



**Cancer  
Council**  
Queensland

# Understanding radiation therapy

A guide for patients  
their families and friends.

Treatment

Cancer Council Helpline

**13 11 20**

[www.cancerqld.org.au](http://www.cancerqld.org.au)

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Cancer Council Queensland is a not-for-profit, non-government organisation that provides information and support free of charge for people with cancer and their families and friends throughout Queensland. These services are made possible through the generous donations of Queenslanders and we thank them for their continued support.

**If you would like to know more about the information and support services provided by Cancer Council Queensland, call our Helpline on 13 11 20 Monday to Friday, 8am to 6pm.**

**Disclaimer:** The information enclosed is provided for educational purposes or for personal use only. Cancer Council Queensland (CCQ) strongly advises this information should not be used as a substitute for seeking medical or health care advice. We strongly recommend that you seek advice from your doctor or treating health care team before making any decision about your health care treatment. Please note that the information enclosed reflects the opinion of the author/s at the time of writing. Every effort has been made by CCQ to ensure its accuracy, however CCQ and its advisors do not accept any liability in relation to this information. This publication is current as at March 2011.

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## Introduction

This booklet is designed to help you understand more about radiation therapy. People affected by cancer often report that seeking information about cancer and treatment options assists them to feel more in control and prepared for what is happening. However people have different needs for information, different levels they are comfortable with, and their information needs change over time.

Your capacity to absorb information can also be affected by a stressful event such as the diagnosis of cancer. With this in mind, we recommend that you approach this booklet with an open mind. Read what is relevant to you and take your time to absorb the content. You may find it helpful to read this booklet in small sections and skip over those that do not interest you at this stage. You may also find you want more detailed information than this booklet provides.

The information provided in this booklet may be helpful in deciding what questions to ask the doctor and nurses involved in your care. This booklet is not designed to replace information provided by your treating doctor or health care team. We encourage you to talk with your doctor or health team about the questions and concerns you have.

For further information, please feel free to call the **Cancer Council Helpline** on **13 11 20**, Monday to Friday, between 8am and 6pm.

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## Personal information

**Ask your doctor or nurse to help you complete this page**

Name .....

Doctor's name .....

Phone ..... A/H .....

Hospital .....

Hospital contact person /  
cancer co-ordinator .....

Phone ..... A/H .....

Specialist .....

Phone .....

Nurse .....

Phone .....

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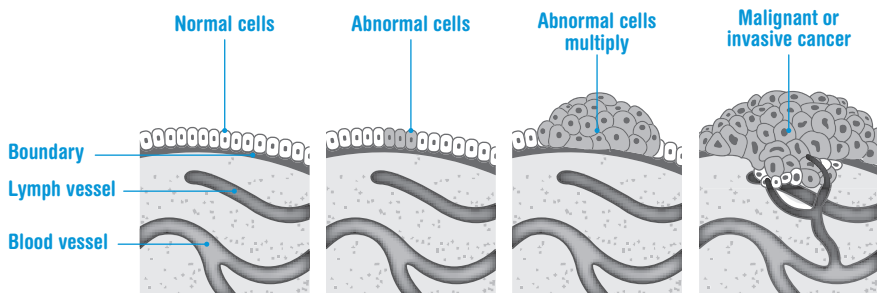
# What is cancer?

Cancer is a disease of the body's cells, which are the body's basic building blocks. Our bodies constantly make new cells: to help us to grow, to replace worn-out cells, or to heal damaged cells after an injury.

Normally, cells grow and multiply in an orderly way, but sometimes something goes wrong with this process and cells grow in an uncontrolled way. This uncontrolled growth may develop into a lump called a tumour.

A tumour can be benign (not cancer) or malignant (cancer). A benign tumour does not spread outside its normal boundary to other parts of the body. However, if a benign tumour continues to grow at the original site, it can cause a problem by pressing on nearby organs.

## The beginnings of cancer

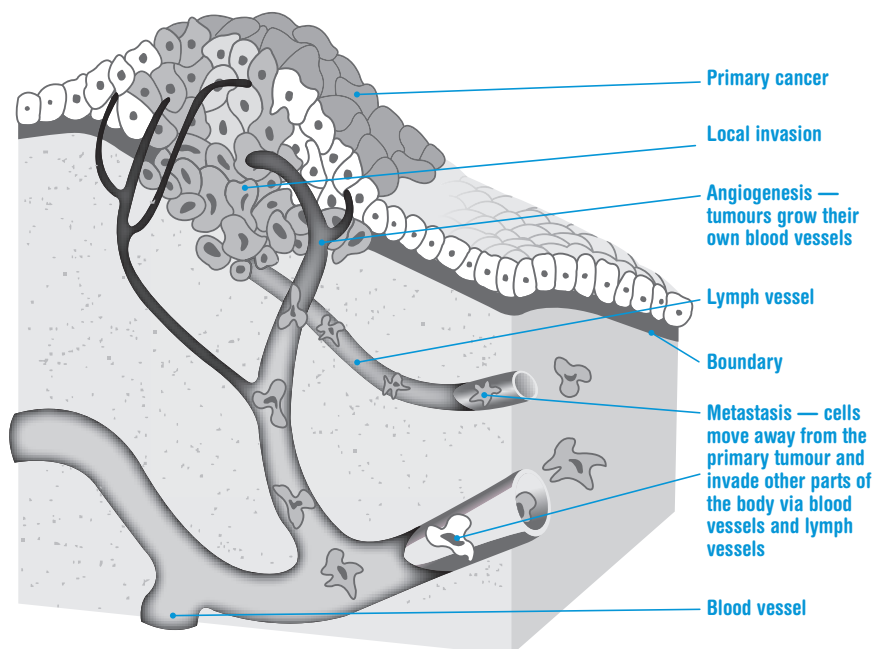


Some benign tumours are precancerous and may progress to cancer if left untreated. Other benign tumours do not develop into cancer

A malignant tumour is made up of cancer cells. When it first develops, this malignant tumour may not have invaded nearby tissue. This is known as a cancer in-situ (or carcinoma in-situ). As the tumour grows, it invades surrounding tissue becoming invasive cancer. An invasive cancer that has not spread to other parts of the body is called primary cancer.

Sometimes cells move away from the original (primary) cancer and invade other organs and bones. When these cells reach a new site, they may continue to grow and form another tumour at that site. This is called a secondary cancer or metastasis.

## How cancer spreads



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## What is radiation therapy?

Radiation therapy, sometimes called radiotherapy or x-ray therapy, is the use of controlled high-energy radiation such as x-rays to destroy cancer cells and stop them from growing and multiplying.

There are different types of radiation therapy. The type of radiation therapy depends on the individual patient and the type of cancer. Radiation oncology refers to the medical speciality of treating cancer by radiation. The doctor treating you is called a radiation oncologist.

## Where do you have your treatment?

Radiation therapy requires expertise, specially trained staff and a great deal of technological support. This is why radiation therapy departments are generally located in larger regional hospitals. Radiation therapy departments are run in different ways, and their operations may vary slightly from region to region. While most of the general information in this book will apply to most departments, you may find things are done a little differently at the treatment centre you attend.

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## How does radiation therapy work?

Radiation therapy is a targeted treatment that, in sufficient doses, kills cancer cells in the area of the body being treated.

The normal cells in the treated areas will also be affected, but they are able to repair the damage caused by radiation. For this reason treatments are carefully planned, ensuring the cancer receives an adequate dose of radiation whilst causing as little damage as possible to normal cells.

## Why is radiation therapy used to treat cancer?

Radiation therapy can be used to:

- **Cure cancer.** For certain kinds of cancer, radiation alone or radiation as the major modality of treatment is enough to destroy the cancer;
- **Assist other treatments.** Often radiation therapy is used with other treatments such as surgery or chemotherapy. This is known as adjuvant radiation therapy. It is used to make the main treatment, for example surgery, more effective;
- **Relieve symptoms.** Radiation therapy can be used to relieve pain or other symptoms, such as bleeding, by shrinking the cancer and slowing its growth.

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## How is radiation therapy given?

Due to improved technology and knowledge about how radiation therapy affects cancer, it has developed into a very versatile treatment.

It is used to treat a variety of cancers including breast, prostate, lung, bowel, head and neck, bone, brain and skin cancers.

There are two main types of radiation therapy:

- 1) **External** radiation; and
- 2) **Internal** radiation.

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## External radiation

External radiation is electronically produced by a linear accelerator, or superficial therapy machine. This form of treatment is painless and it is similar to having an x-ray taken. The type of cancer you have and the part of your body that is affected influences the choice of treatment machine.

Some machines are better at treating cancers close to the surface of the skin, while others are used for treating cancers deep within the body. Although the machines do different things, they are all basically similar and apart from superficial X ray machines, they are large and not transportable.

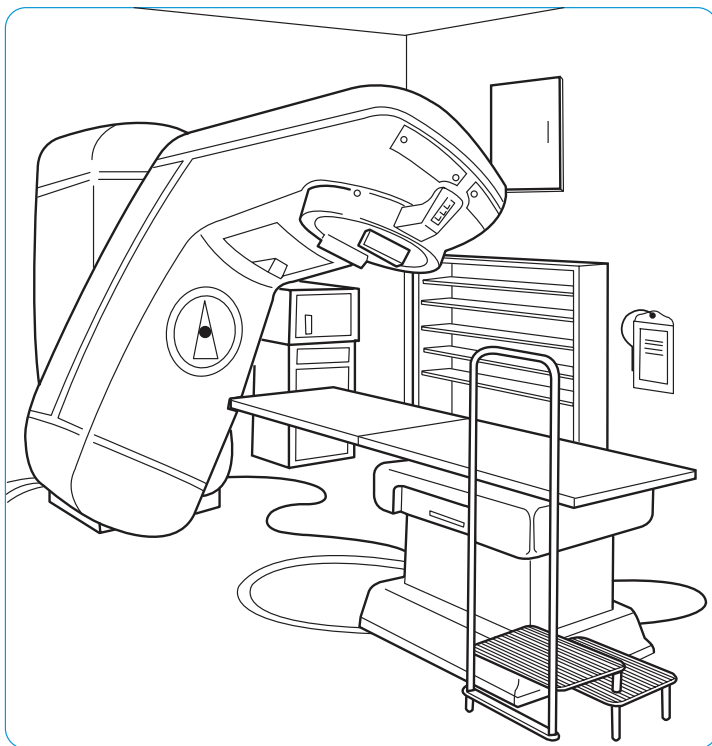
If you have never seen a treatment machine you may feel frightened and concerned, but you will soon get used to its size. These machines make loud humming noises when they are switched on and move about. The machines move up, down and around you, so that radiation can be directed at the cancer from different angles. These machines are operated by trained staff called radiation therapists and are checked by the medical physicist, who makes sure the equipment is always working correctly.

It is normal to feel a bit anxious. However, you will feel more at ease as you get to know the staff and procedures at the treatment centre.

### Your first visit

At your first visit with the radiation oncologist your referral letter, medical records, x-rays and other tests will be reviewed. In addition, the radiation oncologist will talk to you about your general health and possibly examine you. The radiation oncologist will then decide if radiation therapy will help you, and if so what kind of radiation

therapy is best for you. Other tests may be ordered to give the radiation oncologist more information about your cancer. You will be able to discuss this and any other questions you wish. It is helpful to have a family member or friend at the consultation.



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## What is planning?

Planning is an essential preparation for treatment and usually involves one or two visits to the treatment centre prior to treatment starting. Planning involves having a CT scan or an x-ray on which the radiation oncologist can mark the precise location and size of the cancer. The x-ray is taken by a special machine called a simulator.

Usually special devices may be used to ensure you are in the same position each treatment. For instance, many treatments involving the head and neck area a plastic mask called a shell is made. This shell is worn during treatment and allows the markings to be placed on the shell instead of the skin. Most people do not find it uncomfortable while wearing the shell and you are still able to hear, speak, and breathe normally. If there is any discomfort or anxiety please tell the staff.

Once the treatment is prescribed, two to three very small permanent marks (tattoos) may be placed on the skin (apart from the head and neck area where the shell is marked). These marks are less than the size of a freckle, and are too small to be seen easily. They are made by placing a small amount of ink under your skin. These marks ensure your treatment area is correctly located.

The type of cancer, the area being treated, your body's response and even your body size helps to decide how much radiation you will receive and how it is given.

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During your planning, you will meet with the radiation therapist. Radiation therapists are specially trained and work with the radiation oncologists to plan and prepare your treatment. At the end of your planning session a photo of your face will be taken. This is used for identification purposes. Photographs of the part of your body being treated will also be taken.

At your planning visit you will probably meet the radiation oncology nurse whose special training enables him/her to help you throughout treatment. He or she will tell you how to best look after yourself during treatment and can answer questions you may have about the treatment. Other health professionals such as the physiotherapist, occupational therapist, speech pathologist, dietician, social worker and/or welfare officer are also available to help.

## What technologies are available?

Three dimensional conformal radiotherapy uses information from a CT scan to tailor how the treatment is given. Additional information from other types of scans, such as an MRI or PET, can be helpful to fuse with the CT at this stage. Since tumours can sometimes move on a day to day basis, such as with breathing, Image Guided Radiotherapy (IGRT) allows more accurate targeting of some tumours. This can involve further procedures such as placing a marker in the tumour.

A more focussed form of treatment called intensity modulated radiotherapy (IMRT) can help reduce the amount of radiation received by body parts near the tumour. For some tumours, this can reduce the likelihood of side effects. Radiotherapy is a rapidly changing field, so be sure to ask your Radiation Oncologist what treatments are currently available, and are best for you.

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## How long is a course of treatment?

The treatment length is tailored specifically for you. It depends on the total dose needed to treat your cancer. Treatment varies from one single dose to more than 35 doses. The term for radiation dosage is the Gray. The total dose is divided into smaller daily doses known as fractions. In order to reduce the effects of radiation therapy on normal cells, treatment is generally planned so that small doses are given daily over a set period of time. Treatments are usually given once a day, Monday to Friday. This may mean a treatment period of up to eight weeks depending upon the total dose needed. Treatments are sometimes given only once or twice a week and very occasionally they may be given more than once a day.

## Will the treatment be painful?

Radiation therapy is not painful. The radiation therapist will take you into the treatment room where you will be positioned on the treatment table. The marks on your skin or on your shell will be used as a guide. The table can be rather hard and if you are uncomfortable, tell the radiation therapist.

You will be alone in the treatment room while the machine is operating. The radiation therapist will be observing you via a TV monitor. A microphone is also available. It is important to relax, breathe normally and lie as still as possible. This ensures that the treatment is accurate. The machine is only turned on after the radiation therapist has made sure you are in the correct position. The actual treatment usually takes a very short time, a few minutes at most. Some pain may be felt in the treatment area towards the end of therapy which results from damage to the normal tissues. You will be given medication for this.

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## Will I be radioactive?

External radiation therapy **does not** make you radioactive. It is safe to be with your children, family and friends including anyone who might be pregnant at home. This includes throughout the treatment and after the treatment has been completed. If you have any questions or concerns speak to your radiation oncologist, radiation therapist or nurse.

Remember, it is very important to have all your treatments in order to receive the maximum benefit. If you are unable to attend please notify the staff at the treatment centre.





For further information,  
please feel free to call the

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Monday to Friday,  
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## Internal radiation

Internal radiation is given in two ways.

1) By placing radioactive sources (seeds or wires) inside the body close to, or inside the cancer.

This is known as **brachytherapy**.

2) By using a radioactive liquid or capsule taken by mouth or radioactive liquid given by injection.

This is known as **radioisotope therapy**.

Internal radiation delivers radiation close to the tumour with the radiation having to pass through only a short distance to reach the cancer. This has the advantage of giving a high dose of radiation directly to the cancer while limiting the dose to the surrounding normal tissues.

Special precautions are taken while the radioactive sources are in your body to avoid unnecessary radiation exposure to hospital staff or your family and friends. Depending on the type of internal radiation that is given, these precautions may last only a few minutes or up to several days. Sometimes a hospital stay, usually only for a few days, may also be needed.

Only a few hospitals in Queensland are able to deliver internal radiation and the routines vary between these hospitals. The staff involved in giving this treatment will see you and explain the details more fully if this treatment is recommended.

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## Brachytherapy

Brachytherapy involves placing radioactive sources into the body, close to, or inside the cancer. Sources commonly used include iridium, iodine or strontium. Applicators are used to place the sources into the body and come in different shapes and sizes depending on the type of cancer you have. Admission to hospital may be necessary.

Brachytherapy can be used to treat a wide variety of cancers. Your doctor may suggest treatment using brachytherapy alone or in combination with external radiation.

### **How are the applicators placed into the body?**

Many applicators can be inserted and removed on the same visit and the treatment will only take a few minutes. The insertion of other applicators may require admission to hospital. You may need an anaesthetic while the doctor positions the applicators. Once the applicator is in place, the position of the applicators may need to be confirmed by taking an x-ray. When the applicators are confirmed to be in a satisfactory position, the radioactive sources are then passed into the applicator by a special machine that is connected to the applicators by flexible tubes.

### **How long will the applicators be in my body?**

The applicators may be left in place for a few minutes or left up to several days. These treatments may be given as an outpatient procedure, a day surgery procedure or may require you to stay in hospital for a few days. This will depend on the type of brachytherapy applicators and sources that are used.

### **Will brachytherapy be painful?**

You may feel some discomfort but you should not experience severe pain or feel ill when the applicators are in place. Once the applicator is removed you may feel sensitive in the treatment area for some time.

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### **Will I be radioactive?**

While the radioactive sources are in place some radiation may pass outside your body. Once the radioactive sources are removed all traces of radioactivity disappear. Depending on the type of treatment given, you may need to be in a special isolated room in the hospital for this treatment. There may be special precautions that have to be taken by hospital staff and your visitors while you are having this treatment. If you are required to swallow a radioactive liquid or capsule, then you will be radioactive until all traces of the radioactive source leave your body. The staff in the ward will inform you of any special requirements prior to your admission to hospital and will advise you of any special needs on your return home.

### **What are permanent seed implants?**

In some cancers such as prostate cancer, the radioactive sources may be left in place permanently. This is known as a permanent seed implant. Small radioactive seeds are inserted into the prostate gland and deliver small doses of radiation to the cancer slowly over time. This radioactivity gradually fades away after about a year. The type of radiation given by these radioactive seeds can only penetrate a short distance within the prostate gland, so there is no risk of radiation exposure to other people. You should discuss the type of brachytherapy insertion you are to receive with your radiation oncologist, radiation therapist or nurse.

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## Radioisotope therapy

The most common radioisotope used is radioactive iodine. This is used to treat cancer of the thyroid. This is given as a liquid drink or as a gelatine capsule to swallow. It is absorbed by your body and taken up by your thyroid cells.

This treatment requires a short stay in hospital. During this time you will be in a special isolation room while you are temporarily radioactive. The radioactive iodine taken up by the thyroid cells becomes less radioactive each day. Any radioactive iodine that is not taken up by the thyroid cells is passed out of the body in the urine, sweat or faeces. The amount of radiation that is in your body is measured regularly during your hospital stay.

As the radiation level in your body decreases, it will reach a safe level for you to be able to go home. There may be some special precautions that you need to take for a short while after you are home. You should discuss what to bring into hospital with you, and also special care after discharge, with your radiation oncologist or nurse.

Radioisotopes can be used to treat secondary bone cancer. The radioisotope is injected into a vein and circulates to the area of the cancer in the bone. This is a simple procedure and hospital admission is generally not required.



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## Side-effects from treatment

Radiation therapy affects normal cells in the area close to the cancer, causing some expected and localised side-effects. The nature of the side-effects will depend on the type of cancer, the amount of radiation given and most of all the part of the body being treated.

Side-effects, if they do occur, usually appear after you have received a few weeks of treatment. However, it is important to remember that most people usually experience a few side-effects. The most common side-effects of radiation therapy are tiredness, fatigue and skin irritation.

If side-effects do occur, even though these are temporary, you need to tell your Radiation Oncologist and nurse about them. Prescribed medication may be used to reduce side-effects. Do not use any home remedies, creams or medicines to relieve side-effects without consulting your radiation oncologist or nurse. Side-effects will often begin within two to three weeks of treatment starting. Side-effects may persist for up to four weeks after completion of treatment and will decrease over time while the damaged cells return to normal. It is important you speak to your radiation oncologist or nurse about follow up arrangements once treatment is finished. Most often you will be advised to contact your local doctor if problems occur once treatment is completed.

## What can I do about fatigue?

Fatigue (weariness or tiredness) is common for people receiving radiation therapy. It occurs because your body is using a lot of energy to rebuild normal cells. Fatigue commonly builds up over the time of your treatment, especially if you have had either surgery or chemotherapy. Fatigue may continue for a few months following treatment. This will vary for each person. Signs of fatigue may include feeling worn out, a heavy feeling in your arms and legs, finding it hard to do your daily activities or to think clearly.

### You may find the following tips helpful:

Rest or sleep for short periods during the day.

Stick to a routine of light, regular exercise such as short walks.

Keep activity or exercise for early in the day.

Spread out daily activities and if possible ask others to help with tasks.

Try new, quieter activities such as handicrafts, relaxation techniques or reading.

If you are not sleeping well at night, discuss this with your doctor or nurse. If you have a job, it may be possible to take a few weeks off work, to reduce your hours while you are having treatment. Many people benefit from a holiday from their work and other responsibilities after completing radiation therapy, as this is when any side-effects and tiredness tend to be at their worst. If you have any questions or concerns speak to your radiation oncologist, radiation therapist or nurse.

Remember, your energy will return as your body recovers from treatment.



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## Skin problems

The effects of radiation are cumulative and any reactions will continue for 10-14 days after treatment is finished. Sometimes the reaction will get worse after treatment, before it gets better.

Some people develop a skin reaction while having treatment, however the extent of the reaction depends upon the individual person, their skin colouring and the area being treated. Sometimes the skin on the area being treated may begin to look reddened and irritated, resembling sunburn. This is normal and usually clears up within days following completion of your treatment.

Wear soft loose clothing. Do not wear restrictive, tight fitting clothing, collars or belts over the part of your body being treated.

Do not scrub or scratch the treated area. If you do need to wash the treated area do not rub with a towel when drying the area.

Ask your radiation oncologist or nurse before you use soap, perfume, deodorant, talcum powder, creams or cosmetics on the treatment area, especially those that contain alcohol or metals. If required, a special moisturiser may be prescribed from the hospital.

Do not put hot water bottles, heat packs or ice packs on the treated area.

If you need to shave the area being treated, use an electric razor only. If you are having any part of your face treated, do not use aftershave lotion.

Your skin may also be more sensitive than usual to the sun. Try to keep treated areas out of the sun during and after treatment. Ask your radiation oncologist, radiation therapist or nurse about whether you can use a sunscreen on treated areas.

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Normal cells in the area of your body being treated are affected by radiation therapy. Remember that any additional side-effects that occur due to radiotherapy will be localised to the area of the body being treated. Your radiation oncologist and nurse will discuss the side-effects from your particular treatment.

Based on the part of the body being treated, common side-effects may include the following.

**If the head is treated:**

- hair loss.
- headaches or ear-ache.

**If the neck and mouth is treated:**

- voice and taste changes.
- swallowing difficulties.
- dry mouth.
- mouth ulcers.

**If the trunk of the body, chest and breast is treated:**

- swallowing difficulties.
- pain in the gullet.
- reflux.
- swelling in arm(s).

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### **If the abdomen, pelvis or buttocks is treated:**

- nausea.
- vomiting.
- diarrhoea.
- bladder symptoms.
- pain in the rectum.
- constipation.
- changes in sexual function and fertility.
- swelling in the leg(s).

If you are experiencing side-effects from radiation therapy please discuss these with your radiation oncologist, radiation therapist or nurse. Usually simple procedures and information will help you to manage the effects of treatment. It is possible that you may be referred to health professionals who will provide you with information about coping with the symptoms of cancer or side-effects of treatment. These may include a dietician, speech pathologist, physiotherapist, occupational therapist, sex therapist or psychologist.

Additional booklets are also available about the side-effects of cancer and cancer treatments. These include appetite, hair loss, lymphoedema, emotions and changes to sexual function.



For further information about your cancer, treatment side-effects or for a referral to a health professional contact the **Cancer Council Helpline** on **13 11 20**.

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## Getting to and from treatments

While treatment schedules may vary for individuals, you may spend some time travelling to your treatment.

Since radiation therapy is usually given on an outpatient basis, you will need to arrange for transportation. If you're not feeling well, you may want to arrange for a family member, friend or neighbour to drive. If you live in rural Queensland, you may be away from home for an extended period of time.

Often financial assistance is provided for travel and accommodation through the Queensland Government's Patient Travel Subsidy Scheme. To check your eligibility or to make an application, contact a social worker or means test clerk at your nearest public hospital.

If you are visiting Brisbane or Townsville for your treatment, information booklets on these areas are available by contacting the Cancer Council Helpline on 13 11 20 Monday to Friday, 8am to 6pm.

For details about accommodation facilities nearest to your hospital and transport services, contact the welfare officer or nurse at your treatment hospital, or contact the Cancer Council Helpline on 13 11 20.

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## Check-ups and follow-up care

No matter what type of cancer or treatment you have had, you will need regular check-ups. After your treatment has finished you will be advised when and where you should have follow-up visits.

You will usually be asked to return to the radiation oncologist for one or more visits. The radiation oncologist will want to check the effectiveness of the treatment and assess any problems you may be having.

How often you have these check-ups will vary from one hospital to another, but as you progress, check-ups will become less frequent. The doctor who referred you to the radiation oncologist will receive a complete report on your treatment and will discuss it with you when you visit. If you develop any problems in between your check-up appointments, do not hesitate to contact your treatment centre or your doctor.

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## These are some practical tips that will help make life easier during treatment:

- 1) Sometimes during radiation therapy you may have to wait at the treatment centre for your treatment. Some people bring a book, crossword puzzle, needlework or other craft to help the time pass more pleasantly.
- 2) Wear as little clothing as is sensibly possible when you go for your treatments. This will cut down your changing time. In addition, wear clothing that is easy and comfortable to get on and off.
- 3) Think about asking a friend or a member of your family for help to do your shopping.
- 4) Plan easy-to-cook meals which can be prepared in advance.
- 5) You may be able to get someone to come in on a regular basis to assist with the laundry and other household chores. There are many agencies which offer help of this kind. Check with your hospital social worker or welfare worker or contact the **Cancer Council Helpline** on **13 11 20**.
- 6) You may also need some help in caring for young children. Investigate the childcare centres and day-care groups in your area, and discuss your needs with nearby relatives and friends who may be able to help.



For further information,  
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## Coping with cancer

*“There is a fear that goes through you when you are told you have cancer. It’s so hard in the beginning to think about anything but your diagnosis. It’s the first thing you think about every morning. I want people diagnosed with cancer to know it does get better. Talking about your cancer helps you deal with all of the new emotions you are feeling. Remember, it’s normal to get upset.”*

— Katrina, cancer survivor

When you are told you have cancer, the diagnosis affects not only you, but also your family and friends. You may feel scared, uncertain, or angry about the unwanted changes cancer will bring to your life and theirs. You may feel numb or confused. You may have trouble listening to, understanding, or remembering what people tell you during this time. This is especially true when your doctor first tells you that you have cancer. It is common for people to shut down once they hear the word “cancer.”

There is nothing fair about cancer and no one “deserves” to have it. A cancer diagnosis is hard to take and having cancer is not easy. Accepting the diagnosis and figuring out how cancer fits into your life is challenging. The good news is that more than 60 per cent of cancer patients will survive more than five years after diagnosis. For those diagnosed with advanced disease there are many treatments and services to assist you to live a good quality life while living with cancer.

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After you are diagnosed with cancer, you may feel shock, disbelief, fear, anxiety, guilt, sadness, grief, depressed, and anger. Each person may have some or all of these feelings, and each will handle them in a different way.

There are many resources and people to help you through this phase of your life and you do not need to go through this on your own. The following tips for managing come from those who have survived the cancer journey themselves.

- Gather information about your cancer diagnosis and treatment so that you are informed about your body, your treatment and potential treatment side-effects. Knowledge can help lessen the fear of the unknown.
- Be your own advocate. Even though people facing cancer cannot change their diagnosis, they can seek out reliable, up-to-date information and talk to family members, friends, and their health care team. Finding good sources of support can help people with cancer take control of their situation and make informed decisions.
- Bring a family member or friend along to appointments. They can serve as an extra pair of ears, help you remember things later, and give you support.
- Ask for support from family, friends, and others. Just having someone who cares and will listen to you can be very helpful. If friends or family members are not able to be supportive, find others who will. Health care professionals (such as social workers, psychologists, or other licensed health professionals) and support groups can be extra sources of support.

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- Pay attention to your physical needs for rest, nutrition, and other self-care measures.
  - Find out what helped other patients and families manage their cancer, and/or talk with other people diagnosed with the same type of cancer.
  - Take one day at a time.

Cancer Council Queensland has a range of support services available to those affected by cancer. If you are seeking information, support, guidance or practical assistance make the call and speak to a trained health professional who can respond to your query while providing support.

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## Talking to your doctor

Getting all the facts about your cancer and its treatment helps you to feel more in control. Here are some tips for communicating with your doctor.

- **Talk with your doctor** as often as necessary.
- **Take someone with you to your doctor's appointments.** Have a family member or a friend with you, so that they can ask questions, write down the answers and help you keep the information straight.
- **Don't be afraid to ask.** If you have questions of a confidential nature about any aspect of your treatment, don't hesitate to ask your doctor. For example, you may have questions about the cost of medications and treatment. If your doctor cannot answer these questions, ask to be referred to someone who can.
- **Don't be afraid to interrupt.** Stop the doctor to ask about technical terms or statements you don't understand.
- **Write it down.** You'll feel more confident of what you know if you have it in writing. Urge the doctor to make notes for you (if you can't read the doctor's handwriting, let the doctor know).

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- **Take your time.** Whenever possible, talk with your doctor when you both have enough time. If your doctor doesn't have time to sit down and really explain things, suggest an appointment at a specific time when you, a friend or family member and the doctor can talk at length.
  - Where to start. If you're not sure what to ask or how much information you need, start by getting your general practitioner's help, for example: "If you were me, what would you ask?"

The **Cancer Council Helpline** may also be able to assist.  
**Call 13 11 20** Monday to Friday, 8am to 6pm.

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## How will treatment affect me emotionally?

It is important for you, your family, and your friends to be aware you may feel different during the course of your radiation treatment.

Some people report feeling down or nervous. This may be due to the fact your daily life schedule has been changed, because you are tired, or because of your feelings about the cancer. It is not unexpected or unnatural to feel this way. However, your attitude, your mental and emotional approach to your treatments and to cancer itself, is vitally important.

Some people have found relaxation exercises make them feel better. You may want to ask your nurse, physiotherapist or occupational therapist about ways to relax such as yoga, meditation or other relaxation exercises. Cancer Council Queensland's booklet or CD on relaxation is available free by contacting the **Cancer Council Helpline** on **13 11 20** Monday to Friday, 8am to 6pm. There are also books and short courses available on these subjects.

It may help to talk to someone you feel comfortable with such as a doctor, nurse, social worker, chaplain or family and friends. Cancer Council Queensland's booklet 'Coping with Cancer' may be helpful to you. It provides information about personal and family reactions. Ask your nurse, social worker or welfare officer about this booklet or about support and information programs that are available, or contact the **Cancer Council Helpline** on **13 11 20**. Your social worker or psychologist can also provide support for the many issues that may affect you and your family during treatment. These health professionals have specialised knowledge and experience in the emotional and social aspects of cancer.



For further information,  
please feel free to call the

**Cancer Council Helpline**  
**on 13 11 20,**

Monday to Friday,  
between 8am and 6pm.



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## Ways to help yourself

It is important to try and live as normal a life as possible. Do the things you normally do and maintain reasonable physical fitness and activity within your ability.

- It is important you maintain a good, varied diet. Keep up fluids (at least two litres a day). This helps the body get rid of unwanted cells during treatment and is especially important in the Queensland summer. Carry a water bottle at all times.
- Assist your health team by keeping your appointments. If you are unwell, or think you are unable to attend an appointment, contact the health team as early as possible. Try to have blood and other tests ordered at the requested time. This may save you waiting longer for results.
- Tell your doctor and pharmacist about any other medication, pills or drugs that you are taking.
- You may find it helpful to try relaxation or meditation techniques that can help you cope with side-effects and feel more in control. The techniques can help you lower any anxiety you may be feeling and help you approach treatment with a more relaxed and positive attitude. The physiotherapist and/or occupational therapist at your hospital or local community health centre may be able to assist you with this.

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- Some people find it helpful to set short-term goals while having treatment. This helps break down the treatment path into achievable steps and gives you a sense of moving forward.

Many support services are available. The health care team in the hospital where you are receiving treatment have a number of support staff who can assist you in many ways. There is also a range of community based services, support groups and support programs available to assist you.

Contact your nearest **Cancer Council Queensland** office or our **Helpline** on **13 11 20** Monday to Friday, 8am to 6pm for information, personal and family support and practical assistance.



For further information,  
please feel free to call the

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## About clinical trials

During your treatment you may be asked to participate in clinical trials. Clinical trials are research studies which attempt to find better ways to prevent, diagnose and treat cancer.

Clinical trials test many types of new treatments such as new cancer drugs, new approaches to radiation therapy or surgery or new methods of treatment such as cancer vaccines or immunotherapy.

A clinical trial is one of the final stages of a long and careful cancer research process. The search for new treatments begins in the laboratory where scientists first develop and test new ideas. To reach the clinical trial stage, there has been a lengthy series of scientific experiments and promising evidence of effectiveness before the treatment can be given to people with cancer. Thus, the clinical trial represents the careful progression from the laboratory experiments to the establishment of a treatment option for cancer, and is an essential step in the development of improved treatments for cancer.

If you are invited to participate in a clinical trial, be sure to get complete information from your doctor so you can make an informed decision. You do not have to take part in a clinical trial if you do not want to, it is your choice.

If you would like to know if you are eligible for a clinical trial, ask your radiation oncologist or local doctor. If you would like more information about the selection procedures for clinical trials, call the **Cancer Council Queensland's Helpline** on **13 11 20** for a copy of the booklet 'Understanding Clinical Trials'.

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Cancer Council  
**Helpline**  
**13 11 20**

For information and support call  
Monday to Friday, 8am - 6pm

[www.cancerqld.org.au](http://www.cancerqld.org.au)

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