

Results: The interviewees were advanced TR/RTTs practitioners, managers, educators, students, and professional bodies representatives from 14 European countries. Several themes emerged. Stakeholders valued the importance of the four pillars of AP but recognized the lack of dedicated time for research pillar. As such stakeholders perceived this could affect evidence-based practice in radiotherapy, compromise the role development of the profession and consequently the quality of care delivered to cancer patients. Some related factors considered to hinder the practice across all pillars were: professional recruitment and retention issues, lack of education support, inconsistent level of practice at national/European levels, lack of recognition and regulation of the level, variability of AP roles among others.

Conclusion: Education and training support allied with regulation of the AP roles is an urgent need, especially in pillars of research, and leadership and management. Standardisation of AP level is recommended at national and European levels. This is of prime importance to meet the ever-increasing complex needs of cancer patients.

Keywords: Advanced Practice, Radiation Therapy, Therapeutic Radiographers, Radiation Therapists, role development

Person centred Care in the Radiography curriculum – the patient's perception of undergoing Radiotherapy

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Introduction: Person Centred Practice (PCP) in healthcare entails keeping the person in the centre of decision making. It includes the core values of authenticity, shared autonomy, respect for the persons abilities and preferences, understanding, therapeutically caring and a commitment to healthfulness as an outcome. A high level of care is vital in the practice of Therapeutic Radiographers/Radiation Therapists (TRs/RTTs) to ensure quality of care and patient safety. This study aimed to assess the patient's perception of their experience whilst undergoing Radiotherapy (RT).

Methods: Ethical permission was obtained from Ulster University, Belfast, UK. Phase 1 consisted of a previously published survey the Person-centred Practice Inventory for Service Users. In phase 2 online and face to face interviews were conducted with radiotherapy patients across the UK, Portugal, and Malta. Patients >18years currently receiving, or who had received radiotherapy within the last 24 months, were included in the study. Descriptive statistics (SPSS) and thematic analysis (NVivo) were performed.

Results: While variations in practice occurred across countries, most patients felt that TRs/RTTs had the required competencies to listen, understand and communicate compassionately with them during their treatment. The core values of the patient were respected; however, further work is required to ensure shared autonomy for patients and more flexibility to accommodate patient ability and preferences. Psychosocial support was highly regarded by patients who expressed a desire for further information communicated from their TRs/RTTs at the end of their treatment.

Conclusion: It is necessary to ensure that TRs/RTTs develop the necessary interpersonal skills and emotional intelligence to enable them to adopt the best patient care. TRs/RTTs' education must provide them with advanced communication skills and an understanding of patient psychology. Some of these skills can also be reinforced through continuing professional development.

Keywords: Person Centred Care, Radiotherapy, Patient voice, Skills, Education

Brain morphometry and Seed-based analysis of resting-state functional connectivity in default mode network of Alzheimer's disease patients compared with healthy control subjects in the Klang Valley, Malaysia

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Introduction: The default mode network (DMN) is a large brain network in the human brain and has a substantial correlation with Alzheimer's disease (AD). Grey matter volume (GMV) and functional connectivity (FC) were reported to be different between AD and healthy control (HC). Nevertheless, the structural and functional alterations that take place in AD in association with the DMN in Malaysian patients is not well understood. Our aim was to show how structural MRI data could be processed using voxel-based morphometry (VBM) to identify differences in regional grey matter volume (GMV) between AD patients and HC. Comparison of the variations in rs-functional connectivity in the DMN on fMRI scans between AD and HC was another objective of this study.

Methods: Based on our institutional geriatrician's clinical evaluation, neuropsychological tests such as the MoCA, MMSE, and assessment utilising CDR, the subjects were recruited and categorised as AD and HC. RS-fMRI scan was acquired and VBM seed-based analysis (SBA) was performed using SPM 12, Matlab to evaluate the GMV. SPM12 software and CONN toolbox was used to evaluate the functional connectivity and activation of the nodes of the DMN comparing AD and HC.

Results: 22 subjects recruited in this pilot study [AD, n = 11, Age 64-84 (76.36 ±0.52) and HC, n = 11, Age 64-79 (69.91 ±5.34)]. In the AD group compared to HC, there was decreased GMV at the right and left inferior temporal gyrus (ITG r and ITG l), left superior frontal gyrus (SFG l), right superior frontal gyrus medial segment (MSFG r), right gyrus rectus, right temporal lobe, left putamen and right precuneus respectively. Significant decrease in activation of nodes of the DMN noted in AD>HC.

Conclusion: AD and HC patients have different GMV and resting-state FC profiles. The DMN showed local correlation and between-network FC differences between the AD and HC groups at different sources. By detecting decreased GMV with VBM and poor functional connection in the DMN, structural MRI and rs-fMRI can help distinguish HC from AD.

Keywords: Voxel-based morphometry, Seed-based analysis, grey matter volume, Alzheimer's disease

A Comparison of CT brain image quality between two scanners model using texture analysis in Samitivej Srinakarin Hospital

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