

5 February 2024

Prof John Slavotinek
President, Royal Australian and New Zealand College of Radiology (RANZCR)

Via email: purnima.rai@ranzcr.edu.au

Kirsten.fitzpatrick@ranzcr.edu.au

Dear Prof Slavotinek

Re: New RANZCR Theranostics Professional Development Guideline

I refer to the letter dated 15 December 2023 from Dr Jeganathan seeking COSA's comments on RANZCR's draft *Guideline for those delivering Theranostics*.

COSA is the national oncology community bringing together multidisciplinary health professionals across all cancers to advance care and improve outcomes. As such we appreciate you contacting us about this matter. We have consulted our members and offer the following feedback.

General comments

Theranostics is a field that is clearly multidisciplinary and needs a broad base of input and, collaboration. We recognise the challenges of the theranostics space given that already nuclear medicine specialists train through either RACP and RANZCR pathways. Theranostics requires a deep understanding of oncologic disease processes. Currently most often therapeutics for those cancers are prescribed by radiation or medical oncologists. COSA supports the 5 broad areas of competency requirements in your guideline. COSA suggests given the competencies form the basis of the guideline that the guideline should be renamed "Professional Competencies for the Practice of Theranostics". Given the document does not have a focus on training or accreditation then it is not a document focussed on professional development as it is currently titled.

Theranostics has become a major treatment option for cancer patients, and it is only going to grow. Achieving an adequate well-trained workforce is going to be a challenge and we expect equitable patient access to appropriately set up centres will also be a significant challenge. COSA commends you on your underpinning principles which align with the Australian and New Zealand cancer plans.



We note a number of other societies have already developed guidelines or position papers in theranostics. These include work by AANMS and then European work (Joint EANM, SNMMI and IAEA enabling guide: how to set up a theranostics centre). These should be referenced in this guideline from RANZCR. We do recognise that some of these guidelines or position papers were developed fairly exclusively unfortunately.

It appears that this RANZCR document was developed without input from ANZSNM, AANMS, or RACP. This is disappointing for COSA which has a very multidisciplinary approach to all areas of cancer care. We would hope that RANZCR and the other groups can focus on the consumer and work collaboratively in the area of theranostics to ensure access for consumers to the highest quality theranostics.

Specific comments

Line 144 – The assumptions are very vague. The assumptions should be that medical professionals are practicing in a well-resourced facility with appropriate safety, quality and regulatory framework.

Line 185 – The section on Comprehensive Cancer Patient Care refers only to membership of a multidisciplinary team. The document should go further and specify that theranostic practitioners should diagnose and treat patients in the context of a multidisciplinary team. This issue is also relevant to the Quality and Safety section.

In closing, COSA requests there be consideration of our feedback before we could formally approve or endorse this document if that is subsequently requested.

Please feel free to contact me if you have any questions.

Yours sincerely

A/Professor Dion Forstner

COSA President 2023-2024