Getting Started with Radiation

What to expect while going through treatments

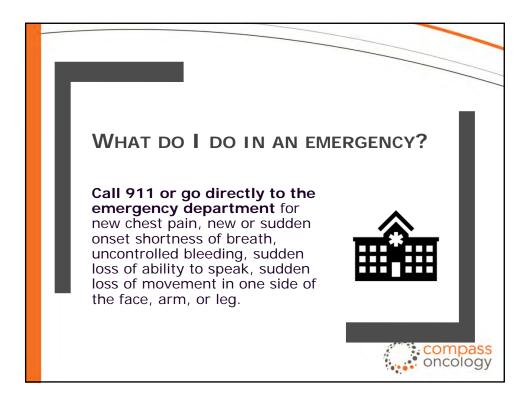


WHO AND HOW DO I CALL?

- Please call us first
- Early treatment of symptoms can prevent complications
- When calling the main office number, provide:
 - 1. Name
 - 2. DOB
 - 3. Physician's name
 - 4. Reason for your call
 - 5. Your call back number
- When calls go to voicemail, please leave the above information
- Messages left after 4:00 pm may not be returned until the next business day.

- After hours:
 - You will reach the answering service.
 - Provide 5 items listed
 - You will be connected to the provider on call if appropriate.
- Non-urgent questions can be emailed to team via MyCarePlus portal







How do we treat cancer?

Local Therapy

- Treats local cancer cells by either removing them or treating with highenergy x-rays or other particles
 - Surgery
 - Radiation

If appropriate, patients are treated in multiple ways to improve their outcomes.

Systemic Therapy

- Treats not only local cancer cells but also cells that may have escaped to distant sites in the body
 - Chemotherapy
 - Immunotherapy
 - Targeted therapies
 - Anti-hormonal therapies



How does radiation work? Uses high energy x-rays to damage the DNA of cells Kills the cancer cells or stops reproduction Body naturally eliminates dead cells Normal cells may be impacted but a specific plan is made to deliver radiation to tumor site with minimal damage to normal tissue.

How does radiation Help?

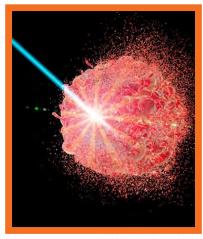
Depends on the goal of therapy:

- Destroy tumors that have not spread to other parts of the body
- Reduce the risk of cancer returning after chemo and/or surgery by killing cancer cells that might remain
- o Shrink the cancer before surgery
- Shrink tumors that are causing symptoms impacting quality of life
- Relieve pain



How is radiation given?

- External Radiation Therapy
 - Once or twice a day
 - 5 days a week
 - The number of weeks depends on the total dose of radiation planned
 - Radiation therapy is delivered Monday through Friday, with weekends for recovery
 - Includes:
 - X-ray therapy
 - o 3D conformal radiation
 - Intensity modulated radiation therapy (IMRT)
 - Stereotactic body radiotherapy (SBRT)
 - Stereotactic radiosurgery (SRS)





How is radiation given?

- Internal Radiation Therapy
- Also known as brachytherapy
 - Commonly used for gynecologic cancers
 - Delivers high dose of radiation to a small area of the body
 - Process will be discussed more by your provider and team
 - No need to be isolated from family or friends after treatments





WHAT'S THE PROCESS?

- Many steps to get your treatment plan ready before starting treatment
 - 1. Initial consultation
 - 2. Informed consent
 - 3. CT simulation
 - 4. Tattoos
 - 5. Immobilization devices
 - 6. Treatment planning
 - 7. Set up & Confirmation
 - 8. Daily treatments
 - 9. "Doctor days"
 - 10. End of treatment visit
 - 11. Follow up care



INITIAL CONSULTATION & CONSENT

- Meet with radiation oncologist
 - Physician who specializes in using radiation therapy to treat cancer
- o Purpose of visit:
 - o Role of radiation therapy in your treatment
 - o Determine the type of radiation therapy to be used
 - The treatment plan for your treatment
 - o Answer questions you may have
- May take 1-2 hours
- Provider will review specifics of your diagnosis and prior treatment thus far to ensure best possible care
- Once you have a full understanding of proposed treatment plan, risks, side effects and other treatment options, you will be asked to sign consent for treatment
 - o May be withdrawn at any time for any reason





CT SIMULATION

- Must complete before you can start
- Team identifies the precise area you will receive radiation
- Positioning is extremely important
 - Same position every treatment
 - Need to remain still during treatment
- CT scan of region to be treated is done
 - Not a diagnostic scan but rather a planning tool
 - Used to map out your treatment plan
- Simulation takes an hour or more
 - If you experience pain or discomfort, please notify team
- Treatment only takes minutes compared to length of simulation



TATTOOS

- Sometimes minimal discomfort
- To ensure correct positioning for treatments, tattoos are placed during simulation visit
 - Small tattoos; dots the size of a pinpoint or freckle, using India ink
- 4-8 tattoos are placed; some times a second set of tattoos may be needed
- Are permanent but not very noticeable



TATTOO PROCESS

- Laser beams are used to mark the treatment area with a marker
- 2. Area is cleaned with alcohol
- 3. Drop of India ink is placed on mark
- 4. Needle is used to puncture the top layers of the skin allowing ink under the skin to create the tattoo
- 5. Final tattoo





IMMOBILIZATION DEVICE

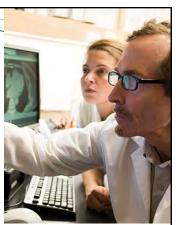


- Made individually for each patient who needs one
 - Depends on the are of body being treated and treatment plan
 - Custom bean bag may be molded around the area of the body being treated
 - Custom mask may be used in brain and head & neck patients
- Ensures that you are in exact same position for every treatment



TREATMENT PLANNING PROCESS

- Details from simulation are sent to medical radiation dosimetrists and medical physicists
- They perform highly technical calculations that will be used to set the treatment machine
- Work closely with radiation oncologists to develop plan
 - May take a week or more to complete







SET UP & CONFIRMATION

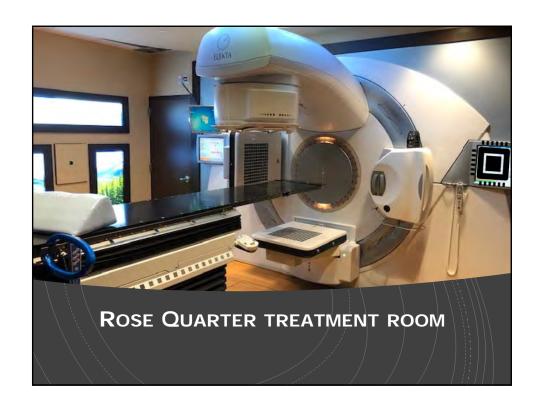
- Placed on CT table in same position as simulation day, may take 10-15 mins
- Set films will be taken to ensure positioning matches your simulation scan
- · Radiation oncologist will confirm positioning and imaging is correct
- · Once films and positioning are confirmed, treatment will be delivered



DAILY TREATMENTS

- Treatments are usually given once a day Monday-Friday for a number of weeks
- Treatment generally take 10-15 minutes, but you may be in department up to an hour or longer
 - Twice daily treatments may be recommended
- The radiation therapist will position you on the treatment table using the tattoos, immobilization device and laser beams
- Radiation therapist will then leave the room
 - They will be able to see and hear you from the control room
 - Can also speak to you over a microphone
- Table and linear accelerator may move to get radiation beams in correct location
- Once position is confirmed treatment is given
 - You won't feel the radiation—It is not painful.











DOCTOR DAYS

- o Repeat x-rays are done at least once a week
 - Your doctor may request daily imaging to confirm positioning
- o Radiation oncologist will examine you at least once a week
 - Takes place just before or just after your treatment
 - Opportunity to evaluate your physical condition, answer questions and plan and coordinate future treatments
- If you're having issues, don't wait for "doctor day"
 - o Call the department or ask to be seen in the department
 - Nurse will review any problems or concerns that arise



END OF TREATMENT & FOLLOW UP CARE

- You will meet with your provider near the end of your treatment
 - An exam will be preformed and follow up care discussed
- Follow up appointments occur 2-6 weeks after completion of treatments
- You will be followed on a regular basis to monitor for any radiation related problems



WHAT ARE THE SIDE EFFECTS OF RADIATION?

- Related to the area of the body being treated
 - Depends on the type of treatment you are receiving
 - Your team will discuss specific side effects and how to manage them with you
- Most side effects are short term:
 - Fatigue: MOST common side effect
 - Skin reaction: redness, irritation, dry, or sensitive; area may look like it's sunburned
 - Treat skin gently: don't use lotions or soaps with perfume, scent, or high content of alcohol
 - Hair loss: only in the area being treated
 - Swallowing problems: can impact mouth, throat, stomach and/or bowel when those are in the radiation field
 - Low white blood cell count: uncommon, can make you more susceptible to infections
 compass oncology

WHAT CAN I EAT DURING TREATMENT?

- No specific diet
- Strive for a well balanced diet
 - Choosemyplate.gov
 - https://www.aicr.org/newamerican-plate/
 - NCI Eating Hints
- Report all herbal or nutritional supplements and high dose vitamins to your oncologist
 - May interact with other medications
 - May interfere with the effectiveness of your therapy







WILL I BE TIRED?

- Fatigue #1 side effect from treatment
 - Can also be influenced by anemia, nutritional deficiencies, depression, stress
- Cumulative effect over course of radiation
- o Management:
 - Energy conservation
 - Balance so valued activities can be maintained
 - Exercise: Increasing activity will have positive impact on fatigue
 - Improves aerobic capacity, prevents muscle loss and deconditioning, manages fatigue
 - Intensity, frequency and type still being studied



IS IT NORMAL TO FEEL THIS WAY?

- Coping with cancer is challenging for patients and family members
- Increased distress is normal
 - Examples: feeling sad, powerless, afraid, guilty, anxious, discouraged, depressed
 - Signs of depression or anxiety:
 - Consistently irritable or angry, significant sleep disturbances, changes in concentration or memory
- o Do not hesitate to reach out for help
 - Resources are available; social work, support groups, etc.
- Coping mechanisms
 - Physical movement and exercise
 - Meditation and mindfulness, journaling
 - Activities that help you relax or are meaningful to you



WHEN DO I CALL MY PROVIDER?

- Chills or fever greater than 100.4
- Burning with urination, frequency, urgency, lower back pain (could be sign of bladder infection)
- Productive cough with green, yellow, red, or brown sputum
- Unmanaged diarrhea, constipation, nausea, vomiting
- Unmanaged pain
- Swelling, redness and pain on extremities
- Shortness of breath/chest pain
- Dizziness with changing position or lightheadedness
- Dark urine, less urine than normal, thirst, dry mouth
- Mouth sore, difficulty swallowing, frequent or severe heartburn
- Severe fatigue
- Thoughts of harming yourself, severe depression



