

The ROYAL MARSDEN
NHS Foundation Trust

Radiotherapy

Your questions answered



Patient Information



NHS



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Introduction

The information in this booklet has been written to help you understand more about radiotherapy treatment. It contains general information about radiotherapy and what you can expect during treatment. The booklet also answers some of the most common questions people ask.

Please note that although this booklet refers to cancer treatment, for many people the original cancer has been removed and the treatment is a precaution designed to prevent the cancer from coming back.

Your doctor will explain why radiotherapy is recommended for you and what your treatment will involve. If you have other questions or would like more information, please ask. It can often be difficult to know what questions you might want to ask or to remember them. We have included a list of suggested questions that many people ask on pages 17-18.

What is radiotherapy?

Radiotherapy is a treatment using radiation. The radiation used is usually produced electrically in the form of x-rays but can also be delivered as electron beams or by using radiation given off by a radioactive material. Treatment delivery is painless.

How does radiotherapy work?

Radiation damages cells that grow and divide rapidly. Only the cells in the area of the body receiving treatment are affected - modern treatment methods mean that we can avoid treating normal cells as much as possible. The healthy, normal cells can repair themselves while the abnormal, cancer cells cannot recover.

What are the benefits of radiotherapy?

We sometimes describe the aim of treatment as being radical or palliative. Radical treatments aim to provide long-term control or cure of a tumour while palliative is used to describe a treatment which is designed to improve quality of life.



Your doctor will discuss what the aim of your treatment is in your case. It may be that we hope to cure you of your cancer or relieve you of symptoms that are causing pain or discomfort. Radiotherapy may be given before surgery to shrink a tumour or to reduce the risk of a recurrence of the cancer when delivered after surgery. It can also be given before, during or after chemotherapy (anti-cancer drugs) or hormone treatment to improve overall results.

Your doctor will not advise you to have any treatment unless they believe that the benefits are greater than the known risks.

All doctors must outline the risks and side effects of any treatment they recommend and the consequences of not having treatment as well as any alternative treatment. The main points of this discussion will be written in your consent form which is signed by your doctor and yourself. Please keep a copy of the form so that you can refer to it in future.

It is important that you understand everything the doctor discusses with you - please ask for clarification if you do not fully understand what you have been told. A list of suggested questions that you may want to ask can be found on pages 17-18.

Please see Page 14 for further details on side effects.

You should not become pregnant before or during radiotherapy because radiotherapy may injure the foetus, especially in the first three months of a pregnancy. Please discuss with your doctor if you think you might be pregnant. Your doctors will also be able to advise you on how long you should wait before becoming pregnant.

Some doctors advise men against fathering a child during radiotherapy and for a few months afterwards. Again, your doctor will be able to discuss this with you.

The consent form

Your doctor will ask you to sign a consent form. This is a written record to show that you have agreed to the planned radiotherapy.

Although you can change your mind at any time it is always recommended that you complete a course of radiotherapy when you have started it, unless your doctor agrees that you should stop.

The radiotherapy team looking after you

The doctor responsible for your care will be a cancer specialist known as a **clinical oncologist**. A clinical oncologist is the only doctor who can prescribe radiotherapy treatment.

Therapy radiographers are the main people you will come into contact with when you have radiotherapy treatment. They are professionally qualified staff who are involved in all stages of your treatment planning and delivery. They work closely with the clinical oncologist and will be able to answer many of your questions.

Specialists in radiotherapy planning are behind the scenes experts who plan the delivery of the treatment. They may be qualified radiographers or physicists who have specialised in this aspect of radiotherapy.

Dietitians, speech therapists, physiotherapists and clinical nurse specialists

All these specialist roles may also be involved with your care and can be called on for their expert advice.

Most cancer centres are also teaching hospitals so your team may include a student radiographer, student nurse or a medical student. Please tell us if you do not want a student to be present during your clinic or treatment appointment.

During your treatment you may be seen in a review clinic. The exact number of times you are seen depends on the treatment you are having, as well as how you are feeling. In these clinics you will see a specialist nurse, radiographer or a doctor. Some clinics routinely include a dietitian and speech therapist.



During the clinic you will be given the time to ask any questions and discuss any problems you may have. It is also a good time to ask for any repeat prescriptions that you may need.

What if I am asked about a clinical trial?

A clinical trial is a study to find out the benefits and safety of possible new treatments. There are many clinical trials taking place in specialist cancer centres. If you are suitable, we may ask if you are interested in taking part in a clinical trial. Your doctor, a research radiographer or research nurse will discuss this with you. It will not affect your treatment if you decide against taking part in a trial.

Are there different types of radiotherapy?

There are two main types of radiotherapy:

External radiotherapy – where the radiation is produced by a machine and is delivered in one or more beams into the treatment area.

Brachytherapy – where radiation is produced by a radioactive source. The source is placed close to or inside the treatment site.

External beam radiotherapy

External therapy is the most common type of radiotherapy.

It is usually given during outpatient visits to a hospital cancer centre. There are three main types of machine used to deliver radiotherapy.

High-energy X-ray radiation is delivered by a machine called a **Linear Accelerator** (Linac). This is used to treat the majority of tumour types such as breast, prostate, rectum, head and neck.

Low energy particle radiation (electrons) can also be produced by a linear accelerator and can be used to treat skin or shallow areas such as surgical scars. Low energy x-rays are also produced by machines known as **superficial units**, again, these are mainly used to treat skin lesions.

For both these machines, treatment takes a few minutes.

The **CyberKnife treatment unit** also produces high energy x-rays. This is a robotic linear accelerator that gives treatments in a smaller number of visits, however each treatment session can take 45 minutes or more. The treatment delivered by the CyberKnife unit is called Stereotactic radiotherapy. It can also be delivered on our newest conventional linear accelerators and the choice of machine is something that the entire multi-disciplinary team will make based on many factors.

We offer SRS (Stereotactic Radiosurgery) for some intra-cranial (brain) indications and SBRT/SABR (Stereotactic Body radiotherapy/Stereotactic ablative radiotherapy) for some body sites. However, SRS, and SBRT on a linac or Cyberknife are not suitable for all tumours so you would need to ask your doctor if your case is suitable.

When you have external beam radiotherapy, whichever treatment machine is used, you will be positioned carefully on a treatment couch and the machine will be directed at exactly the area to be treated. The treatment can be delivered using a single beam, a series of beams given from different angles or a beam delivered as the machine moves round in an arc motion.

There are also treatment units called tomotherapy machines in a small number of radiotherapy centres and a schedule is underway to develop proton treatment in the UK. This booklet does not include information about either of these types of treatment.

Please note that external radiotherapy does not make you radioactive and you can safely mix with other people, including children, at any time during your treatment.



Brachytherapy

Brachytherapy can be used to treat many different sites and is often used in conjunction with surgery +/- (with or without) external beam radiotherapy. Brachytherapy is most commonly used to treat prostate cancer, cervix cancer, cancer of the endometrium, skin cancers and thyroid cancer. Each of these treatments is very different to the next and will be discussed with you if it is the treatment recommended to you.

Brachytherapy treatment for prostate cancer and thyroid cancer can mean that you will be emitting a small amount of radioactivity for a few days after the procedure. There may be temporary restrictions on your movements and visits from family or friends. This will be carefully explained to you.

The rest of this booklet is about external radiotherapy only.

What is treatment planning?

Every radiotherapy treatment is carefully planned for each patient individually.

For most people the first step in the radiotherapy pathway is to take a CT scan of the treatment area. The scan will give your doctor and radiographers a detailed picture of the area that needs treatment.

The doctors will use all the information available from previous x-rays or scans, clinical examination, surgery, experience and clinical research to help them determine the treatment area and to define areas that should be avoided (this will reduce side effects).

Planning specialists will then plan the best way to deliver the treatment the doctor has prescribed. The planning stage of your treatment will usually be scheduled a few days after you have seen the clinical oncologist unless more investigations are needed. They can also be scheduled when radiotherapy is part of a combined treatment plan (with surgery or chemotherapy) - in these circumstances, you may be given dates for your radiotherapy some time ahead.

Treatment planning sessions usually last from 30 minutes to 60 minutes.

If you are to have radiotherapy to your head or neck, or to an arm or leg, there may be an extra step in your planning process – the making of a **mask or cast**.

What is a mask or cast?

If you are having treatment to your head or neck or a limb, you will need to wear a special mask to keep your head or limb still. The mask or cast will need to be worn for your planning CT scan and your treatment. The mask is made of a perforated sheet of thermoplastic material and helps you to keep still during treatment. Marks to assist the radiographers can be drawn on the mask.

You will be given an appointment to attend the mould room. The technicians or radiographers will explain what they are going to do. You will be positioned on a couch, then a sheet of thermoplastic material will be warmed in a water bath which makes it flexible. It will be laid across your face and neck or your arm or leg and gently pressed into position. It will feel warm and a little damp. If the mask is for your head, your mouth and nose will be covered, but you will be able to breathe normally through the perforations. A well-fitting mask is difficult to make if you have long hair or a beard or moustache, so you may be asked to tie your hair back and shave any facial hair before your appointment at the mould room.

What happens when I go for pre-treatment planning?



You will be asked to attend early for your pre-treatment appointments so that the radiographers can explain what will happen and carry out any preparation you may need. Often the doctor will request that contrast is used for your scan as it helps them to see the areas of interest. Contrast is injected into a vein during the scan but can only be given if a checklist is completed and you are not taking any drugs that prevent its use. You may also be asked to fill your bladder or empty your bowel for the planning (and for each treatment). Please ask if you are unsure of the preparations.

You will be given specific information about preparation for your scan before you attend the appointment.

You will be asked to uncover the area of your body that is for treatment as we will need to place markers on the area to indicate how the treatment will be delivered. Gowns will be provided and every effort will be made to maintain your privacy and dignity.

You will be positioned on the pre-treatment couch and asked to lie still. The scan is taken while you lie in the same position as required for treatment. This may mean that your arms are moved away from the area for treatment or that we use special supports to ensure you can lie in the same way for every visit.

The couch will be moved into the CT scanner and you may hear some unfamiliar sounds. The lights in the room may be dimmed during planning. You will not see or feel anything during the scan. The radiographers will leave the room to start the scan. The pre-treatment rooms are monitored during your planning scan.

Please see our policy on monitoring in radiotherapy on page 17

The position of the markers used for the scan will be marked using one or more small permanent reference marks (tattoos) about the size of a pinhead using dark ink. These are used each day when you come for treatment as reference points for delivery of treatment. You will be asked to consent to the use of tattoos. If this is a concern for you, ask your radiographer if there are any alternative options. Depending on which part of your body is going to be treated, you may wish to wear clothes that will cover up any marks.

Cyberknife treatments are often planned using markers that have been placed inside the body in a separate procedure. Using internal markers can mean that you do not need tattoos for treatment.

If you are to have treatment to your head or neck, any marks will be made on your mask (see page 7).

As part of the routine daily identification process, the radiographers will ask for your consent to take a photograph of your head and shoulders.

To help the radiographers position you in the same way for each treatment, they may also need to take some photographs of you lying in the treatment position on the couch.

How is the radiotherapy machine chosen?

There are different machines used for giving radiotherapy as explained in the section *what is radiotherapy?* on page 1. Some types of treatment can only be given by one machine while other treatments can be delivered by any of several linear accelerators. The machine selected for you will be the first available appointment on a machine that can deliver the treatment you require.



How many treatments will I have?

You may have a single treatment or a course of treatments, called fractions, over several weeks. The number of treatments is decided based on many factors and does not indicate that anyone has a better or worse type of illness. Some types of cancer respond to radiotherapy when it is delivered over a long period of time and others respond using shorter courses. Sometimes the dose delivered for each treatment is higher and so a shorter number of treatments is used. Your doctor will have told you how many treatments they recommend when you gave your consent and sometimes, when appropriate, they might have discussed with you what your preference would be.

If you would like more information about how your course of treatment has been decided, please ask your doctor or radiographer.

How long does it take before I can start my treatment?

This mainly depends on how complex your treatment is. There are several stages to planning a complex treatment which involve the entire radiotherapy team. Your doctor decides, and marks on the scan, where they want the treatment to be delivered. They

also highlight the areas that should avoid receiving radiation. The specialist planners will then try different arrangements for treatment delivery and the doctor will select the option they prefer - this is called the treatment plan. Every step of the planning process is double checked before the plan is sent to the treatment radiographers. At this stage, the radiographers add several details to assist them to set-up the treatment delivery in the treatment room. This preparation is also double checked. It is only at this point that the plan is ready for delivery. All of this process can take between two to four weeks to complete.

If the treatment is more simple, it is usual to get it ready within a week and to start treatment within two weeks. In urgent cases, the treatment can be prepared in only a few hours.

When do I attend for treatment?

Radiotherapy is normally given Monday to Friday.

Most people receive radiotherapy as outpatients and travel to the department each day. You might wish to ask a friend or relative to come with you.

The staff will try to arrange an appointment time that suits you. You will usually be able to book all your appointments at the same time, to allow you to plan ahead. If you are staying in hospital, the radiographers will arrange your treatment times with the ward staff.

It is usually important that you do not miss any appointments if you are having a radical course of treatment, however, there are differences between some types of treatment which may mean that missing a treatment would not have any affect on the treatment outcome. If you cannot attend for any reason, please let the radiographers know as soon as possible.

What happens when I come for treatment?

Each time you visit for treatment a radiographer will confirm your identity to make sure you are the person they are expecting to treat. They will ask: your name, address and date of birth (even though



they may know you).

Your radiotherapy machine will be staffed by a team of radiographers and you may see different members on different days. We may need to change the treatment machine because of routine servicing or other reasons (we will keep you informed of any scheduled changes). All the radiographers who you meet will deliver treatment using the same details which are unique to you. Your treatment plan is programmed into the treatment machine and automatically checks the details of the treatment delivery.

Time is set aside on your first day of radiotherapy to tell you about the treatment and to answer any questions you have. If there is anything you do not understand, please ask for more explanation.

You may be asked to change into a gown before treatment. In the treatment room the radiographers will position you on the couch using the same supports that were used when you had your planning CT scan. The radiographers will use the tattoos or marks which were put on your skin or mask during treatment planning , to line you up with the treatment machine. The machine will not usually touch you.

The preparation may take some time, especially on day one when the radiographers will check all the measurements for the first time. The preparation for treatment can take longer than the treatment itself.

When the radiographers have positioned you and the treatment machine in the correct position, they will leave the room. Modern radiotherapy machines have sophisticated methods of imaging you in the treatment position to ensure millimetre accuracy. The radiographers will take some images of your treatment and these may indicate that your position needs an adjustment or that there is a further movement of the couch required before they start the treatment. When every part of your treatment has been checked and verified the radiographers will deliver the treatment. You will not feel anything during the treatment.

The treatment rooms are monitored so that there is continuous contact between the radiographers and the treatment room. If you

needed to interrupt the treatment for any reason, you could call out or wave and the radiographers could stop the treatment and attend to you. If you have any concerns about your privacy or dignity at any time during the course of your treatment, please do not hesitate to discuss these issues with your radiographers.

Please see our policy on monitoring in radiotherapy on page 17

You must keep still during the few minutes it takes to give your treatment, but you can breathe and swallow normally unless the radiographers give you special breathing instructions. The machine may move around you during treatment or the radiographers may come in to change your position or that of the machine. Again, they will explain each step to you.

The radiographers will give you advice about care of your skin in the treatment area. Please follow this advice from the beginning of your course of treatment.

How will I feel during treatment?

Many people having a course of radiotherapy remain feeling very well throughout, however this depends very much on the area that is receiving treatment. Everyone has different circumstances and may have varying amounts of support at home. Some people have long journey times and others may have had recent surgery or chemotherapy. All of these factors will affect how you feel and you may find you become more tired than usual.

The radiographers will check your progress regularly during your course of treatment and you may also see your doctor or a specialist nurse.

There are many people in the hospital who may be able to help and support you. Some hospitals have cancer information and support centres. If you would like to find out what services are available or how to contact a particular person, please ask.



Are there any side effects?

Your doctor will have discussed any possible side effects with you before the start of your treatment and they will be clearly documented in your consent form.

The side effects you may experience will depend on the part of the body that is being treated and how much treatment you have. Side effects only affect the part of the body that is treated. Everyone reacts to radiotherapy differently and many people have hardly any side effects. The radiographers will give you lots of support and advice about how to care for and manage any side effects and you will also be seen in a clinic by other members of the radiotherapy team.

Most side effects which occur during treatment will be temporary and resolve soon after completion of treatment. Medication can be used to either prevent or manage any expected side effects. If you have any questions or concerns, please ask your doctor, clinical nurse specialist or radiographer. A list of suggested questions that you may want to ask can be found on pages 17-18.

Some general side effects of radiotherapy

Tiredness (fatigue)

Attending daily for radiotherapy can make you feel more tired than usual. You may also be recovering from surgery or chemotherapy and these can also cause fatigue. You should listen to your body and rest if you need to but continue your normal activities where possible. Sometimes dehydration can cause tiredness - you might try to increase your fluid intake to see if your energy level improves. During your course of radiotherapy you may have regular blood tests to check your general health. If you have anaemia, you may be advised to have a blood transfusion.

Sore skin

Your skin in the treatment area may become sore. Together with fatigue, these are the most widely reported side effects of radiotherapy.

There is currently no general agreement based on research

regarding caring for skin during radiotherapy. Advice on skin care varies from one hospital to another. The staff at your radiotherapy department will give you advice about how to care for the skin receiving treatment when you start your course of radiotherapy. Please ask the radiographers to show you the area that is included in your treatment if you are unsure.

General advice for caring for your skin is to avoid any physical or chemical irritation. This means you should avoid rubbing the area or using products which are medicated or strongly perfumed.

You should protect your skin from extremes of temperature (hot baths or cold wind) and cover the treatment skin against strong sun exposure.

You may be advised to use a specific cream or lotion to keep the area moisturised.

Swimming may not be advised if you develop a skin reaction, as the chlorine in the water may irritate your skin. If you do swim during treatment, make sure you rinse your skin well. Discuss this with your team.

You may be advised to wear loose, casual clothing made from natural fibres. Please refer to The Royal Marsden factsheet *Skin care guidance for patients receiving radiotherapy* for further information.

Nausea and vomiting, loss of appetite

Very few people feel sick during radiotherapy although it depends on which part of the body is being treated. If the clinical team knows that the area for treatment may cause nausea or vomiting then you will have anti-emetics prescribed. Usually you will be advised to take an anti-emetic 30 minutes before your treatment to avoid any problems.

It is important to try to eat well during your treatment and also to keep well hydrated by drinking about two litres of fluid (three to four pints) each day. This can be water, tea, coffee, milk or juice. Keeping a good balance of fluids can even help reduce fatigue. You can ask to see a dietitian who can help you to plan your meals



and can offer lots of hints about what to eat. The Royal Marsden booklet, *Eating well when you have cancer*, may also be helpful.

Diarrhoea and bladder irritation

If you are having your pelvis treated, it may cause you to develop diarrhoea. You can take a common anti-diarrhoeal tablet such as Imodium to treat this. You may need to take one or more tablets every day to prevent further episodes. Unfortunately, treatment to your pelvis can also cause bladder irritation which can feel like cystitis. It is important to keep well hydrated to reduce this side effect.

Hair loss

Radiotherapy can cause hair loss **in the area being treated**. Most hair loss is temporary and will start to grow back within two to three months of finishing treatment.

Late side effects

Any side effects which may develop in the longer-term will have been discussed with your doctor before you start your radiotherapy and are included in your consent form.

What happens after radiotherapy is finished?

When treatment finishes, many people look forward to life returning to normal. However, you may find yourself unexpectedly feeling a bit low in mood. This is normal. Often radiotherapy comes at the end of a very long treatment journey which has included many weeks or months of anxiety, completion of treatment can sometimes bring back fears about the future as you have more time to think about your treatment when you no longer visit the hospital so frequently.

Most side effects only last a few days or weeks but some of the effects of radiotherapy, such as tiredness, may continue for a couple of months after the end of your treatment. You may find it helpful to read Macmillan's booklet *Life after cancer treatment*.

When you have finished your treatment, you will usually be given a clinic appointment so that the doctor can check your progress. Sometimes this appointment can be replaced by a follow up over the telephone. The appointments will probably become less frequent as time passes. If you are worried about anything at all, please phone for an earlier appointment.

Your family doctor (GP) will be sent a complete report about your treatment.

Policy on managing patient monitoring in radiotherapy

Whenever you are alone in a scanner or treatment room you will be monitored using television cameras. This is part of ensuring the accuracy of your scan or treatment and your safety and well-being in the rooms at all times.

We assure you that the camera image feed is always live and it is not possible to make a recording. The images are viewable on screens situated in the machine control areas. The control areas are only accessed by authorised radiotherapy staff although some may not be directly involved in your care at that time. If you have any concerns about your privacy or dignity, please discuss this with the radiographers.

Questions you may wish to ask

It is important that you understand what will happen and why. Many people say they either do not know what questions to ask or they just cannot remember them. To help you think about what you want to ask your doctor, you may find the following questions helpful.

About my treatment

- What are the benefits of the treatment you are advising me to have?
- What are the risks, if any, of this treatment?
- What are the success rates for this treatment?
- What are the risks if I decide to do nothing for the time being?

About my treatment

- Are there any other treatments I could have?
- How long will I have to wait before starting treatment?
- If there is a delay in starting treatment, how will this effect my outcome?
- What will the treatment be like and how long will it take?
- Will there be side effects and what can I do about them?
- How can I expect to feel after the treatment?
- How will my doctor know if my treatment has worked?
- Who should I contact if I have questions or concerns during my treatment or once my treatment has finished?
- Will I be able to have reconstructive surgery after my radiotherapy (if appropriate)?

How treatment might affect my life

- Will I still be able to drive?
- Will it affect my regular activities for example, work?
- Will it affect my personal or sexual relationships?
- Will I be able to take part in sport or exercise?
- Will I be able to follow my usual diet?
- Will I need to take any special precautions like staying out of the sun?
- Will I be able to wash or shower as normal?

We hope that you have found this booklet useful. Should you have any questions, please ask your medical team or you can contact the Radiotherapy Department on the following numbers:

Chelsea: 020 7808 2540/2541

Sutton: 020 8661 6020

The Help Centre for PALS and Patient Information.

Drop-in service

You can call in during opening hours (Monday to Friday 9am to 5pm). Staff are available to guide you through the information and to offer you any advice and support you may need.

Telephone

If you are not able to drop in, you can call us on our dedicated freephone:

0800 783 7176. An answerphone service is available outside the opening hours.

Email

You can email us at: patientcentre@rmh.nhs.uk

Write

You can write to us at:

The Royal Marsden Help Centre

The Royal Marsden NHS Foundation Trust

Fulham Road London SW3 6JJ

Or

The Royal Marsden Help Centre

The Royal Marsden NHS Foundation Trust

Downs Road

Sutton

Surrey SM2 5PT

Sources of information and support

Macmillan Cancer Support

89 Albert Embankment, London SE1 7UQ

Macmillan Freephone: 0808 808 0000 (Monday to Friday 9am - 8pm)

Website: www.macmillan.org.uk

Macmillan provides free information and emotional support



for people living with cancer and information about UK cancer support groups and organisations. It also offers free confidential information about cancer types, treatments and what to expect.

Cancer Research UK

Angel Building, 407 St John Street, London EC1V 4AD

Freephone Helpline: 0808 800 4040 (Monday to Friday 9am – 5pm)

Website: www.cancerresearchuk.org

If you live in the United Kingdom, nurses can answer your questions about cancer and its treatment.

National Institute for Health and Clinical Excellence (NICE)

10 Spring Gardens, London SW1A 2BU Website: www.nice.org.uk

NICE provides guidance for healthcare professionals, and patients and their carers that will help to inform their decisions about treatment and healthcare.

Further reading

Supportive Care in Radiotherapy (2003)

Sara Faithful & Mary Wells. Churchill Livingstone.

ISBN: 0443064865

This book is aimed primarily at nurses and therapy radiographers providing clinical and supportive care to patients before, during and after radiotherapy. It includes practical advice on the assessment and clinical management of acute and late side effects, supported by current evidence.

Where can I get help?

If you have any queries about your illness or treatment, or have any unexpected problems, please contact The Royal Marsden switchboard who can put you through to the appropriate department on;

Chelsea 020 7352 8171

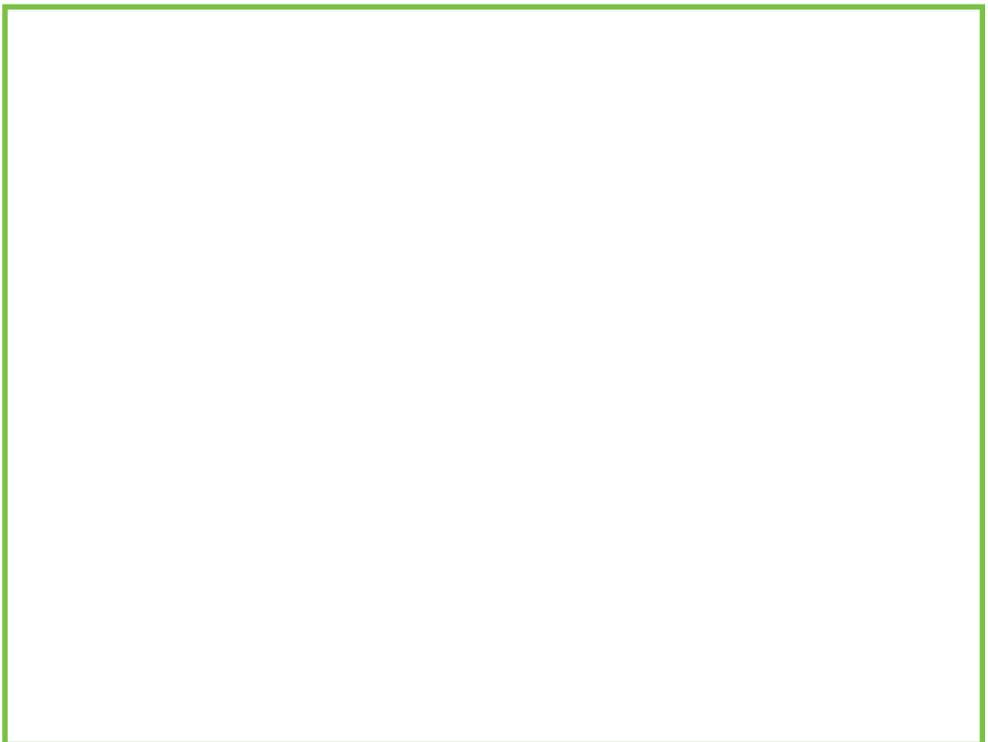
Sutton 020 8642 6011

Macmillan Hotline: 020 8915 6899

available 24 hours a day and every day throughout the year

Alternatively you will be provided with direct contact details for members of your team at your appointments, so please make a note of these.

Notes/Questions



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This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of references used in writing this booklet are available on request from: The Royal Marsden Help Centre

Freephone: 0800 783 7176

Email: patientcentre@rmh.nhs.uk

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The Royal Marsden publishes a number of booklets and leaflets about cancer care. Here is a list of information available to you.



Diagnosis

- A beginner's guide to the BRCA1 and BRCA2 genes
- CT scan
- MRI scan
- Ultrasound scan
- Lynch Syndrome



Treatment

- Central venous access devices
- Chemotherapy
- Clinical trials
- Radiotherapy
- Radionuclide therapy
- Your operation and anaesthetic



Supportive care

- Eating well when you have cancer
- Lymphoedema
- Reducing the risk of healthcare associated infection
- Support at home
- Your guide to support, practical help and complimentary therapies



Your hospital experience

- Help Centre for PALS and patient information
- How to raise a concern or make a complaint
- Making your stay with us safe
- Your health information, your confidentiality



Please visit www.royalmarsden.nhs.uk/patientinformation where several patient information booklets are available to download.

Life demands excellence



Radiotherapy and
Chemotherapy Services
P538021 & P538022



CUSTOMER
SERVICE
EXCELLENCE

