



Barriers to Radiation Therapy access: a multi-stakeholder exploration across Europe

Claire Poole^{1,2}, Michelle Leech^{1,2} and Laure Marignol^{1,2}

1. Applied Radiation Therapy Trinity, Discipline of Radiation Therapy, Trinity College Dublin, Ireland.
2. Trinity St. James's Cancer Institute, Dublin, Ireland

Background

- Radiotherapy (RT), often described as the “Cinderella” of cancer care, continues to be overlooked, underfunded, and underutilised - even in high-income settings (1-4).
- Expanding access to RT could substantially improve survival outcomes:
 - 1 in 12** could experience a **survival benefit**, and
 - 1 in 3** could achieve a **5-year local control** benefit (5).
- While infrastructure, funding, and workforce shortages are commonly recognised barriers (6–8), additional challenges exist at both levels;
 - Service-level barriers (e.g. referral pathways, wait times)
 - Patient-level barriers (e.g. financial toxicity, age, cultural beliefs, and misconceptions)

• This study explored service and patient level barriers from the perspectives of key stakeholders involved in RT.

Method

- Study Design:** A sequential explanatory mixed-methods approach was used, involving initial quantitative data collection followed by qualitative analysis within a descriptive framework.
- Key Stakeholders:** Patients, Caregivers, Radiation Oncologists, and General Practitioners.

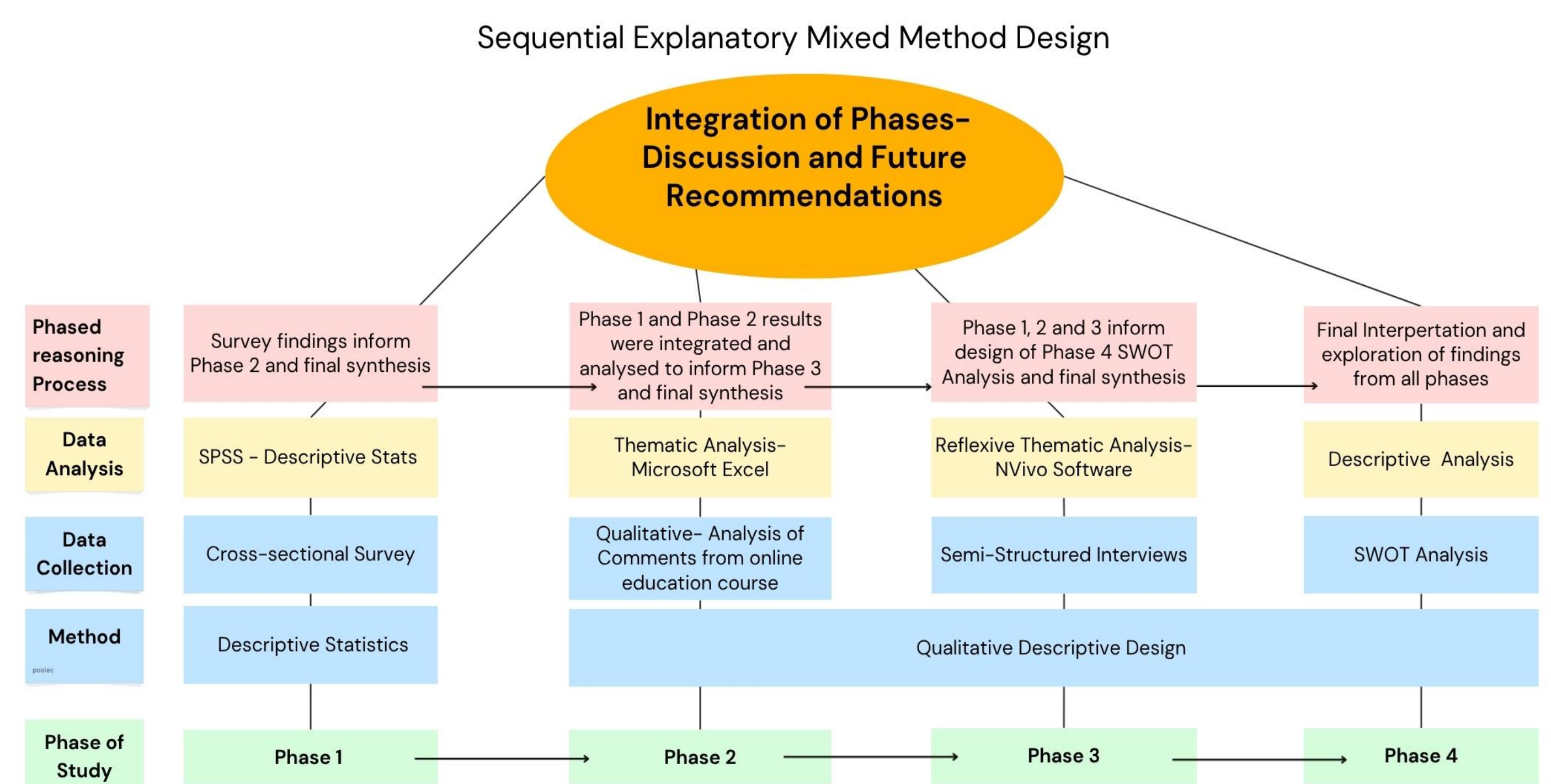
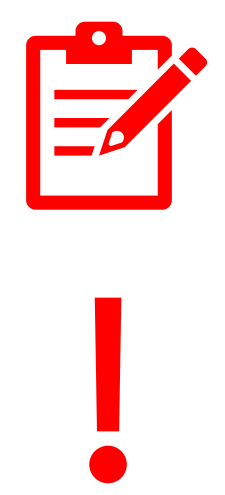


Figure 1: Mixed Methods sequential framework and overall research design

Key Findings



- RT viewed positively; financial/travel burdens acknowledged but rarely prohibitive.
- RT underutilisation is driven by systemic and professional barriers rather than patient reluctance to have RT (Table 1).

Systemic and Professional Barriers	Key Findings
Clinician-level	Some hospital clinicians reluctant to recommend RT due to limited belief in its value, not lack of knowledge.
System-level	Referral pathways restrictive; GPs often unable to refer directly for RT.
Professional identity	Radiation oncology has low visibility within cancer care teams.
Patient voice	Limited involvement of patients and caregivers in decision-making.

Table 1: Summary of systemic and professional barriers

Future Directions and Recommendations

Reconsider education initiatives-Focus on postgraduate oncology specialist education and interdisciplinary education.

Stronger Radiation Oncology representation in multidisciplinary teams.

Streamline referral pathways, and in particular referral to palliative RT to increase access.

Enhanced Patient and Public Involvement (PPI) in radiation oncology is essential to improving shared decision-making and ensuring more equitable and person-centred cancer care.

Figure 2: Summary of key actions required to increase RT access

PT 6 : “I was dealing with the experts in xxxxx I've a simple view;
they're experts that's why we use their expertise.”

PT 5 : “ The prognosis wasn't good so if you had any chance, you **just do as your told.**”

PT 7 : “You say you know something, and you step up and say, **I know a little bit and actually, there's an antagonism towards you.**”

GP 11 : “Yeah, for me. They are **indeed anonymous doctors**”

GP 10 : “No, never, you **never do it (refer) directly.....it's like the third line care or so.**”

RO 3 : “**They would rather give chemo to 90-year-olds than radiotherapy**”

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