patient surveys were obtained, of which 20 patients

(87%) were aware of the MDT process and 100% reported that it increased their confidence in their management plan.

In conclusion, the establishment of the weekly ocular oncology MDT meeting has proven to be effective in defining the management of patients with ophthalmic cancers and increasing their confidence in the overall care plan. As diagnosis was only revised in 5% of patients, it does not replace decisions made in the clinic. However, it has been instrumental in producing appropriate management plans with input from various specialties.

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