Understanding your radiation therapy treatment

A guide for patients & their families
About this radiation therapy booklet

This booklet contains information to help you learn more about radiation therapy, also called external beam radiation therapy.

It includes information about….

• Treatment planning
• Daily treatment
• Possible side-effects
• Ways to look after yourself
• What may happen when your treatment finishes

There are some questions that you may wish to ask your cancer care team on pages 49 and 50.

The medical words are explained on pages 53 to 55.

We have made an audio version of the booklet so you can listen to it while you are reading.

We encourage you to share this booklet with your family and friends, and discuss it with members of your cancer care team.
Your radiation therapy treatment

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What is cancer?

- The body is made up of many types of **cells** that grow, divide, replace worn-out cells, and heal damaged tissues after injuries.

- Cancer happens when cells don’t behave normally and grow in an uncontrolled way to form a lump called a **malignant tumour**.

- **Malignant tumours** (or primary cancer) are harmful lumps that can stay nearby or spread to other parts of the body (as shown in the picture below).

- When **cancer cells spread to other organs**, they can form another lump. These new lumps are called **secondary cancer or metastasis**.

- **Benign tumours** are less harmful lumps that do not spread to other parts of the body, but may be painful or cause other problems as they press on other parts of your body.

*Image taken with permission from the patient information website of Cancer Research UK: http://www.cancerresearchuk.org/about-cancer/*
Types of treatment

There are different types of treatment for cancer:

• **Surgery**: removing the tumour with an operation.

• **Radiation therapy**: uses radiation (a special type of X-ray) to kill or damage cancers cells to shrink the tumour.

Radiation therapy can be given in two different ways:

» outside the body, referred to as **external beam radiation therapy**.

» inside the body, referred to as **internal radiation therapy** or **brachytherapy**.

• **Chemotherapy**: uses medicines to kill cancer cells. It can be given as a liquid using a drip or pump into a vein, or a tablet taken with a drink of water.

• **Immunotherapy**: a treatment/medication that helps a person’s own immune system to fight cancer.

• **Hormone therapy**: uses medicines to reduce or block the hormones in your body that are likely to help the cancer grow.

*The rest of this booklet tells you about external beam radiation therapy – a type of treatment that uses high energy X-rays from a machine to destroy the cancer cells in the area of the body being treated.*
Your cancer care team

- Cancer treatments can be complicated and require a team of different health professionals to treat and support you through your treatment.
- The cancer care team will treat your personal information carefully and will only talk to other healthcare professionals about things directly related to looking after your health.

Remember

- You may not see all of these health professionals during your treatment.
- You may see some of these or other health professionals according to your needs.

If you would like to see another member of the cancer care team, such as a psychologist or dietician, you can ask your doctor or one of the nurses to make a referral for you.
Your cancer care team

• This table tells you what each health professional does and how they can help you.
• You may wish to write down the name and phone number of your doctors, radiation therapists and nurses in the spaces provided.

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<thead>
<tr>
<th>TYPE OF HEALTH PROFESSIONAL</th>
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<td>General Practitioner (GP)</td>
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<td>TYPE OF HEALTH PROFESSION</td>
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<tr>
<td>General Practitioner (GP)</td>
<td>Local doctor who provides ongoing care and looks after your general health. Your radiation oncologist will be in touch with your GP over the course of your treatment.</td>
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<tr>
<td>Radiation Oncologist</td>
<td>A doctor who specialises in radiation therapy and is responsible for managing your treatment plan and care.</td>
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<td>Registrar(s)</td>
<td>A qualified doctor who is training to be a radiation oncologist. They are supervised by your radiation oncologist. You may see several registrars over the course of your treatment.</td>
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<tr>
<td>Radiation therapist</td>
<td>A radiation therapist plans and delivers your radiation therapy. A team of radiation therapists operate the machinery that delivers treatment.</td>
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<tr>
<td>Radiation Oncology Nurse(s)</td>
<td>A nurse who specialises in caring for people having radiation therapy. Tells you about what to expect from treatment such as the side effects, and how to look after yourself.</td>
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<tr>
<td>Dietician</td>
<td>Advises you about food and nutrition during and after radiation therapy.</td>
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<td>Speech pathologist</td>
<td>Helps you to cope with side effects that may affect your speech, voice or swallowing.</td>
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<td>Psychologist</td>
<td>Offers emotional support during and after your radiation therapy.</td>
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<td>Physiotherapist</td>
<td>Helps you with physical problems that may develop because of cancer and its treatment. They may provide advice on different exercises, and ways to reduce pain.</td>
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<tr>
<td>Social worker</td>
<td>Helps you connect with support services and may offer psychological support.</td>
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What is radiation therapy?

• **Radiation therapy** uses radiation (a special type of X-ray) to **kill or damage cancer cells** in the area of the body that needs to be treated and to stop them from growing.

• The radiation **can affect normal cells** around the cancer, **but these usually repair themselves**.

**Why have radiation therapy?**

• Radiation therapy is used for many types of cancer, often with other treatments such as chemotherapy or surgery.

• **Radiation therapy can be used to:**
  » Cure many kinds of cancer, either with or without surgery or other cancer treatments (curative treatment).
  » Control the cancer by shrinking it or stopping it from spreading.
  » Help other cancer treatments to be more effective.
  » Relieve symptoms such as pain or bleeding (palliative treatment).

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 Radiation therapy can be used to either cure or control cancer. Palliative treatment means to control different kinds of symptoms.

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Don’t Forget... you can listen to the booklet
What is radiation therapy?

How long is radiation therapy for?

- Some people have one, or a few treatment sessions, other people might have up to 9 weeks of daily treatments.
- Radiation therapy treatment is usually scheduled from Monday to Friday, not over the weekend or on public holidays. The break over the weekend allows the normal cells to recover.
- There may be interruptions to your daily treatment because the machines need to be serviced - this is normal and the doctor will allow for these breaks during your treatment.
- The number of treatment sessions you will have, depends on the type and size of cancer, the aim of your treatment (see page 13), and whether you are having other treatments (e.g. chemotherapy).
- Your radiation oncologist will talk with you about your treatment plan.

Why is radiation therapy given over a period of time?

- To give radiation therapy safely and to help reduce side effects, a small amount of radiation is usually given at each treatment session.

Radiation therapy usually happens from Monday to Friday.
Treatment is not done over the weekend or on public holidays.
The break over the weekend allows the normal cells to recover.

Don’t Forget...
you can listen to the booklet
What happens during treatment?

- During treatment, you will lie on a treatment bed (or couch) under a machine (as shown in the pictures below).
- The machine points the radiation beams (X-rays) to the part of your body that needs to be treated. You will not see or feel the X-rays.
- You will see some red or green lights (lasers) coming from the machine to help the radiation therapist to make sure you are in the correct position.
- The lasers are harmless and have no effect on the body.
- Further information about radiation treatment can be found on pages 16 to 26.

You will not become radioactive after external radiation therapy. The X-rays will not stay in your body, so it is safe to be with family (including children) and friends, and continue with your daily activities.
There are a number of steps involved in planning and having your radiation therapy treatment. The next few pages tell you about each step.
Planning your treatment

Your radiation therapy needs to be carefully planned to make sure the radiation goes to the part of your body that needs to be treated.

Planning your treatment involves three steps: A, B and C.

Now we will tell you a bit more about each step in planning your treatment:

A. Appointment with the radiation oncologist.

B. Treatment planning appointment (also called a CT planning appointment).

C. Treating the right spot.

Appointnent with the radiation oncologist

• The first step is the appointment with the doctor called a radiation oncologist.
  
  At the appointment, the doctor may examine you and request some scans or blood tests. They may also talk to you about:

• The kind of cancer you have.
• The part of the body that will be treated.
• What you can expect the radiation therapy to do.
• Why it is recommended that you have radiation therapy.
• How long treatment will last.
• The type of radiation therapy and the kind of machine that will be used.
• Date to start treatment.
• How treatment is planned.
• Side effects and how you can look after yourself.
• How your doctors will watch your health after treatment finishes.
• What position your body needs to be in for treatment.

The radiation oncologist will make a plan for your treatment.
Planning your treatment

Treatment planning appointment

The treatment planning appointment will be with the radiation therapist. Your radiation oncologist (or registrar) and a radiation oncology nurse may also be there.

The planning appointment can take from 30 to 60 minutes.

Planning your radiation therapy

• The radiation therapist will take you to the planning area, and explain what and who is involved in the session.
• You will change out of your own clothes and put on a special hospital gown, which is like a dressing gown.
• A machine called a computerised tomography scanner, also known as a CT scanner, will be used to plan your treatment, to help work out the size, shape and place of your tumour (see pictures on page 19).
• You will be asked to lie still on the CT scanner bed in the same position needed for your treatment.
• Sometimes a dye is injected into your veins by the nurse to give a clear picture inside your body.
• The doctor and/or radiation therapist may draw on your skin and the radiation therapist might make a tracing of this to help plan your treatment.
• With your permission, radiation therapists may take a photo of the part of your body that will be treated.

To help the cancer care team plan your treatment carefully, please remember to bring along the following to the planning appointment:

☐ Any recent scans
☐ Any X-rays of your cancer
☐ Any blood test results

If you are not sure what to bring it is best to bring everything.
Planning your treatment

• The radiation therapist may also ask to take a photo of your face to help make sure that they can easily recognise you in the future.

• While you lie still on the bed, radiation therapists and possibly students may talk to each other about your position on the bed and take notes to make sure next time you are in the same position.

• Other scans, such as diagnostic CT, MRI (magnetic resonance imaging) or PET (positron emission tomography), might be needed to help with treatment planning.

A CT scanner machine will be used to help plan your treatment.
Planning your treatment

Treating the right spot

• As you will be having the same treatment every day the position of your body is very important.

• Skin markings, masks, and body moulds are tools to help get you in the right position.

• Staying still helps to make sure the radiation gets to the part of the body that needs to be treated.

Skin markings

• To make sure you are in the same position for each treatment, 2 or 3 small permanent marks called tattoos might be made on your skin by the radiation therapist using a small needle. This will feel like a pin prick. Each mark is about the size of a freckle (see pictures below).

• You will see red or green lights (lasers) coming from the scanner. These lights will be lined up with your skin marks to check your body position during the treatment.
Planning your treatment

Face Mask

- If your cancer is on your head or neck, you will have a special mask made for you (see pictures below).

- The mask has air holes and attaches to the treatment bed, to keep your head from moving when you are having treatment. The marks will be on the mask, not on your skin.

Wearing a mask may feel strange.
If you feel worried or scared, your radiation therapist will be able to make a hole around the nose, mouth and eyes to help you feel better and give you advice on how to make you feel more comfortable when wearing the mask.

Please note: The equipment and machines may look slightly different depending on which hospital you have treatment.
Planning your treatment

Body mould

- A body mould is a plastic device that helps keep your body stay still during treatment.
- By lying still we make sure that the X-rays which are pointed to the cancer cells go to the right spot and the parts of your body nearby are protected.
Having radiation therapy treatment

Having your treatment involves three steps: A, B and C.

Now we will tell you about each step:

**A** Before treatment starts each day

- The time and date of the first treatment will be written down on a card for you.
- The radiation therapist or nurse will tell you if you need to do anything before treatment. Sometimes people are not allowed to eat food or take medicine before the treatment, or are asked to have an empty or full bladder.
- The radiation therapist will position your body in the same way as you were for your planning appointment.
- The skin marks and measurements done during the planning appointment will be used to make sure you are in the best position for each treatment.
- Setting up the treatment takes 5-10 minutes; it may take a bit longer on the first day of treatment.
- Each treatment will take about 15-20 minutes. Most of that time is spent getting changed and getting you into the right position on the treatment bed.
- The lights in the room will be dimmed to line up the laser lights with the marks on your skin. These lasers are harmless.
- If you need a body mould or mask the therapist will put this on you.

**B** During treatment sessions

**C** After each treatment session

The first day of treatment may take longer than 20 minutes because the radiation therapist needs to check the measurements made during the planning appointment.
During treatment sessions

• Once you are in the right position, the radiation therapist leaves the room so that they are not exposed to any radiation.

• You will be in the room by yourself for about 5-10 minutes.

• The radiation therapist will be in a room next door watching and listening to you through a video camera on computer screens and controlling the machine during the treatment session (please see the pictures below).

• During treatment, you can listen to the radio or bring your IPOD or MP3 player or CDs to listen to music. It doesn't interfere with your radiation treatment, but it is important to keep very still.

The radiation therapist will not stay in the room with you during treatment, but there is a camera and a microphone so they will be able to see you and you will be able to talk to each other.

If you are wearing a mask and cannot speak, you can raise your hand to get their attention if you need to.
• The machine makes a buzzing sound when it is turned on, but you will not feel anything. It is just like having a “long X-ray”.
• The machine may move around you, but will not touch you.
• You need to stay very still and breathe normally during the treatment.
• The therapist will tell you when you can move again.

The machine will move around you, but will not touch you and you will not feel anything.

It is important to keep very still during treatment to make sure the radiation gets to the part of the body that needs to be treated.
After each treatment session

- The radiation therapist or nurse may talk to you about some of the possible side effects (see pages 29 to 41).
- They will talk to you about how to look after yourself and stop any side effects you may have from getting worse.
- You will see the doctor or registrar, who is a qualified doctor and is training to be a radiation oncologist, and if necessary a nurse at least once a week during treatment. If you need anything you can speak to them at any time.
- Remember you can also ask the radiation therapist questions each time you come in for treatment (see questions to ask your cancer team on pages 49 and 50). They can ask the nurse or doctor to see you if needed.

If you have any side effects, you might see a nurse who can help look after you. They can put on, or recommend special creams for your skin, change dressings or take blood for tests.
What happens when treatment finishes

• Once your planned treatment is over your cancer team will tell you when and how often you should come back for follow-up visits at the hospital.

• Soon after treatment you are likely to have regular follow-up visits with your radiation oncologist or nurse.

At these follow-up visits your team may check for:

» Any sign the cancer has come back.

» New side effects or if other side effects have got better or worse.

» Seeing if other treatments are needed.

» Your cancer care team will organise an appointment with your radiation oncologist (doctor) about one to two months after treatment is over.

» After this appointment, you may see your doctor around every 3 to 6 months depending on your type of cancer and how bad your side effects were.

Some people may feel a bit alone after the busy treatment time is over, this is very normal. The cancer care team is there to help and support you even when your treatment is over.

It is important that you see your doctor for follow-up check-ups after treatment to make sure everything is going ok.
• Side effects are different for each person and depend on the part of the body being treated.

• You can get side effects during or after treatment has finished. Most side effects will get better with time. Some side effects can occur later, but these are less common.

• If you get any side effects, tell your doctor, radiation therapist or nurse as soon as you start having them. They will tell you how to manage the side effects.

• Telling your cancer care team when the side effects first start means you can start looking after yourself sooner. It might also mean the side effects don't get as bad.

• If you have any serious side effects, your doctor may change your treatment or give you a break from treatment to give your body time to recover.
The side effects of treatment

Fatigue

• Fatigue is the kind of tiredness that doesn’t go away when you rest or sleep.
• Tiredness usually gets worse the longer the treatment has been going on. You will probably feel most tired at the end and for a while after treatment.
• People experience tiredness in different ways. Some people can keep doing their daily activities but others will not be able to do as much.

Ideas that may help you to cope with tiredness from treatment:

» Spread your activities out across the day.
» Plan to do less things.
» Some people may need help with shopping, house work and driving.
» Do light exercise like walking and swimming. Ask your cancer care team about what exercises are good for you.
» Meditate or use relaxation exercises.
» Listen to music, read a book.
» Eat healthy food. Ask your cancer care team about any special diet for you.

Activities to cope with tiredness

The most common side effects of radiation therapy are fatigue (tiredness) and skin changes.
Skin problems/changes

• The skin on the part of your body that is treated may change throughout treatment.

• The skin may become red, warm to touch, dry, itchy, sore, flaky and peel off, like sunburn.

• It might be after 2 or 3 weeks of radiation therapy before you see your skin changes.

• Skin changes may continue after treatment, but usually fade away within a few weeks after the treatment is over.

People react differently to treatment.
Skin problems and changes vary from person to person.
Ideas that may help skin problems after radiation therapy:

» Protect the skin against the sun. Cover your skin before going outside.
» Bathe or soak the area using a salt-water solution to relieve the itching and soreness
» Avoid applying ice packs to the treated area.
» Shower as normal, but avoid hot water.
» Avoid rubbing or scratching the part of the body treated. Gently pat dry with a soft cotton towel.
» Avoid electric blankets during the treatment.
» If the treated area involves your head, neck or armpit, the skin is likely to be sensitive. So, avoid shaving the area being treated.
» Wear loose, soft, breathable clothing (for example, cotton).
» Applying Sorbolene cream (moisturiser) 2 to 3 times daily may help to stop your skin from getting blisters or sore.
» You may begin using sorbolene from the first day of treatment.
» Avoid applying any creams 2-3 hours before treatment, even Sorbolene.
» Avoid perfumes, deodorants, cosmetics or scented creams directly on the part of the body treated. They may contain alcohol or metals.
» If your skin starts to peel, continue to use Sorbolene and ask your doctor, radiation therapist or nurse for advice.

Ideas to manage skin problems

- Applying sorbolene cream daily may help to stop your skin from getting blisters or sore.
- Avoid using perfumes or deodorants directly on the part of the body treated.
- Tell your radiation therapist or nurse if you are concerned about your skin. They will be able to put on or recommend special creams for your skin and change dressings.
The side effects of treatment

Loss of appetite and feeling thirsty

• Some people may lose their appetite and feel very thirsty. This depends on what part of the body is being treated.

• People who are having their head, neck, or throat treated are likely to find it hard to eat and swallow food. You will see a dietician who can help work out what the best things for you to eat are.

• It is important to eat a healthy and well-balanced diet to help you get through the treatment. Speak to the nurse or dietician about your food and diet.

If you are having trouble swallowing or you have lost your appetite here are some tips:

» Eat small amounts of food several times a day.

» Try eating softer foods, like yoghurts, fruit purees or soups if solid larger meals are too difficult.

» You may need supplements. If you are going to use supplements it is important that you talk with a dietician who can help you use them in the most effective way.

» Try to drink water often during the day and take a bottle of water with you when you go out.
Hair problems

- You may lose some or all the hair on the part of your body that is being treated. Your hair will usually grow back after the treatment is over.
- Sometimes you lose your hair because of chemotherapy not radiation therapy.
- If your face is the part of your body being treated, you may lose hair on the back of your head.

Some useful ideas when your head is being treated

- You may choose to wear a wig, toupee, hat or scarf – whatever works for you. If you plan to wear a wig, choose it early in your treatment.
- The Cancer Council Helpline (listed on page 45) and your cancer care team can help you find a wig. Some hospitals have a wig library where you can try different wigs to see which ones suit you best.
- Contact ‘Look Good.. Feel Better’ Program on their website: [www.lgfb.org.au](http://www.lgfb.org.au) or by telephone on 1800 650 960 for general enquiries. Also you can call the National office on 02 9281 6689.
The side effects of treatment

Other things you can try

» Protect your head against sunburn and the cold by **wearing a hat**.

» Use a **mild shampoo** like a baby shampoo. Dry your hair with a soft towel by patting not rubbing.

» **Avoid using hair dryers, curling irons, hair bands, clips or hair sprays.**

» **Avoid using hair colours, perms, gels or mousse.**
Diarrhoea

If you are having radiation on your stomach you may have diarrhoea (loose bowel motions or movements) which may start within a few days to a couple of weeks. Sometimes you might get diarrhoea for other reasons like food poisoning or chemotherapy.

You can have these symptoms:

• Frequent loose bowel motions.
• Watery bowels.
• Stomach cramps.
• Feeling the need to go to the toilet often and quickly.

Some useful ideas

» Reduce high-fibre food: whole grain products such as whole grain bread, pasta or cereals; nuts; legumes like peas, lentils, beans.
» Reduce spicy food like hot curries, chilli.
» Drink lots of clear liquids (e.g. apple juice, peach nectar, weak tea or clear broth) as soon as the diarrhoea starts to avoid dehydration.
» If you feel sick, eat or drink as well as you can because your body needs energy.
» Contact your cancer care team if you see blood in the toilet or if you have more than 6 bowel movements in 24 hours.

It is important to talk with your cancer care team about your diet.

Ideas to manage diarrhoea
Mouth problems

If you are having radiation therapy on your mouth, chest, throat or neck, you may find eating or swallowing food difficult.

This is because the radiation therapy can affect the cells in the glands that produce spit (saliva) and can cause a burn inside the mouth, throat or neck.

You may have:

- A dry or sore mouth or your voice may become hoarse or croaky. These symptoms slowly improve after treatment, but may take a few weeks or months.
- Thick mucus or a lump-like feeling in your throat that makes swallowing hard.
- Sore teeth and gums, toothache or tooth decay.
- Food may taste different and it may take a long time for food to taste normal after the treatment is finished.
Some useful ideas if you are having mouth problems

» Have your teeth checked before starting treatment to your head or neck region.
» Have regular dentist check-ups after treatment is over every 6 months.
» Keep your mouth wet by sucking ice cubes, sipping cool drinks and drinking water.
» Drink water often during the day and take a bottle of water with you when you go out.
» If you smoke, talk to your cancer care team for advice on how to stop smoking.
» Avoid or reduce alcohol.
» If your throat is sore or you cannot swallow: cut, blend or mash food.
» If eating is difficult or painful, pain relief medication may be available.
» Talk to a dietician about whether you may need a special diet.
» Talk to a speech pathologist if you have swallowing problems.
Nausea
You may have nausea or a queasy stomach when your stomach area is being treated. Nausea is usually easy to control with medication.

Some useful ideas if you are feeling nauseous

» **Sip water or other fluids** during the day to avoid dehydration.

» **Nibble biscuits.**

» **Ask your doctor if a medication** may help you.

» Contact your cancer care team if you have nausea or if you are **vomiting after your radiation therapy.**
The side effects of treatment

Radiation therapy and sex

Radiation therapy can affect your sex life and make you lose interest in having sex. Your sex drive may be lower because you feel tired, anxious or depressed.

If you are having radiation therapy in between the hips (pelvis) you may have some problems. The problems are different for men and women.

Women might find:

- Sex too uncomfortable or painful during treatment and for a few weeks afterwards but this should improve.
- Your cancer care team may suggest using a lubricant or a vaginal dilator. As lubricants can be made from different things it is a good idea to talk to them about which is best for you. The vaginal dilator, which is a plastic device used to expand the vagina and stop it from shrinking, helps to make sex more comfortable.
- Lose interest in having sex.
- Itchy, burning or dry vagina. These changes can last for a long time or not go away.
- Your cancer care team might suggest that you use a vaginal dilator to help keep your vagina healthy and stretchy.
- Menstrual period changes or change of life symptoms (e.g. menopause). These can include: stopping of periods, hot flushes, dry skin, and dry vagina. Your period might start again after treatment, but this does not always happen.

If you are at all worried about anything to do with your sex life and sexuality, you may want to talk to a counsellor or sex therapist. You can ask your doctor or nurses to make a referral for you.

Men might find:

- Having and maintaining erections difficult.
- Pain during sex.
- There are treatments and tools that can help men have erections. Talk to your cancer care team who can refer you to someone who helps with sexual changes.
- For a small number of men, sexual function may not recover.
Pregnancy

- As radiation therapy affects normal cells, it is best that you don’t become pregnant or make someone pregnant during treatment.
- If you are pregnant or make someone pregnant during your treatment there is a high chance of there being problems with the baby.
- It is a good idea to use a reliable form of contraception while having treatment.
- You can talk to your GP or cancer care team to get advice about the best contraception method for you and your partner.

If you are thinking about more children, talking to your specialist may help you decide on the right time.
People experience different emotions when they are having treatment. You may feel:

- Worried
- Scared
- Lonely
- Sad
- Angry
- Anxious
- Down or depressed
- Stressed
- Frustrated

It is normal to have these feelings, and there are things that may help you.

**Talk to others**
You may appreciate (or benefit) from talking to someone you trust about your feelings.

- A family member or close friend
- Health professional: doctor or nurse
- Social worker
- Psychologist/ psychotherapist
- Religious minister
- Someone who has had radiation therapy and/or has experience with giving support and talking to other people with cancer. However, remember that someone else’s experience of radiation therapy may to be different to yours.

**Exercise**
Sometimes exercise such as walking, yoga or swimming helps people to feel better, particularly if they are feeling a bit down or depressed. Talk to your doctor about what type of exercise is good for you.

**Meditate and relax**
You may try meditation or activities that make you calmer (e.g., listening to soothing music or breathing slowly while paying attention to each breath).
Your emotions during radiation treatment

Support group
You can join a support group where you meet people who have cancer. You have the chance to share your feelings and experiences. You can also learn how to cope with your feelings, radiation therapy and side effects.

Consumer participation groups following treatment
If you would like to become involved in the future as a volunteer in cancer services or with cancer groups contact the Cancer Council (see more information on page 45).
Support and helpful contacts

Cancer Council

The Cancer Council has many different services for people with cancer and their families.

Cancer Council Helpline 13 11 20

The Cancer Council Helpline is a telephone information service answered by cancer health care professionals from Monday to Friday, 9 am to 5 pm. They can send you information, put you in touch with services close to your home, and make contact with counsellors or people who can give legal or financial advice.

The cost of the call is the same as that of a local call. Calls from mobile phones may have an extra cost (check with your mobile provider).

Cancer Council printed and online resources

Cancer Council has made easy-to-read booklets. Call the Helpline (13 11 20) to request copies or download them from any Cancer Council website listed above.

Websites

- Cancer Council Australia: www.cancer.org.au
- Cancer Council NSW: www.cancercouncil.com.au
- Cancer Council Victoria: www.cancervic.org.au
- Cancer Council Queensland: www.cancerqld.org.au
- Cancer Council South Australia: www.cancersa.org.au
- Cancer Council Western Australia: www.cancerwa.asn.au
- Cancer Council Tasmania: www.cancertas.org.au
- Cancer Council Canberra: www.actcancer.org.au
- Cancer Council Northern Territory: www.nt.cancer.org.au

Cancer Australia www.canceraustralia.gov.au

Here you will find information about:

- Cancer screening
- Diagnosis of different types of cancer
- Treatments
- Supportive care

Cancer Connections www.cancerconnections.com.au

Here you will find information about how you can share your experiences with other people. You may want to join a support group or talk to a trained volunteer who has had a similar experience.
Support and helpful contacts

Carers Australia
www.carersaustralia.com.au
Here you will find information about:

- Support groups for sharing your experiences.
- Home help service: you get help on your housework.
- Meals on Wheels service: you and your carer get a daily healthy meal.
- Visiting nurses to help you carer.

You can visit the website or call to 1800 242 636 to get more information about these support services.

The Royal Australian and New Zealand College of Radiologists (Radiation Oncology)
www.targetingcancer.com.au
Here you will find information about:

- Patient stories
- Videos to explain what radiation therapy is
- Talking to your treatment team

‘Look Good…Feel Better’ Program
www.lgfb.org.au
Look Good Feel Better is a free national community service program to inform people with cancer how to manage the appearance-related side-effects caused by cancer treatment.

You can visit the website to find the closest workshop to your home and get more information or email info@lgfb.org.au or call 1800 650 960.

Wig Services
Some hospitals or cancer clinics have a wig library where you can borrow a wig and get advice on wigs, hairpieces and other headwear.

Call Cancer Council Helpline 13 11 20 for assistance in finding a wig library or shop.

Don’t Forget...
you can listen to the booklet
Getting to and from treatment

Getting to and from treatment can be hard for some people. It is a good idea to ask a nurse or social worker about what transport and parking is available at your hospital. There may be some services available, so here are some questions you might ask:

**Parking:**
- Is there any free parking?
- Is there cheaper parking for patients?

**Public transport:**
- What public transport services stop close to the hospital?
- What is the closest stop?

**Taxis:**
- Where are the taxi ranks?
- Is there a phone to call a taxi?
- Can the taxi drive in close to drop off or pick up?

**Special services:**
- Are there any volunteer driver services?
- How do I access the volunteer driver services?
- Do they pick up from a major train station?

**Accommodation**

If you are going to be staying away from home, you may need help to find somewhere to stay close to the hospital. Usually there is a hotel or lodge close to the hospital. Sometimes there are lower charges for patients and their families. Please talk to a nurse or social worker and ask if they can help you to find a place to stay.

**How much does radiation therapy cost?**

Radiation therapy treatment and appointments in the public hospital are bulk billed through Medicare. Please bring your Medicare card or Veterans’ Healthcare card (if you have one), and any private health insurance details. If there are any other costs related to your treatment, appointments, or medications, a member of your cancer care team will talk to you about them.

If you are being treated in a private centre or hospital, talk to the doctor or office staff about costs before you start treatment.
Questions to ask your cancer care team

Treatment information

• Why do I need radiation therapy?
• Will the radiation therapy cure (get rid of) the cancer or control it and manage symptoms?
• Is the treatment going to improve my chance of survival (living long)?
• How likely will radiation therapy improve my symptoms? Is it worth going through it?
• What exactly will be done during the radiation therapy?
• What is the radiation therapy schedule, e.g. how many treatments will I have, how often, and for how long will I have radiation therapy?
• Where will I have the radiation therapy?

Preparing for treatment

• Is there anything that I can do before or after my radiation therapy sessions that might make them more effective, e.g. food, work, exercise?
• On treatment days, what preparation do I need to do – e.g. drinking water etc.

Side effects

• Are there any possible side effects I need to know about?
• When are these side effects likely to happen?
• Will the side effects go away after the radiation therapy is over?
• What can and can’t I do while having radiation therapy?
• What problems should I look out for and who do I contact if they happen?
• Are there long-term side effects from the radiation therapy?
• What can I do to manage the side effects?
• Will radiation therapy interact with any medication or vitamin that I am taking?
• Will the radiation therapy reduce my sexual drive?
• Is it safe to have sex while having radiation therapy?

Asking questions can help you to learn about radiation therapy. Here are some questions that you may want to ask.
Questions to ask your cancer care team

After treatment is over
- Will I need any additional treatment after the radiation therapy? If so, what might that be?
- What is my long-term follow-up plan?

Costs
- How much will I have to pay for my radiation therapy treatment?
- Is the cost of radiation therapy covered by Medicare and/or my private health insurer?
- Am I eligible for any benefits if I cannot work?

Transport and accommodation services
- Which are the transport services to get to the hospital?
- If needed, can I get information about travel expenses and accommodation?

The cancer care team
- Why will I have a cancer care team?
- Can you explain the advantages of having a treatment team?
- How do you all communicate with each other and me?
- What do I do if I get conflicting information?

Helpful contacts and support information
- What information is available about radiation therapy, e.g. books, videos, websites?
- Is there someone I can talk to who has been through radiation therapy?
- Are there services/support groups that can help me and my family deal with radiation therapy?
Questions to ask your cancer care team

Write down any questions you have for your cancer care team

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Questions to ask your cancer care team

Write down any questions you have for your cancer care team


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<thead>
<tr>
<th>Medical words</th>
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<tbody>
<tr>
<td><strong>Benign</strong></td>
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<tr>
<td><strong>Cancer</strong></td>
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<td><strong>Cells</strong></td>
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<td><strong>Chemotherapy</strong></td>
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<td><strong>CT scan</strong></td>
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<tr>
<td><strong>Diet</strong></td>
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<tr>
<td><strong>Dietician</strong></td>
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<tr>
<td><strong>External beam radiation therapy</strong></td>
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<tr>
<td><strong>Fatigue</strong></td>
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<tr>
<td><strong>Immunotherapy</strong></td>
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<tr>
<td><strong>Internal radiation therapy (also called brachytherapy)</strong></td>
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</table>
### Medical words

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Hormone therapy</td>
<td>Hormone therapy is medication that reduces or blocks hormones in your body that are likely to help the cancer grow. This is typically used in breast or prostate cancer.</td>
</tr>
<tr>
<td>Malignant Tumour</td>
<td>A cancer, meaning that the cancer cells invade or take over the surrounding tissue; they can also spread to other parts of the body (metastasis).</td>
</tr>
<tr>
<td>Metastasis</td>
<td>Metastasis is the spread of a cancer to another part of the body. It is also known as secondary cancer.</td>
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<tr>
<td>MRI scan</td>
<td>MRI means Magnetic Resonance Imaging. It is a type of imaging that uses special radio waves and a magnetic field to create a detailed picture of the body.</td>
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<tr>
<td>Nausea</td>
<td>This is a feeling when your stomach is upset or queasy and you feel like you want to throw up.</td>
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<tr>
<td>Nourishment</td>
<td>The food you need for growing, being healthy and keeping in a good condition.</td>
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<tr>
<td>Nutrition</td>
<td>The food and drink you eat each day.</td>
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<tr>
<td>Pelvis</td>
<td>The part of your body between your hips.</td>
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<tr>
<td>Palliative treatment</td>
<td>This kind of treatment eases symptoms like pain from cancer. It also helps to control the side effects from cancer treatments such as radiation therapy and chemotherapy.</td>
</tr>
<tr>
<td>PET scan</td>
<td>PET means Positron Emission Tomography. This type of imaging uses a special radioactive substance to look for cancer cells in the body.</td>
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<tr>
<td>Medical words</td>
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<tr>
<td><strong>Radiation oncologist</strong></td>
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<tr>
<td>A doctor who specialises in the study of cancer and its treatment with radiation therapy.</td>
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<tr>
<td><strong>Radiation therapist</strong></td>
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<tr>
<td>A health professional who plans, with the radiation oncologist, and delivers radiation therapy treatment to cancer patients.</td>
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<tr>
<td><strong>Radiation therapy</strong></td>
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<tr>
<td>A type of cancer treatment that uses radiation (a special type of X-ray) to kill or damage cancer cells to shrink the tumour. There are two types of radiation therapy: external beam radiation therapy and internal radiation therapy.</td>
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</tr>
<tr>
<td><strong>Simulation</strong></td>
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<tr>
<td>The process to plan the radiation therapy, so the X-rays point to or go to the cancer cells and not to the normal cells</td>
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<tr>
<td><strong>Support group</strong></td>
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<tr>
<td>It is a meeting where people share their experiences.</td>
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<tr>
<td><strong>Surgery</strong></td>
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<tr>
<td>Removing the tumour with an operation.</td>
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<tr>
<td><strong>Symptom</strong></td>
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<tr>
<td>Changes in the body that a person feels and that are caused by a disease or treatments. For example pain or tiredness are symptoms.</td>
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<tr>
<td><strong>Tumour</strong></td>
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<tr>
<td>A lump with cells that grow in an uncontrolled way.</td>
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<tr>
<td><strong>Vaginal dilator</strong></td>
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<tr>
<td>A special piece of round-tipped plastic that comes in different sizes. They are used to stop shrinking and tightening of the vagina after radiation therapy treatment. They help stretch the vagina to make sex more comfortable.</td>
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<tr>
<td><strong>Vomiting</strong></td>
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<tr>
<td>When you feel nauseous and throw up.</td>
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Acknowledgments

This booklet was developed by a team of researchers, health professionals and consumers from the:

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- Centre for Medical Psychology and Evidence-Based Decision-Making, University of Sydney, NSW
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