St Luke's Radiation Oncology Network at
St Luke's, Beaumont and St James's Hospitals
Dublin

St Luke's Hospital, Dublin 6
Tel: (01) 406 5000
Email: radiotherapy.stlukes@slh.ie

St Luke's Radiation Oncology Centre at
Beaumont Hospital, Dublin 9
Tel: (01) 704 5500
Email: radiotherapy.beaumont@slh.ie

St Luke's Radiation Oncology Centre at
St James's Hospital, Dublin 8
Tel: (01) 420 6900
Email: radiotherapy.stjames@slh.ie

Radiotherapy treatment for
Prostate Cancer
A guide for patients
## Contents

- **Patient journey for prostate cancer radiotherapy** .......... 3
- **About this guide** .......................................................... 4
- **The pelvic area of a man** ............................................... 5
- **What is radiotherapy and why is it given?** ..................... 5
- **How does radiotherapy work?** ..................................... 6
- **How is it given?** ........................................................... 6
- **What are the benefits of radiotherapy?** ......................... 7
- **What are the side effects of radiotherapy?** .................... 7
- **Consent to treatment** .................................................... 9
- **Your medical team** ....................................................... 9
- **Planning your treatment** .............................................. 10
- **When will treatment begin?** ....................................... 12
- **During the treatment** .................................................... 12
- **Side effects** .................................................................. 14
- **Early side effects** ......................................................... 15
- **Change in bowel movements** ...................................... 15
- **Irritation of the rectum** ................................................. 16
- **Changes in urinary function** ........................................ 16
- **Fatigue (tiredness)** ....................................................... 17
- **Combating fatigue** ....................................................... 18
- **Sexual function** ............................................................ 19
- **Skin irritation** ............................................................. 19
Late side effects ............................................................ 21
Bowel function ............................................................. 21
Rectal bleeding ......................................................... 21
Urinary function ........................................................ 22
Sexual function ........................................................... 22
Other effects ............................................................... 23

Information for patients receiving hormonal therapy for prostate cancer ................................. 24
Your feelings ............................................................. 27
Who you’ll meet ........................................................ 29

Useful contacts ............................................................ 34
Personal hormonal therapy instructions ......................... 35
Sample consent form ................................................ 37
Notes and questions .................................................... 38
Referral and initial consultation with Radiation Oncologist

Clinic visit with Radiation Oncologist if needed

Follow special diet (and take laxatives if instructed) for 7 days prior to CT Scan

CT Scan

A treatment plan is created

A treatment plan is checked

Follow special diet (and take laxatives if instructed) for 7 days prior to treatment

Course of treatment begins. Follow dietary advice while on treatment as directed by the radiation therapists at your treatment unit.

Regular check ups whilst on treatment

Follow-up after treatment
About this guide

The information in this guide has been written to give you a better understanding about radiotherapy. It contains general information about radiotherapy, as well as more specific detail about the treatment that has been planned for you. It has been prepared with input from doctors, radiation therapists, nurses and patients.

Please share this guide with your family and friends – they have an important role in helping you. It is important that they feel well informed and understand what is happening. There are also DVDs on radiotherapy which you can take home to watch.

It is impossible to include everything you may need to know in this guide. However, your medical team (doctors (radiation oncologists), nurses and radiation therapists) will give you more precise information about your specific treatment.

We hope you find this guide helpful and we welcome your comments so that the next edition can be improved.

You will be attending the ‘St Luke’s Radiation Oncology Network’ for treatment. The network is spread over three hospital sites;

- St Luke’s Hospital, Dublin 6
- St James’s Hospital, Dublin 8
- Beaumont Hospital, Dublin 9

You will receive your radiotherapy at whichever one of these three sites is most suitable for you.
The pelvic area of a man

The pelvic area is the lower part of the abdominal cavity. In a man this includes the prostate gland, the testicles and penis, as well as the bladder, the lower end of the large bowel (rectum and anus) and part of the small bowel. There are also some lymph nodes, also known as lymph glands.

Side view of a man’s pelvic region:

- Spine
- Bladder
- Prostate
- Rectum
- Penis
- Testis

Figure 1

What is radiotherapy and why is it given?

Radiotherapy uses carefully measured doses of radiation to treat many conditions, most of which are cancers. Radiotherapy beams damage cancer cells and stop them from dividing and growing. The beams can be directed very accurately to any area of the body using sophisticated machines. The most commonly used machines are called ‘linear accelerators’ (or linacs). There are other machines called ‘cobalt’, ‘orthovoltage’ or ‘superficial’ depending on the energy of the X-ray beams required (external radiotherapy).
External treatment is usually how radiotherapy for prostate cancer is given. However, as an alternative, it may be possible to deliver radiotherapy using radioactive seeds. This is known as internal radiotherapy or brachytherapy. You will be given a separate prostate brachytherapy information booklet if this is what has been recommended for you.

**How does radiotherapy work?**
A high dose of radiation damages cells and stops them from growing and dividing. Cancer cells, which are abnormal cells, tend not to recover. Normal cells usually recover or repair themselves quite quickly. Any side effects which occur during treatment are usually temporary.

**How is it given?**
Radiotherapy is given to the same part of the body each day and each treatment takes a few minutes. **It does not hurt.** The machine does not touch you and it is very much like having an ordinary X-ray. When receiving radiotherapy you are usually lying on your back. Any variation from this is explained later in the guide or will be discussed with you by your medical team.

Radiotherapy is given as out patient treatment unless you live too far from the centre to travel each day. The duration of radiotherapy may vary but it is usually between six to eight weeks. Your medical team will talk to you about which treatment is best for you.

Sometimes you might miss a treatment due to a public holiday or a machine service. This will be taken into consideration by your medical team. However, we
encourage you not to miss any other treatments unless it has been discussed and agreed with your medical team.

If you are about to start (or you have already started) a course of radiotherapy please do not make any holiday plans for the immediate future. Talk to your medical team and take their advice about when it will be suitable for you to plan your break.

What are the benefits of radiotherapy?
The purpose of radiotherapy is to destroy the cancer cells while causing as little damage as possible to normal cells. It can be used to treat many kinds of cancer in almost any part of the body.

Radiotherapy is broadly divided into two main categories: radical or palliative. Your doctor can explain which category applies to you.

Radiotherapy for prostate cancer may be given in combination with hormone therapy (see page 24) or on its own. Occasionally it is recommended months or even years after surgery.

What are the side effects of radiotherapy?
Radiotherapy can damage or destroy normal cells and cause treatment side effects. These are discussed in more detail later in this guide.
The side effects of radiotherapy can generally be split into two categories:

- **Early** or **acute side effects** develop during or shortly after treatment. These are usually temporary.

- **Late side effects** are those which can develop months or even years after your radiotherapy is finished. The risk of these side effects occurring is small but, whilst they are rarely severe, they may be permanent.

Your doctor will not advise you to have any treatment unless the benefits are greater than the side effects.

You will be advised against fathering a child during radiotherapy and for a **minimum of six months after finishing radiotherapy**. Radiotherapy can damage your sperm, which can lead to birth abnormalities. Your doctor (Radiation Oncologist) will be able to discuss this with you.

Receiving external radiotherapy **does not make you radioactive or dangerous to be around**. Once you have left the treatment room each day it is **completely safe** for you to mix with children and pregnant women.
Consent to treatment
You will be asked to sign a consent form but only when you are happy that you have all the information you need and your questions are answered. This is a written record stating that you have agreed to the planned radiotherapy. **There is a copy of the consent form in the back of this guide for your reference.**

Your medical team
Over the course of your treatment at the radiotherapy centre you will meet various members of the medical team. The team is often referred to as the ‘multidisciplinary team’. The team will have a consultant radiation oncologist, specialist registrars, radiotherapy nurses or clinical nurse specialists and radiation therapists. The radiation therapists operate the treatment machines and give you your radiotherapy. You will not meet the planning and physics staff but they are part of the team that plan your radiotherapy treatment.

All members of your multidisciplinary team work closely together. They can give you help and advice about any aspect of your treatment. Don’t be embarrassed or afraid to ask them anything you are concerned or anxious about.
Planning your treatment

We have to make sure that the area of your body to be treated includes all of the cancer cells and any areas that might be hiding cancer cells. We try as much as possible to avoid targeting healthy cells.

Prior to attending for radiotherapy planning you will be sent a dietary advice leaflet. For 7 days before your planning scan and again before and during your radiation treatment, you may be asked to follow the dietary advice leaflet. (We may also need you to take laxatives – but if this is the case then it will be discussed with you). The reason for the dietary advice (and laxatives if needed) is that your prostate gland is located in front of your rectum (back passage) - (see Figure 1, page 5). The amount of gas or faeces present in your rectum causes the rectum size to change and in turn can change the position of the prostate. Following simple dietary advice can help keep your prostate in the same position for your planning scans and for each day of your radiation treatment.

When you arrive at the treatment centre you should report to the reception desk and show your appointment letter.

Radiotherapy planning usually takes place in the CT scanner, which is a special X-ray machine that takes a scan of your body. The scans help the doctor decide the exact area within the body that needs treatment.

Before your planning scan we will also need you to drink some water and hold it to ensure your bladder is full. We will be asking you to drink the same amount of water before your treatments. The bladder is located above your prostate

Radiotherapy Treatment for Prostate Cancer - A Guide for Patients
Illustration A

Undergoing a radiotherapy planning CT scan in a typical treatment position.

(see Figure 1, page 5) and variations in its size (contents) can affect the position of the prostate. Drinking the same amount of water prior to each treatment helps to minimise this variation.

We might also need to make one or more small permanent marks on your skin (the size of a small freckle). These marks help us to line up the radiation equipment accurately when you are being treated. We put a drop of dark purple ink into your skin with a small needle. This is at worst slightly uncomfortable. These marks are called tattoos.

Once all the scans, pictures and measurements are taken, the rest of the treatment planning will happen behind the scenes over the next few weeks with the help of a physicist or planner. They assist the doctors in deciding the best way of giving you the amount of radiotherapy you need.
When will treatment begin?
Your treatment will usually start 2-4 weeks after your radiotherapy planning appointment. If you are given a different timeframe the reason for this will be explained by one of the team at your consultation.

During the treatment
At each treatment the radiation therapists will take you into the treatment room and make sure you are in the right position. When they are satisfied with the position, they will leave the room for a short while so that the treatment can be delivered. You will not feel anything but you may hear a bleeping sound. This is quite normal and means that the treatment is happening. During the treatment, the radiation therapists will watch you on a television screen and can talk to you over an intercom. They can also hear you. You are welcome to bring a favourite CD to listen to while you are being treated. Each treatment may take 10-20 minutes.

During your treatment, scans or X-rays will be taken regularly at the treatment unit to monitor your position and the treatment area.

It is very important that you lie still in exactly the same position for each treatment. This will nearly always be on your back.
Some days you might notice some changes in the way the radiation therapists give you your treatment. For example, they might take a scan, a measurement or change the angles of the machine. Every effort will be made to make sure that changes are explained to you beforehand but if you are concerned about anything please just ask.

You will probably meet many other patients in the waiting area each day. Even though you might think your treatment is similar to someone else’s, each patient’s treatment is often very different. Therefore, if you are comparing stories and hear something that worries you, please just ask one of the professional staff.

**Illustration B**
Undergoing radiotherapy treatment on a linear accelerator.
Although your treatment only takes about 20 minutes each day you may be delayed longer on the days that you see the doctor, nurse or any other health care professional.

Please be assured that we make every effort to keep your waiting times to a minimum. If your treatment is cancelled any day due to a machine service or a machine break down, you will get this treatment session again i.e., you will always get the exact number of treatments your doctor prescribed for you.

You will be seen every one to two weeks by your doctors or a nurse and on a daily basis by your radiation therapists. In between, you may also be seen by one of our Clinical Nurse Specialists.

**Side effects**

In general, the body can handle radiotherapy well. It can destroy cancer cells and it may affect normal cells within the treatment area. Side effects are generally limited to the area being treated. Radiotherapy affects people in different ways and not all the side effects mentioned below will occur. Your medical team will discuss these with you on an individual basis. Side effects are described as ‘early’ or ‘late’.

**Early** – side effects which occur during or shortly after treatment.

**Late** – side effects which occur months to years after treatment.

You will be fully informed about what to expect and about potential side effects when you sign your consent form.
Remember: your medical team are all available to answer any questions that you may have during your course of radiotherapy.

Please inform any of the medical team as soon as possible if you notice any change in yourself or your normal routine, such as a change in diet, weight, sleeping habits, increased discomfort or pain.

Early side effects (during and shortly after radiotherapy)

Change in bowel movements
You will be asked to adhere to the special diet sheet for the duration of your treatment. However as treatment goes on you may notice changes to your bowel movements. Some men find they open their bowels more frequently or their stools becomes looser and for some men they become more constipated. If you experience any changes to your bowel movements, discuss it with the radiation therapists, doctors or nurses who will advise you how best to deal with your particular symptoms.
Irritation of the rectum

Radiation to the prostate area may cause some irritation to the rectum (back passage) – (see Figure 1, page 5). You may experience a feeling that you need to open your bowels more frequently. You may pass more wind than normal. You might experience some discomfort or pain when passing bowel motions. Existing piles (haemorrhoids) may become irritated. Radiation to this area can also cause mucous discharge or bleeding from the back passage. Discuss any problems you may experience with your doctors, radiation therapists or nurses. Appropriate medications can be prescribed as necessary to ease any discomfort.

Changes in urinary function

Radiation can cause irritation and inflammation of your bladder. This may result in you passing water more frequently, both during the day and also at night. You might also experience some urgency in the need to pass water. Some men get a burning or stinging sensation when passing water. Occasionally men may find the flow of urine slows down as a result of radiation and in rare cases you may be unable to pass water at all (this requires urgent medical treatment). It is important to ensure you drink plenty of fluids, especially water, for the duration of your radiation and the weeks following your treatment. Try to avoid alcohol, tea and coffee as they can make the symptoms worse. If you have any concerns regarding your urinary function, talk to your doctors or nurses. Appropriate medications can be prescribed as necessary.
Fatigue (tiredness)
You might feel more tired than usual during your radiotherapy. This is at its worst towards the end of your treatment and immediately after treatment is finished. It is important that you get enough sleep and rest, but there should be no reason to drastically change your lifestyle.

The fatigue you will feel with radiation therapy is not the same kind of tiredness that comes after ‘overdoing it’ which goes away after a good night’s sleep. This treatment-related fatigue might feel like an overall lack of energy and might persist for many weeks or even months.

You might become fatigued during radiation treatment because of a combination of factors, including:

> the effect of radiation on your body
> the demands of keeping to the routine of daily treatments
> the emotional toll of the months since your diagnosis
> lingering physical effects of surgery
> changes in diet and lifestyle because of the disruption the treatment causes
Combating fatigue

> **Listen to your body.** You should expect to feel fatigued now and then during your radiation treatment. If you acknowledge and expect it, you will better be able to deal with it when it happens.

> **Re-establish a reasonable routine.** You will minimise the stress associated with fatigue if your daily routine is realistic and organised.

> **Try to exercise.** A little bit of exercise should give you more energy. Try to establish a regular routine of walking. If you feel more energetic afterwards, you might be able to increase the amount you do each day. Just don’t overdo it!

> **Get more rest.** Many patients find that short ‘cat naps’ during the day give them more energy overall. Save your energy for only the most important activities during the day.

> **Ask for and accept help.** When you are undergoing treatment for any serious illness, it is a good time to ask for help—at home and in the workplace.
Sexual function
There is no need to refrain from sexual activity either during or after treatment. Occasionally a burning sensation may be experienced on ejaculation. The prostate cancer and radiation treatment will not harm your partner.

It is important to use contraception before, during and for six months after treatment, as scatter radiation can affect your sperm and this may lead to an increased risk of birth defects if your partner becomes pregnant.

Skin irritation
A skin reaction may occur as a result of radiotherapy. This occurs because the radiation must pass through the skin in order to treat the part of your body that needs treatment. Only the skin within the treatment area will be affected and this usually occurs from the second week of treatment and for up to 4 weeks after you finish radiotherapy. The type of reaction that is likely to be seen is a visible reddening of the area being treated. This may become sore and/or itchy.

The severity of the reaction varies from person to person and there are a variety of different creams, gels and dressings that are available if required. There are also measures you can take to keep your skin in good condition to help it to tolerate the radiotherapy.

Remember: a skin reaction will only affect the part of your body being treated, so you only need to follow the Dos and Don’ts for the part of your body in question.
<table>
<thead>
<tr>
<th>Dos</th>
<th>Don’ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Wash your skin, but only use simple, non-perfumed soap. Perfumed soaps might make the reaction worse. The area should be washed gently avoiding friction and patted dry with a soft clean towel. Avoid rubbing or scrubbing the skin too vigorously.</td>
<td>• Do not use perfumed soaps, shower gel or deodorant. These might make your skin sore.</td>
</tr>
<tr>
<td>• Use lukewarm water to wash with.</td>
<td>• Do not use any creams, powders, lotions or home remedies on the skin in the treatment area unless we advise you to do so.</td>
</tr>
<tr>
<td>• Use an aqueous cream (a water based cream) such as E45 twice a day from the start of treatment, increasing the number of uses if required.</td>
<td>• Do not scrub at the area. Scrubbing will make the area worse.</td>
</tr>
<tr>
<td>• Wear loose cotton clothing in the area to avoid friction</td>
<td>• Do not scratch the area.</td>
</tr>
<tr>
<td>• Use mild detergent to wash your clothes.</td>
<td>• Avoid exposure to extreme temperatures, for example ice packs and hot water bottles.</td>
</tr>
<tr>
<td>• Make sure you tell us if the area becomes sore or uncomfortable.</td>
<td>• Do not swim in chlorinated water during your radiotherapy. Even when your treatment is finished, wait until your skin is fully healed.</td>
</tr>
</tbody>
</table>
Pubic hair may fall out but will gradually return in the months following treatment. For some patients, we might ask you to shave a bit of your pubic hair if the tattoo cannot be seen. We will explain this to you if required.

Late side effects (months to years after radiotherapy)
These are the most difficult to predict. The risk of these is small and, whilst they are rarely severe, they may be permanent.

Bowel function
For a small number of men who have radiation to the prostate, the treatment may result in some prolonged or permanent changes to their bowels. Some men experience an increase in the number of bowel motions they have daily or they may find their stools are looser than previously. They may also experience a sense of urgency when opening their bowels. A small number of men find they have some discomfort or soreness when their bowels open.

Rectal bleeding
Radiotherapy to the prostate can cause some damage to the wall of the rectum. As a result of this some men experience episodes of rectal bleeding several months or even years following radiotherapy. The bleeding is usually only slight. If you experience any bleeding episodes, please inform a member of your medical team. A camera examination is usually performed to confirm the presence of radiation damage and then treatment is decided accordingly. In some cases no treatment is necessary if the bleeding is very minimal.
Urinary function

For most men who undergo radiotherapy to their prostate gland the changes to their urinary function caused by radiotherapy are temporary. However in a small number of cases, men may experience a persistent burning or stinging sensation when passing water. Some men may find that they need to pass water more frequently or urgently as a result of having radiation. Permanent leakage of urine (incontinence) is rare, however some men experience slight leaking or dribbling following radiotherapy. If you have any degree of incontinence your doctor will discuss the treatment options with you. Medication prescribed by your doctor or pelvic floor exercises taught by a physiotherapist may help. Speak with your doctor or nurse if you have any concerns regarding your urinary function.

Sexual function

The prostate gland is part of the male sexual reproductive system. It is responsible for producing the liquid to carry sperm out of the body. Radiotherapy to this area can unfortunately result in the loss of ability to get erections for some men. Some men find that the ability to have erections is reduced and they have partial function but not sufficient for intercourse to take place.

Many men continue to have the ability to achieve erections but find they no longer ejaculate during intercourse. If they do ejaculate, the semen amount can be less than previous or darker in colour. Occasionally some men notice blood is present in their semen. This is caused by damage to the blood vessels as a result of radiotherapy.
For many men sexual function is not something they find easy to talk about. However your doctor/nurse are very experienced in talking about and dealing with these problems. They have advice and information on the relevant treatments for erectile dysfunction and are available to discuss any concerns you may have.

Radiotherapy to the prostate may result in infertility in the months following treatment. Please feel free to discuss this with your medical team.

**Other effects**

In very rare cases (one in a thousand people treated), radiotherapy might result in the development of another cancer within the treatment area many years later.

During your follow-up care we will be looking out for all of these problems. Please feel free to talk to us about any concerns you have when you come for your follow-up appointments.
Information for patients receiving hormonal therapy for prostate cancer

Many men will also be prescribed hormone therapy before, during and sometimes after radiotherapy. If this is what your doctors have recommended the following information will help you understand why and outlines the side effects you might experience. Hormone therapy (androgen deprivation therapy) includes the following treatments:

> **Luteinizing hormone-releasing hormone (LHRH) agonists**
  are drugs (such as Leuprolin acetate, Triptorelin acetate) that lower the body’s production of testosterone by stopping the testicles from making testosterone. These drugs are given as injections either monthly or every 3, 6, 9, or 12 months, depending on the regimen your doctor chooses.

> **LHRH antagonists** are newer drugs (such as Degarelix acetate) very similar to LHRH agonists, but do not require the addition of an anti-androgen.

> **Anti-androgen drugs** (such as Bicalutamide, Cyproterone acetate) prevent the body from using testosterone. These drugs are in the form of a tablet.
Maximum androgen blockade (MAB) is a treatment strategy to eliminate any remaining androgens (hormones) in the body. It is a combination of an anti-androgen drug and an LHRH agonist drug. LHRH injections eliminate about 90% to 95% of the body's testosterone, and adding the anti-androgen tablet eliminates the remaining 5% to 10% of the body's testosterone.

You may find the hormone instructions on page 35 helpful. Some common side effects of hormone therapy may include:

- Impotence (inability to have erections) and loss of libido (sex drive) are inevitable side effects. Discuss treatment options for impotence with your doctor.
- Hot flushes: heat, sweating and flushing. Many men find flushes quite mild and usually occur in bed at night. However, flushes can also be quite debilitating and can occur throughout the day. Additional medication may help reduce the intensity.
- Tiredness (fatigue).
- Mood changes: occasionally men can feel emotional or depressed. A review with the psycho oncology team, or appropriate medication may be helpful.
- Mildly enlarged and/or tender breasts.
- Weight gain (care must be taken with diet and exercise).
- Loss of muscle mass.
Some less common side effects of hormone therapy include:

> A reduction in the thickness (density) of bones if taken for longer than a few months. Very occasionally this can lead to osteoporosis. Your doctors may send you for a bone density scan (DEXA scan) to monitor this and may recommend additional therapy.

> Rise in cholesterol: this will be checked periodically with a simple blood test.

> Heart disease: there may be a very small risk. Your risk factors for heart disease will be reviewed by your doctors.

> Anaemia (reduction in blood count): this will be monitored by your doctors.

> Liver damage (rare): this will be checked periodically with a simple blood test.

> Diabetes: there may be a very small risk of developing diabetes. For diabetics control of blood sugars may be more difficult.
Your feelings

You may have a range of feelings related to your cancer diagnosis during and after your treatment including anger, anxiety, fear and sadness. These are all normal reactions and part of the process that many patients go through. Everyone has their own way of coping. Some find it helpful to talk things over with other people who have been through similar experiences as themselves. Other patients prefer to keep their feelings to themselves.

There is no right or wrong way to cope, but help is there if you need it. Please feel free to talk to a team member about getting support if you feel it would help you. You might find it helpful to contact a support group or organisation.

There is a weekly prostate information group in St. Luke’s Hospital in Rathgar for patients during and after treatment. For further information on when this takes place please contact the medical team.

MAC – Men Against Cancer
This is a support group for men with cancer. They provide information, advice and emotional support for men and their families and friends. MAC can be contacted via the National Cancer Helpline overleaf.
National Cancer Helpline
1800 200 700
www.cancer.ie

The Irish Cancer Society
43/45 Northumberland Road,
Dublin 4
Tel: 01 231 0500

The Irish Cancer Society Information Service offers free, confidential advice, support and information on cancer and related issues to anyone worried about any aspect of cancer prevention, early detection, diagnosis, treatment or follow-on care. Through the Cancer Information Service, people can also access patient support groups and counselling services.

ARC House
65 Eccles Street,
Dublin 7
Tel: 01 8307333
www.arccancersupport.ie

ARC is a registered charity offering professional support to people affected by cancer and those who care for them. They are based in Eccles Street and the South Circular Road in Dublin.
Who you’ll meet

Consultant and their team
Your consultant is a Radiation Oncologist who will decide on the type and amount of treatment you will have. In general, you will have been referred to them by another hospital doctor or GP. The most senior doctor is the Consultant who has overall responsibility for your care. Your consultant will have a Senior Registrar or a Registrar working with them. If you are admitted to the hospital, you will also meet the SHO (Senior House Officer), who works with your consultant.

Radiation Therapist
Radiation therapists are specialists who are trained to give you your radiotherapy treatment and to operate the machines that are used to give you your treatment. They are completely involved with your treatment from helping to plan your treatment right through to monitoring all aspects of your daily treatment. They work closely with the doctors and other staff within the department. As they see you every day while you’re having treatment they can answer any questions you have about any aspect of your radiotherapy treatment.
Clinical Nurse Specialist

A Clinical Nurse Specialist is a nurse in clinical practice who has undertaken additional education relevant to their area of specialist practice. Clinical Nurse Specialists provide support for the patient and their family throughout treatment and after discharge from the hospital if necessary. They have up-to-date information about treatment, possible side effects and any other problems or issues that may arise.

If you would like to be seen by a Clinical Nurse Specialist please talk to a member of your medical or nursing team to arrange this.

Radiotherapy Nurse

Each consultant has a radiotherapy nurse attached to their team. These are nurses who are specially trained in caring for people with cancer. You will meet one of them when you first attend your treatment centre and then you’ll see them on a very regular basis during your radiation treatment. They are available throughout the working day if you have any concerns.

Physicist and Planner

These people are highly trained scientific specialists in the subject of radiotherapy planning. They help the doctors to decide the best way of delivering the radiotherapy you need.
Diagnostic Imaging Department

The Diagnostic Imaging, or X-ray department as it is often called, carries out a variety of imaging examinations for both in patients and out patients. These examinations can include plain film X-rays, ultrasound scans, CT Scans (Computed Tomography), a process called Fluoroscopy or Image Guided Biopsies. The imaging examinations play a large part in planning your treatment and they are also used to see how the treatment is working for you. These examinations are carried out by trained radiographers and are viewed and reported by a Consultant Radiologist.

Social Worker

A social worker is assigned to each consultant’s team in your treatment centre and they are available to you and your family throughout the course of your treatment. The social worker can provide counselling and emotional support to you and your family in relation to your illness and also in relation to any other issues that might arise while you are on treatment.

They can also help with planning your discharge from hospital and setting up support services in the community. Also, they can give you advice about benefits. Please do not hesitate to ask one of the team to refer you to the social worker.
Palliative Care or Symptom Control Team
During treatment some patients may be seen by our palliative care or symptom control team. These doctors (Consultant or Registrar) and specialist nurses are specialists in dealing with the symptoms associated with cancer and also its treatment.

Dietitian
Dietitians are health professionals trained to give accurate advice on all aspects of nutrition and diet. During radiotherapy some people might need help with their diet to manage side effects and prevent them losing weight. If you have any concerns about your diet, please ask one of your team to refer you to the dietitian for nutritional advice and support.

Psycho Oncology Service
The emotional impact of a cancer diagnosis and treatment is very difficult. It is normal to feel stress, anxiety, sadness, anger or a sense of losing control. People deal with their emotions differently. Some people find inner strength and draw support and comfort from friends and family, others might need additional help. Your multidisciplinary team plays an important role in helping you to cope but occasionally you might feel you need additional help from a psychologist.

Psychologists have specialist training in psychological therapies that help people and families who are particularly distressed, anxious or feeling low. You can choose to see a psychologist for a one-to-one session or you can attend relaxation classes, ‘coping’ talks or you could sign up for a group therapy session which are available in St Luke’s Hospital, Rathgar, Dublin 6. Please do not hesitate to ask
for the psycho oncology information leaflet or to ask for a referral. Details of services available can be provided by your medical team.

**Clinical Research Nurse or Research Radiation Therapist**

Clinical Research Nurses or Clinical Radiation Therapists are trained in caring for patients with cancer who take part in a clinical research study. You might be approached by a member of the research team who will discuss your standard treatment and study related treatment options.

Clinical research studies are carried out in order to try and find new and better treatments for diseases. A cancer clinical research study is a highly organised study designed for people with cancer; to answer specific questions about a new treatment or a new way of using a known treatment. Each research study aims to increase medical knowledge and to find new ways to treat patients.
Useful contacts

Consultant Radiation Oncologist

Consultant’s Secretary

Clinical Nurse Specialist

Other

Contact information for St Luke’s Radiation Oncology Network is listed on back cover

St Luke’s Radiation Oncology Network would like to acknowledge the assistance of our patients and staff in producing this guide.

Edited by Dr Charles Gillham

Radiotherapy Treatment for Prostate Cancer - A Guide for Patients
Personal hormonal therapy instructions

My Doctor has chosen the following hormonal treatment option(s) for me (select appropriate options):

1. An anti-androgen tablet (name: ______________________, dose __________) for ________ month(s). I start taking this tablet 2 weeks before my first hormone injection. I stop taking this tablet at the end of my radiotherapy.

2. An anti-androgen tablet (name: ______________________, dose __________). I take this tablet for 3 weeks. I start taking this tablet 2 weeks before my first hormone injection and stop taking it 1 week after my first hormone injection.

3. An anti-androgen tablet (name: ______________________, dose __________) for ________ month(s). I start taking this tablet 2 weeks before my first hormone injection. I keep taking this tablet for as long as I am on hormone injections.

4. A hormone injection (name: ______________________, dose____________) for ________ month(s). My GP gives me this injection every ________ month(s). My GP stops giving me this injection at the end of my radiotherapy.
5. A hormone injection
(name: .................................................., dose..................) for ..........
month(s) or .......... year(s). My GP ........ gives me this injection every ........ month(s). My GP .... continues giving me this injection after my radiotherapy.

6. Long term hormone injection
(name: .................................................., dose..................). My GP gives me the injection every ........ month(s). These both keep going indefinitely unless my doctor tells me otherwise.
St Luke’s Radiation Oncology Network
St Luke’s, Beaumont and St James’s Centres

Patient or Guardian Consent to Radiotherapy

Patient Name:  
Patient D.O.B.:  
ID Number:  
Type of Treatment:  

Statement of Patient or Guardian
I agree to the above treatment. I understand what is involved in radiotherapy planning and treatment and I have been given enough time to ask questions.
For females only: I have no reason to think I am pregnant now. I understand there is a risk to the foetus if I become pregnant during treatment.

Signed:  
Date:  
Name (PRINT):  
Relationship to patient (if applicable):  

Statement of Interpreter (where appropriate)
I have communicated the above information to the patient or their guardian to the best of my ability and in a way in which I believe they can understand.

Signed:  
Date:  
Name (PRINT):  

Statement of Health Professional
(to be completed by a health professional with appropriate knowledge of the proposed treatment)
I have explained the treatment to the patient or their guardian or their interpreter. I have outlined the potential benefits as well as the potential acute and late side effects of treatment. I have discussed the procedures involved in radiotherapy treatment planning and delivery and have provided appropriate written information.

Signed:  
Date:  

Irish Medical Council No:  

Data Protections Acts 1988 apply  

Radiotherapy Treatment for Prostate Cancer - A Guide for Patients
Notes and questions

.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
Notes and questions
Notes and questions

.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
.............................................................................................................
St Luke's Radiation Oncology Network at
St Luke’s, Beaumont and St James’s Hospitals
Dublin

St Luke’s Hospital, Dublin 6
Tel:   (01) 406 5000
Email: radiotherapy.stlukes@slh.ie

St Luke’s Radiation Oncology Centre at
Beaumont Hospital, Dublin 9
Tel:   (01) 704 5500
Email: radiotherapy.beaumont@slh.ie

St Luke’s Radiation Oncology Centre at
St James’s Hospital, Dublin 8
Tel:   (01) 420 6900
Email: radiotherapy.stjames@slh.ie

Radiotherapy treatment for
Prostate Cancer

A guide for patients