Late side effects of treatment

Late side effects of treatment are uncommon but can occur after 6 months following the completion of treatment.

Your radiation oncologist will discuss them with you, but these can include:

- **Lung scarring / fibrosis / collapse**
  - Some of the treated lung around the cancer may be affected by the radiation treatment. This can result in scarring and sometimes collapse of a small part of the lung. If this were to occur your lung would not work as well as normal and in some cases may necessitate the use of oxygen therapy for either a short time or permanently.

  The risk of this is lower following SABR than conventional radiotherapy.

- **Chest / rib pain and fracture**
  - If your lung cancer is close to the chest wall / ribs it is possible that the radiation may weaken the ribs which can cause pain or even a fracture.

  In a small number of patients this can result in the need for long-term painkillers.

- **Nerve damage**
  - For lung cancers near the very top of the lung, there is a small chance of radiation damage to the nearby nerves that go down the arm (brachial plexus).

  This can result in weakness, numbness or pain in part of the arm and can in some cases be permanent. Your radiation oncologist will specifically advise you on this if it is relevant to your cancer.

Second malignancy

Very rarely, patients with cancer successfully treated with radiation therapy may develop a second cancer many years later. The risk of this is very small but will be discussed with you by your radiation oncologist.

Follow up

At the end of your SABR treatment you will be given a follow up appointment to see your radiation oncologist in approximately four weeks. At this appointment, your radiation oncologist will assess any side effects from treatment and start follow up care for the lung cancer.

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At some of these visits you will have a CT scan arranged and occasionally repeat lung function tests.

You will also be asked questions about symptoms that you may have such as shortness of breath, cough or pain. This provides us with valuable information to help us refine our SABR program to ensure that we are delivering the highest quality of care to future cancer patients.

Support

There is a whole team of people in your radiation oncology department including your radiation oncologist, radiation oncology nurse, radiation therapists and administrative staff who are here to help you through your cancer treatment.

While much attention will be paid to your physical health, we also appreciate that your emotional health is very important too. Being diagnosed and receiving treatment for cancer can be very distressing and will commonly result in lots of questions, anxiety, fear and sometimes depression.

Please raise any of these issues with our staff and if they are not able to assist directly, we have a wide network of health professionals that we can refer you to so that you can receive the support that you need.

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Questions

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This leaflet has been reviewed and endorsed by our patients

Published Jan 2017
What is SABR?
Radiation therapy (or radiotherapy) is commonly used to treat many types of cancer. It uses high energy X-rays to damage cancer cells, which in turn stops those cells from growing or causes them to die. The aim of radiotherapy is to kill cancer cells whilst causing as little damage as possible to the normal body cells around the cancer.
SABR is a relatively new and very effective radiotherapy technique. SABR enables a high dose of radiation to be delivered to the cancer cells using a precisely focused method whilst sparing the adjacent normal tissues. The main differences between SABR treatment and conventional treatment are:

- A higher radiation dose can be delivered to the cancer resulting in better cancer outcomes.
- The lower radiation dose to the other tissues results in less side effects.
- SABR allows the treatment to be delivered in fewer sessions (usually 3-5 sessions over 1-2 weeks).

Planning your SABR treatment
You will need to attend one of our Adelaide Radiotherapy Centre radiation oncology clinics for a specialised planning appointment prior to starting your treatment. This appointment will take between 1-3 hours and includes 3 parts.

1. Positioning
You will be asked to lie on a treatment couch with your arms above your head. Your arms will rest into specifically designed armrests, which will support their weight.

2. Scanning

Once you are in a comfortable and stable position you will undergo the scanning process. During the scan you will move through the CT scanner several times to obtain the required imaging to complete the planning phase of SABR. After the scan you will be given several permanent tattoos (small dots on your skin), which assist us to set you up in exactly the same position for your treatment. Occasionally SABR may not be suitable and an alternate treatment option will be offered.

3. Pre-treatment check and scan
For the pre-treatment check you will be escorted into the same room where you will have your treatment and positioned in exactly the same way as you were for the scanning session. The treatment couch will be moved into the position required for treatment and the machine will move around you. This pre-treatment check is to ensure that your treatment will be able to be delivered safely.

SABR: What to expect

SABR treatment is usually given on 3-5 separate occasions over 1-2 weeks. Each treatment will last for about 30 minutes.

- For each treatment you will be positioned in exactly the same way as in the planning scan.
- A scan will be taken prior and sometimes during the treatments to ensure that the radiotherapy is delivered accurately.
- Once your setup is complete, the treatment staff will leave the room but you will still see and speak to you via a 2-way intercom and closed-circuit TV camera.
- It is very important during the treatment that you breathe in a steady pattern and remain very still.
- You will see the treatment machine moving around you and hear it ‘buzzing’ but it will not touch you.
- You will not feel anything during the treatment.

Early side effects of treatment
Early side effects of treatment can occur whilst receiving and up to 12 weeks after the completion of your treatment. Your radiation oncology nurse will talk to you about what side effects to expect and how you can look after yourself during treatment.

Early side effects are usually temporary and can include:

- Tiredness / fatigue
  Radiotherapy can make you feel more tired than normal, particularly in the weeks following the treatment. This is normal and will gradually settle. Make sure you have plenty of rest, although light exercise can often make you feel better.
- Skin reaction
  The skin in some areas around your chest may become slightly dry, itchy and red. If your lung cancer is close to the chest wall this may be more prominent.
  It is important not to move once you have been positioned. If you are not comfortable please advise the radiation therapist.
- Hair loss
  SABR does not usually make you feel sick or vomit, however if you do feel sick there are medications to help you control this.
  Radiation pneumonitis is rare with SABR treatment but it can be managed by medication. As there are other causes of these symptoms, such as infection, it is important that you tell your radiation oncologist know if you develop them so that you can be appropriately assessed and managed.
- Chest / rib pain
  If your lung cancer is close to the chest wall then you may develop pain following SABR treatment. This is usually mild and temporary although occasionally can be more significant or persist for longer. It can usually be managed with simple pain medications such as paracetamol.

Discomfort on swallowing

Sometimes the oesophagus (food-pipe) can become inflamed during radiation treatment. Again this is less common with SABR treatment than conventional radiotherapy. This inflammation can result in pain or difficulty swallowing and may require a diet of soft foods and fluid for a week or two.

Hair loss
SABR will not cause you to lose your hair on your head. It can cause some patchy hair loss on the chest (in males). This will usually grow back, although depending on the radiation dose may be permanent.

Nausea
SABR does not usually make you feel sick or vomit, however if you do feel sick there are medications to help you control this.

Radiation pneumonitis is rare with SABR treatment and can be treated by medication. As there are other causes of these symptoms, such as infection, it is important that you tell your radiation oncologist know if you develop them so that you can be appropriately assessed and managed.

This leaflet provides information for patients and their family about Stereotactic Ablative Body Radiotherapy (SABR) used for the treatment of lung cancer including:
- What is SABR?
- Planning your SABR treatment
- SABR: What to expect
- Side effects of SABR treatment
- Follow up and support

Your radiation oncologist will discuss your treatment with you in detail and answer any additional questions that you may have.
This leaflet provides information for patients and their family about Stereotactic Ablative Body Radiotherapy (SABR) used for the treatment of lung cancer including:

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What is SABR?
Radiotherapy (or radiotherapy) is commonly used to treat many types of cancer. It uses high energy X-rays to damage cancer cells, which in turn stops those cells from growing or causes them to die. The aim of radiotherapy is to kill cancer cells whilst causing as little damage as possible to the normal body cells around the cancer.

SABR is a relatively new and very effective radiotherapy technique. SABR enables a radiation dose to be delivered to the cancer cells using a precisely focused method whilst sparing the adjacent normal tissues. The main differences between SABR treatment and conventional treatment are:

- A higher radiation dose can be delivered to the cancer resulting in better cancer outcomes.
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1. Positioning
You will be asked to lie on a treatment couch with your arms above your head. Your arms will rest into specifically designed armrests, which will support their weight. There will be soft bags placed underneath and around you that will be moulded to your body shape to provide extra support. You need to be comfortable in this position, as you will have to lie in exactly the same position for the duration of your planning and treatment sessions. It is very important not to move once you have been positioned. If you are not comfortable please advise the radiation therapist.

2. Scanning
Once you are in a comfortable and stable position you will undergo the scanning process. During the scan you will move through the CT scanner several times to obtain the required imaging to complete the planning phase of SABR. After the scan you will be given several permanent tattoos (small dots on your skin) which assist us to set you up in exactly the same position for your treatment. Occasionally SABR may not be suitable and an alternate treatment option will be offered.

3. Pre-treatment check and scan
For the pre-treatment check you will be escorted into the same room where you will have your treatment and positioned in exactly the same way as you were for the scanning session. The treatment couch will be moved into the position required for treatment and the machine will move around you. This pre-treatment check is to ensure that your treatment will be able to be delivered safely.

The lung cancer moves with your breathing and this is taken into consideration when the radiation is delivered for treatment.

This scanning process helps to map this movement and to provide your specific anatomical information. Throughout the scanning process you will be asked to breathe in a consistent and regular pattern. You will be given full instructions on how to breathe prior to scanning.

SABR: What to expect

- SABR treatment is usually given on 3-5 separate occasions over 1-2 weeks. Each treatment will last for about 30 minutes.
- For each treatment you will be positioned in exactly the same way as in the planning scan.
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Early side effects of treatment
Early side effects of treatment can occur whilst receiving and up to 12 weeks after the completion of your treatment. Your radiation oncology nurse will talk to you about what side effects to expect and how you can look after yourself during treatment.

Tiredness / fatigue
Radiotherapy can make you feel more tired than normal, particularly in the weeks following the treatment. This is normal and will gradually settle. Make sure you have plenty of rest, although light exercise can often make you feel better.

Skin reaction
The skin in some areas around your chest may become red, dry, itchy and sometimes inflamed during radiation treatment. This inflammation can result in pain or difficulty swallowing and may require a diet of soft foods and fluid for a week or two. Sometimes the oesophagus (food-pipe) can become inflamed during radiation treatment. This is usually mild and temporary although occasionally can be more significant or persist for longer. It can usually be managed with simple pain medications such as paracetamol.

Discomfort on swallowing
Sometimes the oesophagus (food-pipe) can become inflamed during radiation treatment. This is less common with SABR treatment than conventional radiotherapy. This inflammation can result in pain or difficulty swallowing and may require a diet of soft foods and fluid for a week or two.

Chest / rib pain
If your lung cancer is close to the chest wall / rib then you may develop pain following SABR treatment. This is usually mild and temporary although occasionally can be more significant or persist for longer. It can usually be managed with simple pain medications such as paracetamol.

Nausea
SABR does not usually make you feel sick or vomit, however if you do feel sick there are medications to help you control this.

Radiation pneumonitis is rare with SABR treatment and can be treated by medication. As there are other causes of these symptoms, such as infection, it is important to let your radiation oncologist know if you develop them so that you can be appropriately assessed and managed.

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Hair loss
SABR will not cause you to lose your hair on your head. It can cause some patchy hair loss on the chest (in males). This will usually grow back, although depending on the radiation dose may be permanent.

Oesophagitis
Strengthening of the oesophagus (food-pipe) can become inflamed during radiation treatment. This inflammation can result in pain or difficulty swallowing and may require a diet of soft foods and fluid for a week or two.

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- **Planning your SABR treatment**
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   - Once your setup is complete, the treatment staff will leave the room but it will not touch you. You will not feel any movement and will be able to move around you and hear it ‘buzzing’ but it will not touch you. You will not feel anything during the treatment.

### SABR: What to expect

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### Early side effects of treatment

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### Side effects of SABR treatment

#### Tiredness / fatigue

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#### Skin reaction

The skin in some areas around your chest may become dry, itchy and red. If your lung cancer is close to the chest wall this may be more prominent.

#### Shortness of breath

Sometimes when breathing is impeded it can become inflamed. This is referred to as ‘radiation pneumonitis’ and can result in shortness of breath, a dry cough, wheezing and sometimes a fever. It usually develops 6-12 weeks after completing the radiation treatment.

#### Radiation pneumonitis

Radiation pneumonitis is rare with SABR treatment and can be treated by medication. As there are other causes of these symptoms, such as infection, it is important to let your radiation oncologist know if you develop them so that you can be appropriately assessed and managed.

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### Late side effects of treatment

- **Late side effects of treatment can occur after completing your treatment. They may not develop for several years and can include:**
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If your lung cancer is close to the chest wall / ribs it is possible that the radiation may weaken the ribs which can cause pain or even a fracture.
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Nerve damage
For lung cancers near the very top of the lung, there is a small chance of radiation damage to the nearby nerves that go down the arm (brachial plexus).
This can result in weakness, numbness or pain in part of the arm and can in some cases be permanent. Your radiation oncologist will specifically advise you on this if it is relevant to your cancer.

Second malignancy
Very rarely, patients with cancer successfully treated with radiation therapy may develop a second cancer many years later. The risk of this is very small but will be discussed with you by your radiation oncologist.

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