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LATE ONSET BOWEL DYSFUNCTION AFTER PELVIC RADIOTHERAPY: A NATIONAL SURVEY OF CURRENT PRACTICE AND OPINIONS OF GASTROENTEROLOGISTS

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Introduction 17 000 patients receive treatment with radical pelvic radiotherapy annually in the UK. Up to 50% develop significant gastrointestinal (GI) symptoms. The Department of Health estimates that £40 million is wasted on ineffective treatments annually in this patient group. The National Cancer Survivorship Initiative (2007) has identified access to specialist

medical care for those with complications after cancer as one of the four key needs of cancer survivors. The authors aimed to determine the current practice of British gastroenterologists with regard to chronic bowel dysfunction after pelvic radiotherapy.

Methods A questionnaire was developed and sent to all 866 gastroenterologists in the UK up to a maximum of five times by post and by email.

Results 165 (20%) gastroenterologists responded. 61% see '1–4' patients annually with bowel symptoms after radiotherapy, with only 3% seeing '≥20' per year. Only 43% receive referrals directly from clinical oncologists. The most frequent reasons for referral are stool frequency (70%), rectal bleeding (70%), urgency (66%), loose stool (53%) and faecal incontinence (45%). The most commonly used treatments are antidiarrhoeals (70%), 5ASAs (50%), rectal steroids (46%), bile binders (44%) and dietary modification (42%). Only 18% rate the currently available treatments as effective 'often' or 'most of the time'. 47% of gastroenterologists consider themselves 'confident with basic cases', with 11% 'confident in all cases'. 59% think a gastroenterologist with a specialist interest should manage these patients. Although only 29% think a specific service is required for this patient group, 34% rate the current service as 'poor' or 'fails to meet the needs of patients'. Gastroenterologists state the ideal service would be gastroenterology-lead, multidisciplinary and tertiary with access to all the necessary diagnostic and therapeutic modalities. Low referral rates, poor evidence base and poor funding are cited as reasons for the current patchy services.

Conclusion The low response rate contrasts strikingly with the high response rate from a parallel survey of clinical oncologists. This suggests that radiation-induced bowel toxicity is not considered a significant clinical issue for gastroenterologists. Although oncologists estimate that up to 24% of their patients develop bowel symptoms, only a small proportion are referred for specialist evaluation. Treatments are considered ineffective, perhaps reflecting lack of experience or expertise. The views expressed suggest that the development of accessible, gastroenterology-lead multidisciplinary services would be the optimal way to meet the needs of this patient group.

Competing interests None.

Keywords gastrointestinal, late toxicity, national survey, pelvic radiotherapy.