

## Brief Opinion

# Residents Across the Globe: A Call for Education, Advocacy, and Collaboration

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**Abstract**

The fallout from the COVID-19 pandemic and the war in Ukraine have resulted in unprecedented delays in cancer care. The Global Coalition for Radiotherapy (GCR) has been working to alleviate this backlog and has been functioning as an emergency task force in Ukraine. Not only have patients been displaced by the war, but trainees and physicians have been greatly impacted as well. Given that radiation is needed to treat over half of all cancer cases, it is imperative to advocate for radiation oncology as a field and collaborate globally, especially as trainees.

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Cancer does not heed a pandemic. Nor does it heed war. While economies have shut down over the past two years and war has ravaged Ukraine over the past three months, cancer has continued to grow, maim, and kill. But unlike the pandemic or war, one cannot hide from cancer.

The past two years have seen unprecedented delays in cancer care. Whether due to clinic closures, decreased accessibility, hospital overwhelm, or personal shuttering, patients are being diagnosed later in the course of their disease, resulting in more advanced staged cancers that require more aggressive treatment and have poorer outcomes.

The fallout from the war in Ukraine has further long-term implications, particularly on trainees. Although many hospitals are (to our knowledge) still functioning,

many training programs have been disrupted and residents have been scattered across Europe much like their patients. An estimated 13 million Ukrainian citizens remain stuck in eastern conflict areas without functional radiation therapy while 7.7 million have been internally displaced (largely to western Ukraine).<sup>1</sup> Many males have remained in Ukraine (those 18-60 years of age are required to by law), and doctors are sheltering in hospitals where it is safer while taking on both the roles of provider and soldier.<sup>2</sup> Meanwhile, we suspect there are many displaced female trainees and doctors among the 5.1 million refugees who have crossed the border<sup>1</sup> and are in need of mentoring and training. Efforts are being made to locate these physicians and continue their training in other countries, with hopes that they may return to Ukraine for a fellowship at some point so that they may care for the Ukrainian population after the war. Otherwise, Ukraine may find itself with a dearth of radiation oncologists and an even worse situation for patients with cancer. So while some hospitals in Poland are currently offering permanent positions to trainees, the end goal should be to relocate them back to their homes in Ukraine, many of which

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will need to be rebuilt. The devastation has affected both patients and providers, and both need universal help to reestablish effective cancer care in Ukraine.

The Global Coalition for Radiotherapy (GCR) is a flexible, virtual platform that was founded to tackle the backlog from COVID-19, and now they have spearheaded an emergency task force to navigate the effect of the war in Ukraine (working with the American Society of Clinical Oncology, European Cancer Organisation, European Society for Radiotherapy and Oncology, World Health Organization, European Coordination Committee of the Radiological, Electromedical and Healthcare IT Industry AISBL, and American Society for Radiation Oncology). Their advocacy efforts to provide equitable access to quality radiation therapy are also to be applauded, and the speed with which they have acted has been admirable. We have been fortunate to work with a powerhouse of volunteers meeting at all hours (depending on country of origin); we all share a common goal to help patients, no matter what. This collaboration and communication on a global scale has been made possible by virtual webinars, Zoom meetings, social media, and nonstop e-mail. It has been a herculean effort to increase radiation therapy accessibility in spite of war and infectious disease.

Unfortunately, our efforts have been hampered by a range of global challenges preventing us from ripping through the COVID-19 backlog and collaborating effectively to serve Ukrainian patients (while trying to avoid duplicative efforts).<sup>1</sup> And we have seen this in the United States as well. Our ambitions for early diagnosis and efficient treatment for patients are failing due to funding cuts, insurance denials, and political stagnation. Radiation is needed in over half of all cancers, and yet our frustrations continue despite our best advocacy efforts.

The situation is dire to say the least and far from concluding. It behooves us as fellow radiation oncologists to support these efforts and continue advocating for our specialty and our patients. As a resident, I [Dr. McComas]

have come to realize the vital component advocacy plays in our field. And yet, our training does very little in the way of addressing this. We need to be trained in the political nature of our field because it is the reality of the career we will face once we leave residency. The GCR's efforts in Ukraine have highlighted the power of multidisciplinary collaboration with industry in influencing political and financial support for the sake of patients. Their experience has been challenging but enlightening, and it poses an incredible opportunity for us to learn from, especially as radiation oncologists in training. We must understand the national and global complexities surrounding our field, including the financial and political positioning. We are the future of this field; the responsibility of advocating for it as a cost-effective and vital resource in cancer care falls on us. Furthermore, we have an obligation to our fellow residents globally; connecting with each other to support continued high-quality training is imperative not only to individual careers but to our field at large.

We are all globalists; if you live on this planet, you have to be. Tackling these issues requires collaboration and compromise, with efforts directed toward helping our patients rather than duplicating efforts in the name of institutional egos. Join me and other like-minded radiation therapy globalists by becoming a part of the GCR's resident group, as we volunteer and build forward better. We have to remember why we do what we do. Cancer isn't going to stop any time soon. Neither should we.

## References

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