

The Royal College of Radiologists  
 Kay & Durrant Visiting Fellowships 2023/24

**POST-VISIT REPORT**

<b>1. Name of Visiting Fellow</b>	<b>Zsuzsanna Iyizoba -Ebozue</b>	
<b>2. Name of joint Visiting Fellow (if applicable)</b>	n/a	
<b>3. Institution(s) of Visiting Fellow(s)</b>	<b>Leeds Cancer Centre</b>	
<b>4. Name of Host(s)</b>	<b>Prof Jesper Eriksen (DAHANCA group member)</b>	
<b>5. Institution(s) of host(s)</b>	<b>Aarhus University Hospital, Denmark</b>	
<b>6. Expenses claimed</b>	<b>£1864</b>	
<b>7. Visit Dates (ACTUAL)</b>	<b>a. Start Date 25/9/23</b>	<b>b. End Date 6/10/23</b>
<b>8. 2<sup>nd</sup> visit dates (if applicable)</b>	<b>a. Start date</b>	<b>b. End Date</b>
<b>9. Aims of the visit</b>		
<ul style="list-style-type: none"> <li>To gain exposure to the Danish treatment pathways for head and neck cancers; from diagnosis, treatment planning (localisation, contouring, planning, quality assurance) and treatment delivery. To improve the quality of head and neck cancer care for patients in Leeds Cancer Centre based on the practice observed in Aarhus University Hospital.</li> <li>To gain exposure to MR planning in head and neck as well Proton therapy – this is a key educational opportunity which currently is not readily available in the UK. This will make me a better clinician and enable me to aid the implementation of MR planning in H&amp;N at Leeds.</li> <li>To gain exposure to late toxicity head and neck clinics which is not routinely established in UK centres. The evidence supports prolonged follow-up care for head and neck patients, this opportunity would give me a clear view on how to establish such a clinic in my centre thereby improving experience and outcomes for UK patients.</li> <li>To gain exposure to current areas of DAHANCA research and the DAHANCA national database. We have no similar database in the UK and observing how it is set up would give me more insight on how a similar collaboration between UK centres with my academic colleagues/network could be set up.</li> </ul>		

## 10. Activities undertaken

- Departmental tour.
- Attendance of head and neck MDTs where new patients discussed.
- Discussions with the head and neck cancer fast-track care coordinator evaluating steps and interventions implemented to fasten the diagnostic and treatment pathways over the past decades in Denmark which has led to Denmark emerging with one of the shortest pathways in Europe (28 days from first visit to GP with suspicion of cancer to treatment).
- Attendance at clinics with new and follow up patients.
- Observation of how electronic PROs are being used in systemic clinics for metastatic patients and follow up patients to guide consultation and follow up schedule (when clinician confident patient compliant with PRO and data reliable).
- Observation of simulation process using MRI and PET.
- Contouring of head and neck cases using CT, MRI and PET images (therapeutic imaging, in treatment position and images co-registered).
- Attendance at target delineation MDT (Head and Neck cross-sectional image and PET radiologists present) where GTVs critiqued and agreed on.
- Attendance at AI assisted GTV contouring teaching session, discussion with research team on-going project in this area and sample cases reviewed with research team.
- Discussion of DAHANCA OAR protocols, movement towards in house AI assisted OAR contouring.
- Visiting the Danish centre for particle therapy; tour of facility, discussion of use of Protons for HNC in Denmark (patients under 40 eligible for particle therapy and clinicians need to offer option of protons, comparative photon and proton plans used in non-standard cases to determine benefit of proton therapy) on-going proton head and neck studies/trials.
- Attendance at dysphagia clinic; patients with dysphagia (including post oncological management) reviewed by ENT and occupational therapist. Clinical examination and modified barium swallow study carried out and if appropriate pharyngeal manometry. Rehabilitation programme (involving exercise) developed for patients on individual basis and referred to community occupational therapist.
- Discussion with dietician on how nutritional support provided to patients, nursing staff trained to provide dietetic input to patients on treatment with Dietician providing support on more complex patients. On going work to evaluate factors which might be predictive of need for long term tube feeding.
- Discussion on DAHANCA national database; data collected, quality of data, national commitment and professional mandate for data to be collected by all head and neck specialist.
- Informal discussions with leading experts in Head and Neck cancer management.
- Discussions regards areas of current DAHANCA research and possibility for future collaborations.

**11. Benefits of the visit (short term)**

- Extremely useful insight into practise at a leading European head and neck centre.
- Appreciation of how the roles of clinical nurse specialists differ between the UK and Danish system. Although the UK is very developed in this area, there is scope to diversify roles taken on by CNS team.
- Gained experience in the Danish head and neck pathway (from patient discussion, consent, immobilisation, simulation, contouring and planning) which is recognised as being of very high standard.
- Improved understanding of the use of MRI sim.
- Improved understanding of DAHANCA approach to target and OAR delineation.
- Increased knowledge of how late effects (Dysphagia) clinic is set up in Aarhus university hospital which is leading other Danish centres in this respect.

**12a. Envisaged benefits of the visit longer term (your own practice)**

- Insight gained on Danish long term follow up, rehabilitation service and late effects used to improve support services in Leeds for head and neck cancer survivors.
- Relationships forged with a leading group in head and neck cancer treatment could lead to future international collaborations.
- Would like to see in the future UK regional and hopefully national head and neck databases to improve patient care, outcomes and facilitate cutting edge head and neck research.

**12b. Envisaged benefits to the wider group (dissemination to others in your centre/clinical oncology community/multiprofessional team)**

I am keen to use insights gained from this visit to work with the Leeds head and neck team to implement potential interventions to improve our patient care pathway (in line with the NHS faster pathway in head and neck cancer initiative published March 2023).

I am keen to work with the wider group to improve support services and late effect management for head and neck cancer survivors.

**13. Please outline any problems you encountered before, during or after your visit**

I had no problems.

**14. Any additional comments**

I would like to thank the entire team at Aarhus. The host centre ensured all necessary documentation in place way ahead of my visit and were incredibly efficient in preparing for my time with them.

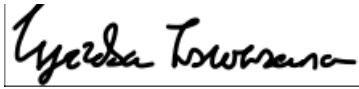
The head and neck team went out of their way to make me feel welcome, going as far as conducting MDTs and meetings in English rather than Danish so I could feel involved.

This visit was incredibly educational, and I would like to thank the RCR for supporting this trip.

**15. Do you have any 'top tips' that you would like to share with prospective visiting fellows?**

It is important you have a clear idea of what you would like to take away from the visit, this helps ensure you make the most of your time at host centre.

**Signed:**



**Date:** 10/10/23

**Report approved by:**

Clinical Oncology Professional Support and Standards Board

**Date**

9/11/23