Working in partnership with West Midlands cancer alliance

WEST MIDLANDS RADIOTHERAPY NETWORK

West Midlands Radiotherapy Protocol

Brachytherapy Ad hoc Referral Standard Operating Procedure

Revision History

Version	Date	Summary of changes
1.0	13.10.24	Approved by EAG
2.0	12.6.26	One minor changed agreed by WM RT Network brachytherapy group (deleted 'supply and contact form') Ratified by the Expert Advisory Group

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1. Objective

To provide a safe and effective regional referral process for ad hoc brachytherapy referrals to ensure that patients and treated inline with current recommendations to ensure their wellbeing.

2. Scope

All patients within the West Midlands region requiring brachytherapy where this is unable to be delivered at the referring centre and there is not an SLA in place at another centre for patients to be referred to. Ad hoc referrals to other brachytherapy centres should be made on the express direction of a clinical oncologist.

When there is no capacity within the West Midlands Radiotherapy Network, or, if a specialist brachytherapy procedure is not available within the West Midlands region, then a cross-network referral should be made.

3. Intra-uterine referral process and work-up prior to Brachytherapy Treatment

- For urgent referrals and assistance, trusts should contact other trusts directly, but the WM RT Network can facilitate if required
- Referrals can be made electronically or by telephone
- Acceptance of referrals to be responded to electronically to the requesting department
- Cross regional referrals to be completed as soon as aware of service limitation, and before 1st fraction if possible
- Referrals will not be accepted until the minimum referral criteria is fulfilled
- It remains the responsibility of the referring hospital and referring clinician to discuss treatment arrangements with the patient
- If a cross-network referral is required, the RT Network team can provide cross-network contacts

4. Minimum information required for the referral

- Current planned EBRT treatment dates
- Referring letter with diagnosis, history, pathology & histology
- Book an MRI for week 5 of EBRT at the referring hospital
- Ensure that the MRI sequences are as per clinician preference at the treating centre
- Ensure image transfer (MRI to Treating centre)

5. At the point of referral (e.g. 1 week prior to 1st EBRT)

- As early as possible in the treatment pathway, the referral to a treating hospital should be enacted. Ideally this would be prior to 1st fraction of EBRT and defiantly more than 3 weeks prior to brachytherapy treatment

- Referring clinician to ensure patient is aware of cross regional referral
- Where possible, patients should be booked into the treating Clinicians clinic (at treating hospital) during week 3 of EBRT for brachytherapy consent
- Pre-clerking (pre-op) appointments to be made and any other related appointments to be made

6. Three weeks prior to first brachytherapy session

- Patient to be seen at the treating centre for consent. However, due to patient travel, this may be as late as day before admission or morning of the procedure
- Consider utilising virtual clinics or telephone appointments to discuss consent
- Brachytherapy dates, pre-clerking appointments and information leaflet to be given to the patient
- To be seen by the brachytherapy radiographers if applicable in the treating centre

7. Two weeks prior to first brachytherapy session

- Send current R/T plan, doses, OAR doses & all imaging to the treating centre
- Confirm MRI is booked for week 5 MRI

8. Need to send

- Imaging transferred from week 5 MRI
- Plan data transferred
- All relevant imaging

9. Post brachytherapy

- Brachytherapy centre to send brachytherapy treatment summary to referring centre including information:
    - what type of brachytherapy patient had (once treatment completed) (Image guided- MRI /CT/ point A based)
    - treatment dose delivered
- Ensure patient has 6 week post Brachytherapy FU booked
- Follow up is usually undertaken by an CCO or Consultant Radiographer

Review of this SOP by WM RT Network brachytherapy group members (May 2026)

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