

Radiotherapy for lung cancer



Introduction

If you or someone one you care for has a diagnosis of lung cancer and radiotherapy is a possible treatment option, then it's almost certain that you will have a lot of questions.

We have produced this booklet in partnership with expertise from lung oncologists (cancer doctors), radiographers, lung cancer nurse specialists and people affected by lung cancer to help you make positive, informed choices about your care and treatment. Use this booklet along with the information provided by your healthcare team.

Remember that most healthcare professionals are only too happy to answer your questions and help you with things that may be unclear or causing you concern.

If you still have questions and want to talk to someone, call our free and confidential **Ask the nurse** service on: **0800 358 7200** or email: lungcancerhelp@roycastle.org

You can also contact one of the many support organisations available in our Living with lung cancer booklet. Order a copy by calling us on: **0333 323 7200 (option 2)**, or look on our website: www.roycastle.org/usefulcontacts



How treatments and other healthcare services are provided is likely to be affected by the coronavirus (COVID-19) pandemic. Your medical team will make sure you know about any national or local variations to what is described in this booklet. They will work in ways to keep you safe while getting the best possible service.

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Understanding radiotherapy for lung cancer

What is radiotherapy?

Radiotherapy is a type of cancer treatment which uses high energy X-rays (*radiation*) to destroy cancer cells while avoiding normal cells. Radiation is given in small individual doses (*fractions*) aimed precisely at the tumour over a specified period ranging from a few days to as much as six and half weeks (up to 33 treatments). Your oncologist will discuss how many treatments will be needed. Each treatment usually takes around 10 to 20 minutes, but some treatments can take up to 45 minutes.

How does radiotherapy work?

Our bodies are made up of cells, which are able to divide. Radiotherapy acts by attacking the genetic material or DNA within the tumour cells. By attacking cells, radiotherapy prevents the cells from growing and dividing. Cancer cells are less able to repair damage, so by interfering with the tumour's normal way of growing and spreading, radiotherapy often causes the cells to die. Normal cells can be affected by the treatment but are usually able to repair themselves and return to normal functioning.

What is the aim of radiotherapy treatment?

Depending on the kind of radiotherapy you are having, the aim of radiotherapy may be to:

- cure the lung cancer
- shrink your tumour or control its growth
- manage symptoms caused by your tumour, improving your quality of life and potentially prolonging your life

How do doctors decide on the best treatment for you?

Deciding whether radiotherapy is right for you depends on three factors:

- the type (*pathology*) of lung cancer you have
- the size and position of your lung cancer, and if it has spread (*stage*)
- your general health, fitness (*performance status*) and how you cope with treatment

Types of lung cancer

There are two main types of lung cancer:

- small cell lung cancer (SCLC)
- non-small cell lung cancer (NSCLC)

NSCLC makes up most of the cases of lung cancer (around 87% in the UK). The treatments used for SCLC and NSCLC are different.

Staging for lung cancer

When doctors evaluate the extent of a person's cancer, they call it *staging*. They categorise a person's lung cancer into stages 1 to 4 using the *TNM staging system**.

In this system, T (followed by a number 1 to 4) refers to the size or position of the tumour, N (followed by a number 0 to 3) refers to any spread of the cancer to lymph nodes, and M (followed by 0, 1a, 1b or 1c) refers to any spread of the cancer to other parts of the body (*metastasis*).

Doctors can also sometimes describe small cell lung cancer as *limited stage* or *extensive stage* lung cancer.

Performance status

This is a widely accepted World Health Organisation (WHO) scale of how physically able a person is, giving an indication of how well they may tolerate treatments. It is on a scale of 0 to 4.

At the most able end, 0 means a person is able to carry out all normal activity without restriction. At the other end, 4 means a person is completely disabled, is confined to a bed or chair, and cannot carry out any self care.

*See our *Managing your lung cancer diagnosis* booklet for more information about staging.

What happens next?

Your cancer doctor, usually a clinical or radiation oncologist, is the person who is responsible for prescribing and supervising your course of treatment.

The treatment recommended for you will be the one that offers you the most benefit, is likely to keep you well for longest and have lower risks or fewer side effects.

Your case may be discussed by a group of health care professionals, known as a multidisciplinary team (MDT). They will talk through treatment options. The team may include an oncologist, surgeon, lung cancer nurse specialist, palliative care team, chest physician, radiologist, pathologist, and radiographer among others.

Consent to treatment

Before any treatment starts your cancer doctor will tell you about any risks, benefits and side effects of radiotherapy. You will have the opportunity to discuss anything that you do not understand or any anxieties you may have.



You will be asked to sign a consent form agreeing to accept the treatment that you have been offered. Once you understand what the planned treatment involves and you feel your questions and concerns have been answered, only then sign the consent form.

Radiotherapy for types of lung cancer

Radiotherapy is most often given once a day, five days a week, but this does vary.

You may receive treatments more often or less often depending on what will work best for you. Your cancer doctor will explain your treatment to you.

Radiotherapy for small cell lung cancer

If you have small cell lung cancer (SCLC), whether you have radiotherapy will depend on the stage of your cancer.

Limited-stage SCLC

Limited disease means it is limited to the lung/chest and can be treated with radiotherapy. The aim of radiotherapy is to reduce the risk of cancer returning in the chest and prolong life.

Radiotherapy can be given after chemotherapy or at the same time as chemotherapy.

If it is given at the same time, the radiotherapy part of this treatment is usually started with second round of chemotherapy.

If your cancer is larger, your radiotherapy might start with a later cycle of chemotherapy, or after your course of chemotherapy has finished.

Extensive-stage SCLC

This means that your cancer is much larger or has spread more widely. Extensive-stage small cell lung cancer is not suitable for radical radiotherapy.

However, palliative radiotherapy may be used to treat SCLC lung tumours. Radiotherapy may also be used to treat SCLC that has responded to chemotherapy.

Prophylactic cranial irradiation

A type of radiation known as *prophylactic cranial irradiation (PCI)* may also be used may also be used for both limited and extensive stage SCLC. This is radiotherapy given to the head area to reduce the risk of SCLC cancer spreading to your brain (*brain metastases*). It can prolong life for patients with small cell lung cancer.

PCI is only offered if the small cell lung cancer has responded well to chemotherapy. Whether you are offered this treatment will also depend on your general health and age. It may be given at the same time as radiotherapy to the lung, or at another time.

Radiotherapy for non-small cell lung cancer

Radiotherapy is one of the main treatments for non-small cell lung cancer (NSCLC). It may be given:

- to try to cure lung cancer if it cannot be treated with surgery (*radical radiotherapy*), including a type of radical radiotherapy known as stereotactic-radiotherapy, often referred to as SABR (see below) for very early-stage lung cancer
- after surgery to reduce the risk of the lung cancer coming back (*adjuvant radiotherapy*)
- with chemotherapy to treat and manage the lung cancer (*combination therapy*)
- before surgery and in combination with chemotherapy to reduce the risk of the lung cancer coming back (*multimodality therapy*)
- to control symptoms when radical radiotherapy is not possible or the lung cancer has spread to others parts of the body (*palliative radiotherapy*), such as the brain or bones

Stereotactic ablative body radiotherapy

Stereotactic **a**blative **b**ody **r**adiotherapy (SABR), sometimes called **s**tereotactic **b**ody **r**adiotherapy (SBRT), may be used to treat early-stage lung cancer when surgery isn't an option due to a person's health or in people who do not want surgery.

It is an effective way of giving highly accurate high-dose radiotherapy with fewer treatments over a shorter period of time than standard radiotherapy. Your doctor will explain how many treatment sessions you need over how many days.

SABR uses either many beams of radiation directed from different angles that meet at the tumour or the beam moves in an arc around the tumours. You may be referred for this treatment if your doctor thinks it is suitable for you.

Radiotherapy and chemotherapy

A combination of radiotherapy and chemotherapy is sometimes given to treat lung cancer. Radiotherapy can be given before chemotherapy, or at the same time as chemotherapy (*concurrent chemoradiotherapy*), or after completion of chemotherapy (*sequential chemoradiotherapy*).

Some people with NSCLC may be offered immunotherapy after concurrent chemoradiotherapy.

If this applies to you, your doctor will speak to you about chemotherapy if it is right for you and which type you will have. If given concurrently, chemotherapy is given the same day as radiotherapy. Generally, people do not need to stay in hospital overnight.

Radiotherapy for lung cancer that has spread

Radiotherapy may be offered to treat lung cancer that has spread to different parts of the body (*metastases*) including, for example, the bones, liver, brain and lymph nodes outside the chest. If this may be suitable for you, your cancer team will speak to you about your options.

For example, for NSCLC that has spread to the brain, *whole brain radiotherapy (WBRT)* may be an option. This can treat multiple tumours as well as small, undetectable tumours that may be developing in different areas of the brain.

Another option may be *stereotactic radiotherapy (SRT)*, sometimes also called *stereotactic radiosurgery (SRS)* when treating the brain. This is a treatment that precisely focuses radiotherapy treatment on the tumour, with the intention of sparing surrounding healthy tissue from significant damage.

SABR (see page 9) may also be used to treat some metastatic tumours.



For more information about treating metastatic lung cancer, see our treatment booklets on chemotherapy, targeted therapies and immunotherapy, and our booklets *Understanding brain metastases and lung cancer* and *Understanding bone metastases and lung cancer*. See page 2 for details about how to order one.

Planning for your radiotherapy

Radiotherapy planning is the preparation needed to deliver your treatment accurately. It involves a CT scan, followed by a process called *computer planning* which is carried out by the planning team at the hospital.

Getting to your planning session

Before you begin actual radiotherapy treatment, you will be asked to come as an out-patient for a planning session. The planning session will not make you feel tired or unwell. Planning your treatment will take one visit.

You can bring a relative or friend with you for support, particularly to your first appointment. They will be able to sit and wait in the waiting room while you have your CT scan. The appointment will last approximately an hour and after the planning session you will be able to go home.



Travel arrangements

You may be able to travel yourself to your scanning and other appointments, or a friend or relative may help out. If you need travel assistance you can ask staff at the hospital. The NHS may be able to offer travel assistance depending on your medical eligibility and if they have local driver/ transport schemes.

Planning CT scan

You will be taken to the room with the CT scanner, where you will spend 15-20 minutes. You will have a private space to remove clothing and jewellery from your waist up to your chin.

Sometimes, an intravenous injection is given during the scan. This will be discussed with you, if it applies to you. This is a contrast dye, which allows blood vessels to be seen more clearly on the CT scan to help your cancer doctor plan the treatment. If you are going to have contrast dye, you will be cannulated before you go on the scanner – a little needle will be inserted into a vein in your arm in preparation for the dye to be injected. It is important to inform the radiographer if you have had a reaction to IV contrast previously.



You will be asked to lie on the ‘couch’ part of the CT scanner, usually with your arms above your head. This couch, which looks more like a narrow table than a couch, has a hard surface, but most people don’t find it particularly uncomfortable.

Because the treatment delivery is very precise, it is important for you to be comfortable and try to keep as still as possible. For this reason, there are rests for your knees and elbows and a bar for you to hold on to.

Very occasionally, an *immobilisation cast* is required, depending on where in the lung is being treated. This ensures that your shoulders and neck are kept in the correct position during treatment. A cast is a form of plastic netting which can be stretched over your upper chest and neck when warm and then hardens when it cools down.

A breathing monitoring device may also be used to give a 4D (four-dimensional) CT scan. It's called 4D because the scan can determine the position of the tumour over time (with breathing). If you require a 4D scan, a small box will be placed on your chest when you are scanned and this monitors breathing motion.

After the scan, radiographers will need to put up to four tiny dots on your skin using a felt-tip pen. At the end of the session, you will be asked for permission to make these marks permanent by tattooing very small dots.

These tattoo dots are used during treatment to ensure that you are in exactly the same position every day. As felt-tip pen marks can smudge and wash off, permanent marks are recommended so you can wash normally before and during the treatment.

How soon radiotherapy treatment starts after planning appointments varies. Some palliative or urgent treatments may start within a few days. Others, including more complex treatments, may start after a week or two. There is no need to worry that your tumour will change significantly during this time. A gap of two to three weeks between the planning stage and actual treatment is normal and will not be to your disadvantage.

If you have been given the contrast dye injection, you will be asked to wait about 30 minutes after the scan in the waiting area. This will be discussed with you before the injection is administered.

Receiving your radiotherapy treatments

Where will I go for my radiotherapy treatment?

You will go to the radiotherapy department within a specialist cancer centre. Most radiotherapy treatment is given on an out-patient basis, Monday to Friday. The department will try to make an appointment time to suit you. However, this can sometimes be difficult due to the high number of people needing to be treated.

The treatment is most commonly daily on weekdays and appointments are for around 10 to 20 minutes, though they may be longer depending on the treatment you are receiving, such as for SABR (see page 9). You may have to spend up to an hour at the hospital on each treatment day.



At your first treatment session, the process will be explained. You will be told if there is anything you need to do or know before you come into the treatment room. If you have any questions or want to check any worries about your treatment this is a good time to talk to the staff.

What will happen when I come for my radiotherapy treatment?

For treatment, you will lie in the same position as you were in for your planning session. Although you will be asked to undress the upper part of your body before treatment, once you are on the treatment couch the staff will cover you up as much as possible. The lights will usually be dimmed while you are getting into position.

This can take a few minutes and the radiographers often need to talk to each other, rather than to you, to ensure you are in the correct and safe position. They often use technical words or abbreviations at this point. Please try to lie still and relax. If you have any questions about the words used, please do not hesitate to ask your radiographers.

If you have permanent marks on your skin from the pre-treatment planning, the radiographers may also mark up your skin with a felt tip pen. These pen marks are only required at the time of the treatment and can be removed with gentle washing if you wish to remove them.

When the radiographers have finished setting up, they leave the room to switch on the treatment machine. When they are outside the room the radiographers need to confirm the details of your treatment, so it is usual to have a short delay before the machine is switched on.

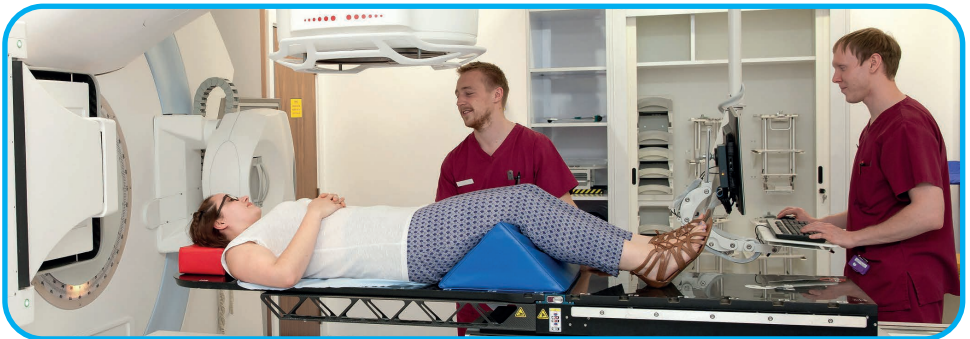


Image kindly provided by The Christie

Often before starting the actual treatment a scan is taken using the treatment machine. This scan is a cone beam CT and is used to check the position of the area being treated before the machine is turned on.

All you will see is the machine rotating around you and making a buzzing noise. The cone beam CT scans then take a few minutes to analyse and it may be necessary to adjust the position of the treatment couch. At this point, you may feel the couch being moved a little.

The linear accelerator will then be turned on to give radiation treatment. It will be delivered either from a number of different directions or as it rotates around you. The machine will make a noise as it moves around you, and beeps will be heard when radiation is being delivered.

You will not feel anything during the treatment.



Image kindly provided by The Christie

Throughout the treatment, the radiographers watch you through closed circuit television and can hear and see you at all times.

When the treatment session is over, a member of the team will come to help you get off the couch and take you to where you can get dressed. You will be free to leave the hospital as soon as the treatment is finished.



If your next appointment is not suitable, or if for any reason you are unable to keep this appointment, please telephone the radiotherapy team. The phone number will be on your treatment letter or card.

Treatment reviews

During treatment you will be checked every week or two weeks by a cancer doctor, radiographer or specialist nurse.

The review appointment will be arranged before or after one of your appointment visits, so won't mean an extra trip to the hospital.

These appointments are to discuss any side effects that you may be experiencing, answer questions and ensure that you have all the medication you need.

Managing side effects during your treatment

Is receiving radiotherapy painful?

No, the treatment itself is totally painless, although you may find the treatment table hard and slightly uncomfortable.

I felt no problems at all during the treatment and it was not painful in any way. Compared to surgery, it was a walk in the park.

Leslie

Is it safe?

Radiation used in medical treatment is given in controlled, carefully measured doses. The aim is to target all tissues that could possibly contain cancer cells while minimizing the dose to the normal tissue.

Am I radioactive?

No, you are not radioactive. The radiation does not stay in your body after treatment, so you cannot do anyone else any harm.

It is safe for you to still mix as you would normally with family and friends. There is no need to stay away from or not to touch others.

I already have problems with general health. Will radiotherapy treatment make them worse?

Not usually. The treatment may make you feel more tired than normal.

Please tell your treatment team about any existing medical conditions and continue with any medication you may be taking. Ask your oncologist if you are worried about any other health problems.

Can I drink alcohol while getting treatment?

If you are undergoing cancer treatment and you are considering having some alcohol, talk to your doctor about it first. A glass of wine, a couple of times a week, may not be a problem. However, alcohol can irritate your throat, so if this is at all sore it may be better to avoid drinking alcohol.

If you are a smoker – Is it worthwhile trying to quit before the start of your treatment?

Although most health care professionals will advise you to quit, they will recognise that this is a very individual choice. If you do stop smoking, you will improve your circulation and reduce the amount of poisonous chemicals in your body.

Research evidence shows that having cleaner lungs may also help speed up your recovery from treatments, reduce the risk of the cancer returning and increase your chance of survival.



Contact details of Stop Smoking Support and Helplines can be found in our *Living with lung cancer* booklet. Ask your doctor or lung cancer nurse specialist for advice on giving up smoking.

Does radiotherapy have side effects?

All forms of cancer treatment have side effects of one sort or another. Radiotherapy does have side effects, they vary from person to person depending on the type of treatment you have and your general fitness.

It is important that you are informed so that you understand how to deal with them if they happen and to help you decide about agreeing to treatment.

“ I was given cream for my skin before starting treatment. ”

Jane

Side effects may develop during treatment, but both the timing and how they appear vary from person to person. Some side effects can begin during your treatment and may continue for a short time after your treatment has finished, others can appear later and can be permanent.

Your radiotherapy nurse or doctor will see you regularly throughout your treatment and radiographers are available daily to answer any questions you may have.

Short-term side effects of radiotherapy

Listed opposite are the most common side effects you may experience during and shortly after treatment, and how to deal with them.

“ I had radiotherapy close to my oesophagus and I had some difficulty swallowing after it. I ate small, soft meals for a few weeks and that helped a lot, and I was careful to take small bites of my food. I also took an antacid from about week two of treatment until about a month after my 4-week course had ended. ”

Vickie

Short-term side effect	Practical advice
Skin reaction	Your skin in the treated area may become a little pink or red. It may also feel a little dry or itchy. You may bathe or shower during treatment, but do not have the water too hot. Use mild baby soap and try not to rub the treated area too hard. It's best to pat the area dry with a soft towel. Avoid perfumed talcum powder or lotion.
Problems with swallowing	This is caused by the swallowing tube (<i>oesophagus</i>) becoming irritated by the treatment. Soothing liquid medicines can be prescribed. You may find cool/ lukewarm drinks or ice-cream soothing. Eat soft or mushy food, for example, porridge or soup. It's best to avoid spicy or hot food, smoking and alcohol during treatment. It usually gets better within a week or two after radiotherapy has been completed.
Shortness of breath	Radiotherapy can make you feel more breathless because of inflammation in the lungs. Please let your radiographer or doctor know. You may be prescribed some medication for this.

If you have had radiotherapy to the head:

Hair loss	The areas of hair loss will only be from the areas of your body being treated such as your head. Speak to your doctor or nurse about whether you're entitled to a free wig from the NHS if appropriate; although you may prefer to wear a scarf or hat. Most hair loss is temporary and will begin to grow again in two months after finishing treatment.
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Long-term side effects of radiotherapy

Less commonly, radiotherapy can cause some long-term side effects:

Long-term side effect	Practical advice
Scarring of the lung (fibrosis)	This might lead to your lung not working quite as well as it did before. You might notice a slight increase in breathlessness. If this becomes a problem, see your hospital doctor or GP, as there are medicines and breathing exercises which can help but the breathing deterioration can be permanent.
Oesophagus (swallowing tube) scarring	In very rare circumstances, this makes it difficult to swallow solid food. Occasionally, a procedure is required to dilate or stretch the oesophagus.
Spinal cord/ heart damage	As the treatment is often close to these areas there is a very rare chance they may be damaged. Your doctor will explain if you are potentially at risk of damage.
Chest wall pain	This may be a long-term side effect particularly if you have had SABR rather than conventional radiotherapy. This pain may be associated with a rib fracture due to its weakening following treatment.

If you have had radiotherapy to the head:

Poor concentration and memory loss	People are often concerned that radiotherapy to the brain will affect their memory and overall cognitive function. If you are worried about how you are feeling after treatment, speak to your cancer doctor or lung cancer nurse.
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Please see our *Managing lung cancer symptoms* booklet for more information on managing side effects. See page 2 for details on how to get a free copy.

You will be given a contact phone number to phone if you experience difficulties with side effects. This number should be used at times when it may be difficult to contact your lung cancer nurse specialist or doctor, such as during the night or at the weekend.

Tiredness

You may have been feeling fatigued for several weeks after treatment has ended. It is important to maintain a good sleeping routine and don't feel that you must do everything that you do normally.

Ask your family and friends for help. It is a good rule of thumb to listen to what your body is telling you, and if you feel tired then rest.

For people in good general health, it may be beneficial to do some gentle exercises at a level you find comfortable (even just walking to the shops)

*“ Even when I felt tired after my treatment,
I strolled to my local shop to pick up a newspaper.
The fresh air and exercise really helped. ”*

Jo

Managing appetite

It is very important to keep your weight stable before and during treatment. It is important to eat a balanced diet as this will help your body to recover from the treatment.

Try to maintain a normal healthy diet throughout treatment. Loss of appetite and weight loss are very common in people with lung cancer.

However, making some changes to your diet can help to slow down or stop weight loss.

Start to concentrate on eating foods that will give you more energy (calories) and protein. Smaller meals can be less of a challenge, so try three smaller meals with extra snacks and nourishing drinks such as milkshakes or fruit smoothies in between to keep your weight stable.

You are more likely to get the energy you need if you eat little and often.

Try to avoid things like alcohol, very hot drinks, rough foods such as crisps, crusty bread and strong spices if your throat has become irritated.

Try mashing foods, adding sauces/gravies, or mixing smoothies. If you experience a burning feeling in your throat and have difficulty swallowing, there is a medicine that can be prescribed to ease this discomfort.

Regular painkillers can also help. Ask your doctor, radiographer or lung cancer nurse specialist for advice.

When my throat was sore after radiotherapy, I found creamy milkshakes the easiest to swallow.

Zainab

I can't face eating at all just now – what should I do?

If you aren't able to eat at all, try a nourishing drink like fortified milk. Just add 3 or 4 tablespoons of skimmed milk powder to a pint of full fat milk.

You can then use this in hot drinks or blended with milkshake powder, fruit or ice cream. Keep it in the fridge and use within 24 hours.

Your radiotherapy nurse or doctor will see you regularly throughout your treatment and radiographers are available daily to answer any questions you may have.

How do the doctors know if the radiotherapy is working?

The treatment can go on working for many weeks after the radiotherapy course has finished, so it is sometimes difficult to know straight away whether there has been a response.

Your doctor will use a combination of X-rays and scans to find out if there has been a reduction in the size of your tumour. Usually, the doctors wait a few months before doing a scan to allow the treatment time to work.

What if the radiotherapy isn't working?

How well different radiotherapy treatments work varies from person to person. Treatment may have a positive effect on your cancer by controlling it for a period of time and in some cases curing it.

Occasionally, it may not work at all. Your team will discuss what they feel is the most appropriate next step is for you.

Your treatment will be monitored very closely. If there is evidence that your cancer is not responding to radiotherapy treatment, or if you are experiencing unmanageable side effects with it, your oncologist responsible for your care will have a very important meeting with you to discuss the benefits, risks and side effects of further treatment options.

You have the right to consider whether you wish to continue or have further radiotherapy treatment. This is a decision that only you can make: weighing up the benefits; how treatment is affecting you and the future risk of continuing or stopping.

Your clinical team will be able to offer advice, but will respect your right to choose. If you decide to stop radiotherapy your doctor will discuss any further treatment options; medicines or treatments to manage the symptoms of your cancer.

When treatment is designed to manage symptoms and prolong your life, but is not reducing or removing the cancer, it is called *best supportive care*, or *palliative care*. The team organising your care will consider you and your carer's need for psychological, social, practical and spiritual support.

Clinical trials

At any time during your treatment, you can discuss clinical trials and ask for further information on what trials are available in your area. Getting into a trial is often based on being able to meet some very specific criteria. Your cancer doctor will be able to tell you if you are eligible.



UK Clinical Trials Gateway

www.bepartofresearch.nihr.ac.uk

Cancer Research UK

[www.cancerresearchuk.org/
about-cancer/find-a-clinical-trial](http://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial)

After radiotherapy finishes

How will I feel after treatment ends?

Once you have finished treatment you may be anxious that you are no longer attending the radiotherapy department. You may have been attending for a number of weeks and suddenly your routine is changed.

This change in routine can make you feel a bit low. This is not uncommon. However, slowly you should start to feel that things are getting back to normal.

Most side effects should wear off after a couple weeks if you have had palliative radiotherapy, but it may be longer for things to return to normal if you have had a course of radical radiotherapy.

You may still feel more tired than usual for a while and should rest when you need to. Gentle exercise may help you to feel better.

How will I be followed up?

Your oncologist or referring chest doctor will arrange an appointment a few weeks after your treatment has finished. This may be at the hospital or over the telephone. Your lung cancer nurse specialist may do this follow-up appointment with you rather than your doctor.

You will then begin to have appointments at regular intervals after this (for example every three months). These will become less frequent as time goes by.

It is important to assess how well your treatment is working and to ensure that you are not experiencing any other problems. Follow up appointments give you the chance to ask any questions about any worries.

“For a few weeks I felt exhaustion and just wanted to sit and sleep. It didn’t hurt, I was just exhausted. This was accompanied by being breathless doing nothing. It lasted for about 3 or 4 weeks.”

Leslie



It can help to write a list of things to discuss before you go so you don't forget anything. Getting answers to these questions from a professional who knows your individual circumstances can provide great reassurance and help you feel more in control of your situation.

If you have had radical (*curative*) radiotherapy, you will normally have a scan between three and six months after treatment finishes. When you have had the scan, you will be seen again to discuss the results.

How often you go varies from one hospital to another and according to your requirements for other treatment. If you have any problems, or changes in your symptoms that are worrying you between appointments you should contact the radiotherapy department or lung cancer nurse specialist. If your health is causing you or your carer any concerns, you should not wait until your next clinic appointment.

My follow up was fantastic, my Oncologist even came to the hospital on Boxing day when I was admitted as an in-patient. I still have follow-up appointment and scans nearly 10 years later.

Michele

Questions to ask your doctor or radiographer

Before choosing radiotherapy as a treatment option, you should understand the expected benefits, side effects and risks.

Ask your cancer doctor or lung cancer nurse specialist the questions on this page. Learn as much as you can about treatment, and get an idea of the expected outcome.

1. What type of radiotherapy will I be getting?
2. What is the aim of the radiotherapy?
3. Are there other types of treatment that could be suitable for me instead of radiotherapy?
4. What are the risks and side effects of the radiotherapy I will be having?
How do these compare with the risks/side effects of other treatments?
5. How long will I have to wait before starting treatment?
6. Where will the treatment take place? How do I get there? Is there car parking or public transport?
7. Can I bring a relative or friend with me when I have my radiotherapy?
8. How will I know if the radiotherapy is working?

Important phone numbers

Lung cancer nurse specialist:

Radiographer:

Dedicated treatment helpline/emergency phone numbers:

About our lung cancer information

We follow established quality standards and production principles to make our information trustworthy and easy to read. It is evidence based, following national clinical guidelines and best practice for managing lung cancer.

We believe information that is clear, accurate, evidence based, up to date and easy to use allows people to become better informed and more involved in their health and care.

Our information is written either by our information team or by lung cancer experts. We have a panel of lung cancer experts made up of doctors, nurse specialists and other health professionals involved in the treatment and care of people affected by lung cancer. These people help us on a voluntary basis. You can find out about our Expert Panel at www.roycastle.org/expertpanel

This booklet has been published in partnership with Lung Cancer Nursing UK.



Our information is also reviewed by members of our Reader Panel (made up of people who have experience of lung cancer). This makes sure our lung cancer information meets their needs. You can find out about our Reader Panel at www.roycastle.org/readerpanel

You can find references to sources of information within this booklet at www.roycastle.org/evidence

If you have suggestions for new publications or additions or improvements to our existing range of booklets and factsheets, please let us know at info@roycastle.org

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Roy Castle Lung Cancer Foundation is the charity that gives help and hope to people affected by lung cancer. The charity has two aims – supporting people living with lung cancer and saving lives.

Supporting people living with lung cancer

Working closely with lung cancer nurses, we provide information, run lung cancer support groups and offer telephone and online support. Our patient grants offer some financial help to people affected by lung cancer.

Saving lives

We fund lung cancer research, campaign for better treatment and care for people who have lung cancer, and raise awareness of the importance of early diagnosis. Our lung cancer prevention work helps people to quit smoking and encourages young people not to start smoking.

Contact us

For more information, call our Lung Cancer Information and Support Services:
0333 323 7200 (**option 2**)
or visit our website: www.roycastle.org

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