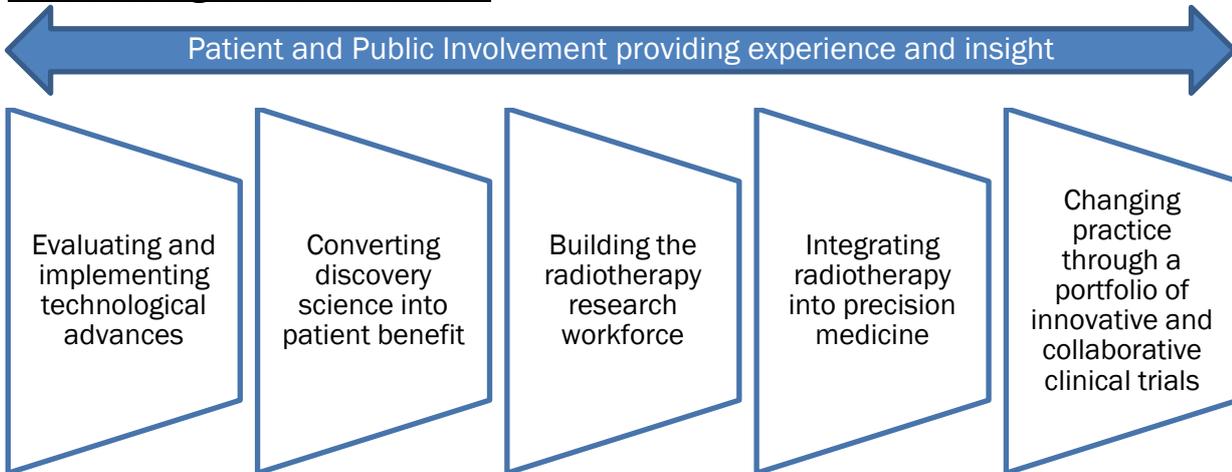


CTRad strategic vision 2018-2021



Patient and Public Involvement (PPI) is a particular strength and priority of CTRad and has a key role in all five areas of the strategy. CTRad consumers will continue to develop the channels through which patient opinions, experiences and insights are heard within CTRad, thus providing a bridge for dialogue between patients and clinicians.

1) Evaluating and implementing technological advances

- a. Ensuring robust clinical evaluation through collaborative networks of adequately supported and funded radiotherapy centres.
- b. Prioritising early evaluation and adoption of new and emerging technologies ensuring maximum benefit for the national patient population.
- c. Horizon scanning to identify promising new technologies (recent examples include proton beam therapy, the MR-Linac, SABR, IGRT and adaptive radiotherapy).

Objectives:

- Nationally co-ordinated strategic planning for proton beam radiotherapy trial design funding and implementation.
- At least two national clinical trials of proton radiotherapy developed through the CTRad pipeline and submitted for funding.
- At least two trials evaluating MR-guided radiotherapy developed through the CTRad pipeline and submitted for funding.

2) Converting discovery science into patient benefit

- a. Building on the success of RaDCom to develop and execute robust assessment of novel RT-drug combinations through strong pre-clinical and clinical collaborations with Pharma.
- b. Designing and delivering scientifically driven, early phase clinical trials that bring together new knowledge of cancer biology and immunotherapy with novel imaging and radiotherapy technologies.
- c. Overseeing more rapid progression from discovery science to practice-changing trials through more efficient translational evaluation and definition of routes to registration.

Objectives:

- Implement a robust programme of pre-clinical radiotherapy QA.
- Increase the number of new agents being developed in collaboration with pharmaceutical companies in pre-clinical and early phase clinical research projects.
- Maintain an effective pre-clinical pipeline that underpins a portfolio of clinical trials evaluating novel radiotherapy-drug combinations.

3) Building the radiotherapy research workforce

- a. Developing a functional network of eight to ten Centres of Excellence (CoE) and utilising the outcomes of our CoE exercise to address gaps.
- b. Working with partners and stakeholders to increase funding opportunities for radiotherapy researchers across all of the relevant disciplines.

- c. Building capacity and establishing effective networks of expertise across tumour sites and technologies.
- d. Inspiring, training and mentoring the next generation of radiotherapy researchers.

Objectives:

- Identify the resources, investment and funding schemes required to bring the number of **Established** Centres of Excellence to six centres from the current three.
- Increase the number of applications for clinician scientist fellowships and/or lectureships.
- Work with funders to deliver at least one new post-doctoral funding scheme that will support successful transition of MD/PhD fellows into career researchers.

4) Integrating radiotherapy into precision medicine

- a. Promoting research aimed at increasing the accuracy and precision of radiotherapy by evaluating new treatment modalities, new image guided delivery methods and real-time adaptation of dose and volume during treatment.
- b. Facilitating progress in 'personalised radiotherapy' through integration of molecular and imaging biomarkers and patient recorded outcome measures.
- c. Unlocking the potential of radiotherapy 'big data' to inform individualisation of treatment by utilising dosimetric and imaging datasets from clinical trials and routine practice.

Objectives:

- Organise at least one 'Precision Radiotherapy' symposium at a major national or international cancer conference.
- Facilitate integration of molecular or imaging biomarkers into at least one multicentre clinical trial of a novel radiotherapy treatment or combination study.
- Lead the formation of a UK network that utilises large radiotherapy datasets to inform future treatment decisions.

5) Changing practice through a portfolio of innovative and collaborative clinical trials

- a. Leading the world in the design and delivery of high quality, high impact clinical trials that will change national and international practice.
- b. Championing robust evaluation of novel technologies and combinations.
- c. Realising the full scientific potential of clinical trial data by routinely integrating high quality translational research into study design.

Objectives:

- Maintain and further develop a world-leading portfolio of innovative clinical trials founded on strong science, clear clinical hypotheses and network-wide cross-specialty collaboration.
- Document and disseminate evidence of how UK radiotherapy clinical trials have influenced and changed national and international clinical practice and guidelines.
- Oversee routine incorporation of translational and health economic components into radiotherapy clinical trials to enhance their scientific richness.

Patient and public involvement

The success of PPI input depends on it being integral to each component of the strategic vision. We will continue to change practice by measuring what works and what doesn't so that we can continue to engage and inspire our community, which will include new members.

Measuring PPI impact will be a key part of our work over the next three years.

Good impact reporting helps everyone to understand, engage, focus and work to achieve their vision. If we can establish and explain our impact, we will have a strong foundation upon which honest and open conversations can be built and the greatest possible impact achieved.

Our ambition for 2021 is that CTRad consumers will be able tell their stories clearly and fluently. These stories will reflect an active partnership between the public and researchers which will ensure that:

- research has relevance and asks the right questions
- outcome measures are acceptable and appropriate and measure what is important to patients and their families
- treatments are not duly onerous for participants
- better information is provided, enhancing recruitment and retention
- the patient perspective is considered in interpreting findings
- results are disseminated more effectively to public audiences
- consumer involvement is routinely reported in grants, trial management and outputs.