On behalf of The Society of Interventional Oncology, we respectfully request that the NCCN Palliative Care panel consider including an interventional radiologist (IR) on the panel. IR procedures are alluded to in the current guidelines, such as palliative gastrostomy and other "invasive procedures". However, there is a plethora of interventions offered by IRs to palliate cancer-related pain and complications, ranging from ablation, cementoplasty, drainage and tunneled catheter placement, and pain control procedures, among many others. Over half of a typical IR’s clinical work is focused on palliation. We have included an article by Dr Buss, a palliative care specialist, who highlights the critical importance of IR physicians in palliative care.

Not only is it imperative than an IR with expertise in palliative care be included on the NCCN guideline panel, we also request the following change in the current guideline:

**Specific Change 1: PAL – 10: Include image-guided ablation and cementoplasty as considerations to palliate painful bone metastases.**

Rationale: Percutaneous image-guided heat-based ablation and cryoablation provide excellent pain relief for skeletal metastases. The MOTION trial demonstrated that cryoablation of metastatic bone tumors provides rapid and durable pain palliation, improves quality of life, and reduces the need for opioids for pain control. Cementoplasty alone or in combination with ablation provides excellent relief from cancer pain. In addition to vertebral augmentation for painful spine metastases, extraspinal bone metastases are also successfully treated in this manner. Currently, only external radiation is mentioned.

References:


Thank you for considering our comments.

Sincerely,

William Rilling, MD FSIR
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