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Patterns of Practice of Palliative Radiotherapy in Africa, Part 1: Bone and Brain Metastases

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Purpose
To provide data on the pattern of practice of palliative radiotherapy (RT) on the African continent.

Methods and Materials
A questionnaire was distributed to participants in a regional training course of the International Atomic Energy Agency in palliative cancer care and sent by e-mail to other institutions in Africa. Requested information included both infrastructure and human resources available and the pattern of RT practice for metastatic and locally advanced cancers.

Results
Of 35 centers contacted, 24 (68%) completed the questionnaire. Although RT is used by most centers for most metastatic cancers, liver and lung metastases are treated with chemotherapy. Of 23 centers, 14 (61%) had a single RT regimen as an institutional policy for treating painful bone metastases, but only 5 centers (23%) of 23 used 8 Gy in 1 fraction. Brain metastases were being treated by RT to the whole brain to 30 Gy in 10 fractions, either exclusively ($n = 13$, 56%) or in addition to the use of 20 Gy in 5 fractions ($n = 3$, 14%).

Conclusion
Radiotherapy is a major component of treatment of cancer patients in African countries. There is consensus among few centers for treatment schedules for almost all sites regarding time and dose-fractionation characteristics of RT regimens used and/or indications for the use of RT in this setting.

[Radiotherapy](#), [Palliation](#), [Metastatic disease](#), [Patterns of care](#)

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Conflict of interest: none.

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