

# Radiotherapy treatment for

## Breast Cancer

A guide for patients

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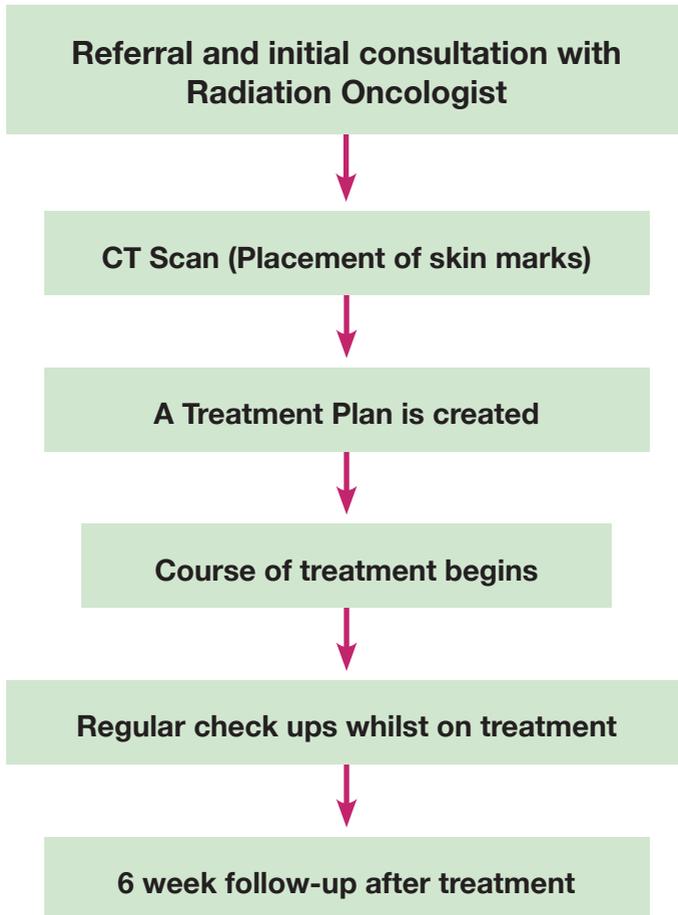
  
**Plain  
English**  
Approved by NALA

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# Patient journey for breast cancer radiotherapy



## About this guide

This guide aims to give you a better understanding of **radiotherapy** and its use to treat breast cancer in women and men. It also gives details about more specific treatments that may have been planned for you. It has been prepared with help 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.

## 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**). It is also possible to deliver radiotherapy to small areas of the body using brachytherapy (*see page 13*).

## 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 three and

six 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 for breast cancer is usually given after surgery and it aims to destroy any cancer cells that might remain. If you need chemotherapy as well, then radiotherapy usually starts about four weeks after this has finished. Sometimes radiotherapy is given at the same time as chemotherapy.

### **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.

If you are a woman of childbearing age you **should not become pregnant** before or during radiotherapy because the treatment may harm the baby, especially in the first three months of a pregnancy. **Please talk to your doctor, nurse or radiation therapist if you think you might be pregnant.** Your doctor will also be able to advise you on how long you should wait after your therapy before becoming pregnant.

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 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, and don't be embarrassed or afraid to ask them about anything you are concerned or anxious about.

## Planning your treatment

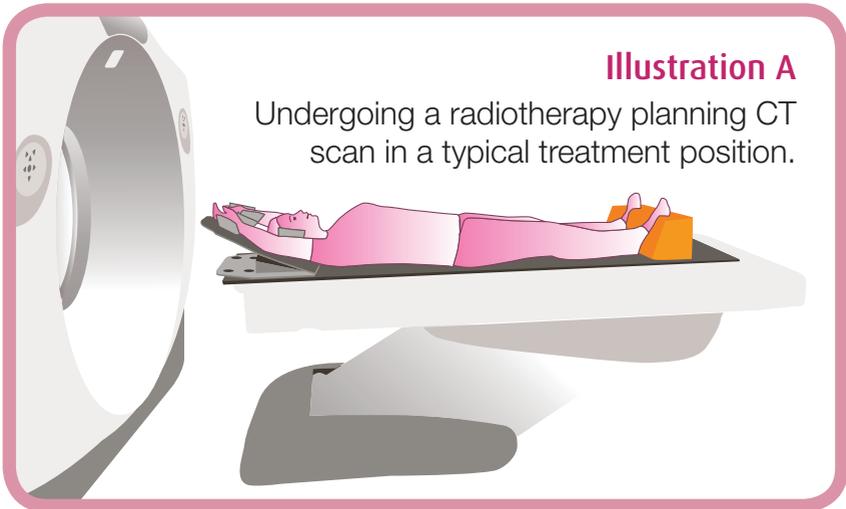
We have to make sure that the area of your body to be treated includes all of the cancer cells and any areas that might be hiding cancer cells. We try as much as possible to avoid targeting healthy cells.

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

Radiotherapy planning 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.

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're 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 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.



### **Illustration A**

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

### **Checking your treatment**

Before starting your treatment you might be asked to come back for one final check. At this appointment (called verification) we take X-rays to make sure everything is ready and accurate before we begin your treatment. When the team is sure that everything is right, your treatment will go ahead.

### **When will treatment begin?**

Your treatment will usually start 2-4 weeks after your radiotherapy planning appointment. If you're given a different timeframe the reason for this will be explained by one of the team at your planning appointment.

## 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 beeping 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. 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.

**Illustration B**

Undergoing radiotherapy treatment on a linear accelerator.



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.

You will be seen at least every two weeks by your medical team and on a daily basis by your radiation therapists and nurses.

## External beam radiation

With this technique, a large machine called a 'linear accelerator' delivers high energy radiation to the affected breast. A computer system is used to plan your treatment so that the radiation dose is delivered to exactly the correct target area.

Radiotherapy for breast cancer is frequently directed at the breast or chest wall (if you have had a mastectomy). It may also be directed at the neck (the supraclavicular fossa) and very occasionally the underarm (axilla). Your medical team will explain which treatment is necessary for you.

The external beam radiation might require several beams from different directions to be aimed at the area. Also, you may be given an extra 5-8 treatments, called a 'boost'. The boost is targeted at the area from where the tumour was removed. Your medical team will talk to you about a boost if you need it.

## Brachytherapy (Interstitial radiotherapy)

Brachytherapy - or interstitial radiotherapy - means placing radioactive material directly into the target area. This type of radiotherapy is sometimes given as an alternative to external treatment or as a means of giving the boost. Very simply it involves inserting small tubes (catheters) into your breast under general anaesthetic. Once it is confirmed (with a CT scan) that the tubes are in the correct place, you receive your treatment through these tubes. Most people have up to ten of these treatments. When you're finished the treatments, the tubes are removed.

Your medical team will talk to you about this treatment in greater detail if it is recommended for you.

## 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 habit, increased discomfort or pain.

The side effects of radiotherapy to the chest region may be aggravated by alcohol and cigarette smoking. Therefore all patients are advised to stop smoking and minimise their alcohol intake. This is especially important during and immediately after treatment.

## Early side effects (during and shortly after radiotherapy)

### Skin irritation

The most frequent side effect of radiotherapy involves the skin in the area being treated. During treatment, some people develop a skin reaction similar to sunburn, known as 'erythema'. This happens because the radiation passes through your skin in order to get to the part of your body that needs treatment. Pale skin might become pink, red or itchy and darker skin might appear darker with a blue or black tinge. Very mild erythema is occasionally seen in the first week of treatment, but is usually more pronounced after 2 - 3 weeks of treatment.

Some areas of your skin may turn redder than others - for example, the skin near the armpit, in the upper inner part of the breast area and along the fold under your breast. If your skin becomes dry and flaky during the course of your treatment, this is known as 'dry desquamation'. If your skin peels in a wet way this is known as 'moist desquamation'. In rare cases, a blister might form. If this happens leave it alone. Your medical team can help you to manage any of these side effects if they happen.

When you finish your radiotherapy, your skin will heal naturally.

**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.

**Dos**

- Wash your skin, but only use simple, non-perfumed soap. Other perfumed soaps might make the reaction worse. The area should be washed gently and patted dry with a soft clean towel.
- Use lukewarm water when washing.
- Use an aqueous cream (a water-based cream) such as E45 twice a day from the start of your treatment. Increase the number of uses if necessary.
- Wear loose cotton clothing to avoid friction.
- Make sure you tell us if the area becomes sore or uncomfortable. We will be able to provide you with different creams, gels, dressings or painkillers if required.

**Don'ts**

- Do not use perfumed soaps, shower gel or deodorant. These might make your skin sore. Please speak to the breast care nurse about alternatives that can be used.
- Do not scrub at the area - scrubbing will make the irritation worse.
- Do not scratch the area.
- Avoid exposure to extreme temperatures, for example ice packs and hot water bottles.
- Do not swim in chlorinated water during your radiotherapy. Even when your treatment is finished, wait until your skin is fully healed.
- Do not shave or wax underarm hair.

## What about sun exposure?

The skin that has been exposed to radiation therapy might be more sensitive to the sun than it was in the past. You can go out in the sun, but be sure to use a sunblock that is rated SPF 50 or higher on the area that has been treated. Also, try to wear a hat and clothing that will cover the skin.

## 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 from chemotherapy or 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.** If your daily routine is realistic and organised so that you can stick to it you will minimise the stress associated with fatigue.
- > **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.

## Effects on the breast

Most women will develop changes in the look and feel of their breast due to radiotherapy. For many women, though, these changes are very slight. A few women will develop swelling of the breast area during treatment or shortly afterwards. This is due to fluid retention and is known as 'oedema'. It should go away within a couple of months of finishing treatment, but may occasionally last longer. Between the surgery and the radiation treatment your breast might be somewhat numb and tender. Over months, these

sensations should improve a lot - but they don't always fully go away. Women of childbearing age will most likely find that they cannot breastfeed their babies from the treated breast, because the breast is no longer able to produce significant amounts of milk.

### **Effects on the chest wall**

Part of the chest wall will be treated by radiotherapy. This includes part of the muscles of the chest wall and the ribcage just beneath the breast.

Both during and soon after radiation treatment, you might experience brief shooting pains. You may have had similar discomfort after your surgery. These pains are due to swelling and irritation of the tissues, and can be eased with simple pain-killers. They should go away soon after the treatment is finished.

### **Effects on the neck**

In addition to the chest area, you may also be having treatment to a small bit of the neck, above your collar-bone. This is known as the 'supraclavicular' area. Radiotherapy to this area can cause a slightly dry, tickly sensation at the base of your throat. This is a temporary side effect and is usually mild.

### **Effects on the arm and armpit**

Arm discomfort, including pain, swelling and a feeling of fullness or numbness, can happen after a:

- > Lumpectomy (removal of a lump)
- > Mastectomy (removal of a breast)
- > Lymph node removal (removal of lymph glands)

Some of the nerves in your armpit may be cut during surgery, which can cause numbness. The area might feel a bit tender and swollen. Discomfort and the feeling of fullness in the armpit can be made temporarily worse by radiotherapy but any numbness and pain should not get any worse.

### **Arm movements**

Radiotherapy can temporarily affect how well you can move your shoulder. It is fairly common for women who have radiotherapy to the underarm to experience some restriction in shoulder movement especially if they have had surgery to their underarm as well. If you are concerned about any restriction in your movement, please let us know and we can arrange a physiotherapy appointment.

## **Late side effects (months to years after radiotherapy)**

### **Effects on the skin**

The skin in the treated area might always appear to be slightly different colour to untreated areas. In the years after treatment you might notice tiny blood vessels on the skin, known as 'telangiectasia'. Although this affects how the skin looks it should not cause any other problems. These tiny marks are not a sign of the cancer coming back.

### **Effects on the breast**

Some women might notice hardening or thickening of the breast tissue in the months and years after treatment. This can cause the breast to become harder and appear smaller than it was.

## Effects on the chest wall and shoulder

Over time you might feel muscle stiffness in the chest wall and shoulder area. This might result in difficulty with everyday activities such as reaching up in to a cupboard. This stiffness may be caused by scar tissue from a combination of surgery and radiotherapy. You might experience the delayed effects of muscle tightness and loss of movement at any time for a 2-year period after radiotherapy. During this time it is important to continue with any stretches that you were taught in hospital. You should also try to use your arm for light, everyday activities to maintain and encourage normal movement. If you have ongoing problems physiotherapy might help. Your doctor can refer you. Over the years, radiation to the ribcage area might weaken the ribs. In very rare cases (less than 1%) the ribs might break if you get a knock or blow to the area.

## Lymphoedema

This is a swelling of the fingers, hand, arm or breast caused by a build-up of lymphatic fluid. This might happen after surgical removal of lymph nodes under the arm or after radiotherapy to the underarm area. You can reduce the risk of lymphoedema by:

- > avoiding injury to the affected limb
- > treating any cuts or scratches as soon as they happen to avoid infection or inflammation in the limb on the affected side
- > gradually building up the duration and intensity of any exercise or activity
- > wearing loose-fitting clothing and jewellery

If you notice any swelling on the affected side, tell your medical team as soon as possible. If necessary we can arrange for you to see the Lymphoedema Specialist Nurse.

Also, flying has been linked to the onset of lymphoedema so tell your medical team if you have plans to travel by air, as you may need to take special precautions.

### **Effects on the heart**

Your heart lies within your chest just behind your left breast. When giving radiotherapy to the left side, and in particular following some types of chemotherapy, we take very special care to minimise the dose to the heart. There is, however, a tiny risk (less than 1%) of damage to the heart in the long term. Modern radiation techniques treat much less of the heart than they did in the past.

### **Effects on the lung**

Even with today's state-of-the-art equipment, a small part of the lung just underneath the chest wall is within the treatment area. Scar tissue can form in this small part of the lung after radiation treatment is finished. This is not dangerous to you, but you should be aware of what happens.

If scar tissue does form, it's usually found by a chest x-ray that's probably being done for an unrelated reason. Keep this in mind in case you have a chest x-ray that shows an area of scar tissue. Symptoms, which are uncommon, can include a dry cough. This is usually mild but might require treatment with a short course of steroids.

## 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.

## Your feelings

After your cancer diagnosis and treatment, it's normal for you to have a range of very mixed feelings including anger, anxiety, fear and sadness. These are all normal reactions 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.

There is a monthly breast support group based at St Luke's Hospital in Rathgar, Dublin 6. For further information on when group meets please contact your medical team.

Some 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 another **support group** or **organisation**.

### **The Irish Cancer Society**

43/45 Northumberland Road,  
Dublin 4

**Tel: 01 231 0500**

### **National Cancer Helpline**

**1800 200 700**

**[www.cancer.ie](http://www.cancer.ie)**

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](http://www.arccancersupport.ie)**

559 South Circular Road,  
Dublin 8

**Tel: 01 7078880**

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.

## **Physiotherapist**

If you experience any pain or loss of movement in your neck, shoulder or arm after surgery or during radiotherapy a physiotherapy assessment might help. A physiotherapist can advise you on specific exercises and correct posture and help you get your movement back. Please ask the doctor to refer you if you think physiotherapy would be helpful to you.

## **Lymphoedema Specialist Nurse**

Your medical team might refer you to the lymphoedema specialist nurse. This specialist nurse can identify early symptoms of lymphoedema (swelling of the limb) and help you to deal with it and prevent it from getting worse. Early action can help to reduce the limb size, improve the shape of the limb, improve the movement and functional skills and help to prevent further swelling and complications.

## 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 multidisciplinary 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.

## **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.

# Useful contacts

**Consultant Radiation Oncologist**

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**Consultant's Secretary**

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**Clinical Nurse Specialist**

.....

**Other**

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.....

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.....

**Please place radiotherapy centre  
contact details sticker here**

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*

## 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

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# **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

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