Radiotherapy treatment for

Lung Cancer

A guide for patients
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Patient journey for lung cancer radiotherapy

Referral and initial consultation with Radiation Oncologist

Simulator OR CT Scan

A treatment plan is created

A treatment plan is checked

Course of treatment begins

Regular check ups whilst on treatment

Follow-up after treatment
About this guide

The information in this guide has been written to give you a better understanding about radiotherapy and its use to treat lung cancer in women and men. It also gives more specific detail about the treatment that has been planned for you. It has been prepared with input from doctors, radiation therapists, nurses and patients.

Please share this guide with your family and friends – they have an important role in helping you. It is important that they feel well informed and understand what is happening. There are also DVDs on radiotherapy which you can take home to watch.

It is impossible to include everything you may need to know in this guide. However, your medical team (doctors (radiation oncologists), nurses and radiation therapists) will give you more precise information about your specific treatment.

We hope you find this guide helpful and we welcome your comments so that the next edition can be improved.

You will be attending the ‘St Luke’s Radiation Oncology Network’ for treatment. The network is spread over three hospital sites;
- St Luke’s Hospital, Dublin 6
- St James’s Hospital, Dublin 8
- Beaumont Hospital, Dublin 9

You will receive your radiotherapy at whichever one of these three sites is most suitable for you.
What is radiotherapy and why is it given?

Radiotherapy uses carefully measured doses of radiation to treat many conditions, most of which are cancers. Radiotherapy beams damage cancer cells and stop them from dividing and growing. The beams can be directed very accurately to any area of the body using sophisticated machines. The most commonly used machines are called ‘linear accelerators’ (or linacs). There are other machines called ‘cobalt’, ‘orthovoltage’ or ‘superficial’ depending on the energy of the X-ray beams required (external radiotherapy).

It is also possible to deliver radiotherapy to small parts of the lung using internal radiotherapy known as brachytherapy (see page 13).

How does radiotherapy work?

A high dose of radiation damages cells and stops them from growing and dividing. Cancer cells, which are abnormal cells, tend not to recover. Normal cells usually recover or repair themselves quite quickly. Any side effects which occur during treatment are usually temporary.

How is it given?

Radiotherapy is given to the same part of the body each day and each treatment takes a few minutes. It does not hurt. The machine does not touch you and it is very much like having an ordinary X-ray. When receiving radiotherapy you are usually lying on your back. Any variation from this is explained later in the guide or will be discussed with you by your medical team.
Radiotherapy is given as outpatient treatment unless you live too far from the centre to travel each day. The duration of radiotherapy may vary but it is usually between three and six weeks. Your medical team will talk to you about which treatment is best for you.

Sometimes you might miss a treatment due to a public holiday or a machine service. This will be taken into consideration by your medical team. However, we encourage you not to miss any other treatments unless it has been discussed and agreed with your medical team.

If you are about to start (or you have already started) a course of radiotherapy please do not make any holiday plans for the immediate future. Talk to your medical team and take their advice about when it will be suitable for you to plan your break.

What are the benefits of radiotherapy?
The purpose of radiotherapy is to destroy the cancer cells while causing as little damage as possible to normal cells. It can be used to treat many kinds of cancer in almost any part of the body.

Radiotherapy is broadly divided into two main categories: **radical** or **palliative**. Your doctor can explain which category applies to you.

In **radical** cases the aim of treatment is cure (or sometimes long term control) so a higher dose of radiotherapy is given aiming to completely eradicate the tumour. It may be given before surgery to shrink a tumour or after surgery to stop
the growth of cancer cells that may remain. It can also be given before, during or after chemotherapy (anti-cancer drugs). Sometimes it is the only treatment you will require.

**Palliative** treatment means that radiotherapy is given to relieve local symptoms from a tumour, for example to lessen pain or stop bleeding, or to prevent damage to nearby structures such as nerves.

**What are the side effects of radiotherapy?**
Radiotherapy can damage or destroy normal cells and cause treatment side effects. These are discussed in more detail later in this guide.

The side effects of radiotherapy can generally be split into two categories:

- **Early** or **acute side effects** develop during or shortly after treatment. These are usually temporary.

- **Late side effects** are those which can develop months or even years after your radiotherapy is finished. The risk of these side effects occurring is small but, whilst they are rarely severe, they may be permanent.

Your doctor will not advise you to have any treatment unless the benefits are greater than the side effects.

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

Receiving external radiotherapy does not make you radioactive or dangerous to be around. Once you have left the treatment room each day it is completely safe for you to mix with children and pregnant women.

Consent to treatment
You will be asked to sign a consent form but only when you are happy that you have all the information you need and your questions are answered. This is a written record stating that you have agreed to the planned radiotherapy. There is a copy of the consent form in the back of this guide for your reference.

Your medical team
Over the course of your treatment at the radiotherapy centre you will meet various members of the medical team. The team is often referred to as the ‘multidisciplinary team’. The team will have a consultant radiation oncologist, specialist registrars, radiotherapy nurses or clinical nurse specialists and radiation therapists. The radiation therapists operate the treatment machines and give you your radiotherapy. You will not meet the planning and physics staff but they are part of the team that plan your radiotherapy treatment.
All members of your multidisciplinary team work closely together. They can give you help and advice about any aspect of your treatment. Don’t be embarrassed or afraid to ask them anything you are concerned or anxious about.

**Planning your treatment**

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

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

Radiotherapy planning usually takes place in a **CT scanner**, which is a special X-ray machine that takes a scan of your body. The scans help the doctor decide the exact area within the body that needs treatment.
It may be necessary to perform a simple blood test and give you an injection of dye *(intravenous contrast)* into a vein in the back of your hand just before your scan. Your medical team will discuss this with you if this is recommended.

We may also need to make one or more small **permanent** skin marks (the size of a small freckle). These marks help us to line up the radiation equipment accurately when you’re being treated. We put a drop of dark purple ink into the skin with a small needle. This is at worst slightly uncomfortable. These marks are called **tattoos**.

Once all the scans, pictures and measurements are taken, the rest of the treatment planning will happen behind the scenes over the next few weeks with the help of a **physicist** or **planner**. They assist the doctors in deciding the best way of giving you the amount of radiotherapy you need.
When will treatment begin?
Your treatment will usually start 2-4 weeks after your radiotherapy planning appointment. If you are given a different timeframe the reason for this will be explained by one of the team at your consultation.

During the treatment
At each treatment the radiation therapists will take you into the treatment room and make sure you are in the right position. When they are satisfied with the position, they will leave the room for a short while so that the treatment can be delivered. You will not feel anything but you may hear a bleeping sound. This is quite normal and means that the treatment is happening. During the treatment, the radiation therapists will watch you on a television screen and can talk to you over an intercom. They can also hear you. You are welcome to bring a favourite CD to listen to while you are being treated. Each treatment may take 10-20 minutes.

During your treatment, scans or X-rays will be taken regularly at the treatment unit to monitor your position and the treatment area.

It is very important that you lie still in exactly the same position for each treatment. This will nearly always be on your back.

Some days you might notice some changes in the way the radiation therapists give you your treatment. For example, they might take a scan, a measurement or change the angles of the machine. Every effort will be made to make sure that changes are explained to you beforehand but if you are concerned about anything please just ask.
You will probably meet many other patients in the waiting area each day. Even though you might think your treatment is similar to someone else’s, each patient’s treatment is often very different. Therefore, if you are comparing stories and hear something that worries you, please just ask one of the professional staff.

Although your treatment only takes about 20 minutes each day you may be delayed longer on the days that you see the doctor, nurse or any other health care professional.

Please be assured that we make every effort to keep your waiting times to a minimum. If your treatment is cancelled any day due to a machine service or a machine break down, you will get this treatment session again i.e., you will always get the exact number of treatments your doctor prescribed for you.
You will be seen every one to two weeks by your doctors or a nurse and on a daily basis by your radiation therapists. In between, you may also be seen by one of our Clinical Nurse Specialists.

**Internal radiotherapy**
This is otherwise known as *brachytherapy* high dose intracavitary radiation. With this technique, the radioactive material is temporarily placed within a tube inside the lung, where the tumour is. This treatment may be given as a boost following external radiation or on its own when the aim is to alleviate symptoms only. Your medical team will discuss this in more detail if this has been planned for you.

**Radiotherapy to the brain**
Radiotherapy to the brain or prophylactic cranial irradiation (PCI) is mainly given to people with small cell lung cancer. It is given to reduce the chance of secondary tumours developing within the brain and is given after (or instead of) radiotherapy to the lung. It involves 10 treatments. Your medical team will discuss this with you in more detail if this is recommended for you and a separate guide is available.
Side effects

In general, the body can handle radiotherapy well. It can destroy cancer cells and it may affect normal cells within the treatment area. Side effects are generally limited to the area being treated. Radiotherapy affects people in different ways and not all the side effects mentioned below will occur. Your medical team will discuss these with you on an individual basis. Side effects are described as ‘early’ or ‘late’.

**Early** – side effects which occur during or shortly after treatment.

**Late** – side effects which occur months to years after treatment.

You will be fully informed about what to expect and about potential side effects when you sign your consent form.

**Remember:** your medical team are all available to answer any questions that you may have during your course of radiotherapy.

Please inform any of the medical team as soon as possible if you notice any change in yourself or your normal routine, such as a change in diet, weight, sleeping habits, increase discomfort or pain.

Smoking: We strongly advise you not to smoke during your treatment. Smoking may increase the severity of the side effects. Your team are available to help and support you to stop smoking.
Early side effects (during and shortly after radiotherapy)

Skin irritation
During treatment some people develop a skin reaction, similar to sunburn, known as erythema. This occurs because the radiation must pass through the skin in order to treat the part of your body that needs treatment. Pale skin may become pink, red or itchy and darker skin may appear darker with a blue or black tinge. Very mild erythema is occasionally seen in the first week of treatment, but is usually more pronounced after 2-3 weeks of treatment. Your medical team can work with you to help you manage any of these signs or symptoms.

When you finish your radiotherapy these areas will heal naturally.

**Remember:** a skin reaction will only affect the part of your body being treated, so you only need to follow the Dos and Don’ts for the part of your body in question.
<table>
<thead>
<tr>
<th>Dos</th>
<th>Don’ts</th>
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<tbody>
<tr>
<td>• Wash your skin, but only use simple, non-perfumed soap. Perfumed soaps might make the reaction worse. The area should be washed gently and patted dry with a soft clean towel.</td>
<td>• Do not use perfumed soaps, shower gel or deodorant. These might make your skin sore. Please speak to the nurse about alternatives that can be used.</td>
</tr>
<tr>
<td>• Use lukewarm water to wash with.</td>
<td>• Do not scrub at the area - scrubbing will make the irritation worse.</td>
</tr>
<tr>
<td>• Use an aqueous cream (a water-based cream) such as E45 twice a day from the start of your treatment. Increase the number of uses if necessary.</td>
<td>• Do not scratch the area.</td>
</tr>
<tr>
<td>• Wear loose cotton clothing around your neck to avoid friction.</td>
<td>• Avoid exposure to extreme temperatures, for example ice packs and hot water bottles.</td>
</tr>
<tr>
<td>• Make sure you tell us if the area becomes sore or uncomfortable. We will be able to provide you with different creams, gels, dressings or painkillers if required.</td>
<td>• Do not swim in chlorinated water during your radiotherapy. Even when your treatment is finished, wait until your skin is fully healed.</td>
</tr>
<tr>
<td></td>
<td>• Do not shave or wax underarm hair.</td>
</tr>
</tbody>
</table>
What about sun exposure?
The skin that has been exposed to radiation therapy might be more sensitive to the sun than it was in the past. You can go out in the sun, but be sure to use a sunblock that is rated SPF 50 or higher on the area that has been treated. Also, try to wear a hat and clothing that will cover the skin.

Fatigue (tiredness)
You might feel more tired than usual during your radiotherapy. This is at its worst towards the end of your treatment and immediately after treatment is finished. It is important that you get enough sleep and rest, but there should be no reason to drastically change your lifestyle.

The fatigue you will feel with radiation therapy is not the same kind of tiredness that comes after ‘overdoing it’ which goes away after a good night’s sleep. This treatment-related fatigue might feel like an overall lack of energy and might persist for many weeks or even months.

You might become fatigued during radiation treatment because of a combination of factors, including:

> the effect of radiation on your body
> the demands of keeping to the routine of daily treatments
> the emotional toll of the months since your diagnosis
> lingering physical effects from chemotherapy or surgery
> changes in diet and lifestyle because of the disruption the treatment causes
Combating fatigue

> **Listen to your body.** You should expect to feel fatigued now and then during your radiation treatment. If you acknowledge and expect it, you will better be able to deal with it when it happens.

> **Re-establish a reasonable routine.** You will minimise the stress associated with fatigue if your daily routine is realistic and organised.

> **Try to exercise.** A little bit of exercise should give you more energy. Try to establish a regular routine of walking. If you feel more energetic afterwards, you might be able to increase the amount you do each day. Just don’t overdo it!

> **Get more rest.** Many patients find that short ‘cat naps’ during the day give them more energy overall. Save your energy for only the most important activities during the day.

> **Ask for and accept help.** When you are undergoing treatment for any serious illness, it is a good time to ask for help—at home and in the workplace.

Effects on the chest

It is quite common to develop a cough during radiotherapy to the chest. You may have a ‘sticky’ cough - with mucous production or you may have a dry, tickly cough. Please let us know if you develop these symptoms. It should pass when the treatment is over. If you feel feverish or unwell the cough might be due to an infection, rather than the treatment and you could need antibiotics. Smoking will increase your risk of developing a cough and other chest problems on treatment.
You may develop chest pain. If it is to do with the radiotherapy, it will happen within a few weeks of starting the treatment. It is nothing to worry about and goes away by itself, but you should still tell one of the medical team just in case the chest pain is caused by something else.

Chest hair may fall out but will gradually return in the months following treatment.

**Effects to your throat and swallowing**

If the area being treated is close to your throat or oesophagus (food pipe) swallowing may become sore as your treatment goes on. You may find having a soft diet is easier until your treatment is over. For example foods like soups, stews and rice pudding will be easier to swallow than grilled meats. Avoid very hot foods and drinks, salty and spicy foods.

It may be uncomfortable to drink very hot or very cold drinks. If your throat is sore avoid citrus drinks. Allow hot drinks to cool a little before you drink them and don’t keep cold drinks in the fridge.

Alcohol (especially spirits) and tobacco can irritate the lining of the mouth and throat. It is best to avoid them during treatment and for a few weeks afterwards. Your doctor will usually recommend that you give up smoking completely. Smoking during treatment will increase the risk of side effects.
Effect on appetite and weight loss
You may experience a reduced appetite and some weight loss. It is important that you eat well to keep up your strength. We would advise that you eat small meals at regular intervals rather than 3 large meals a day. You may find that food goes down the wrong way and may cause you to cough. If this happens eat slowly and chew your food well before you swallow.

While you are on treatment you may be referred to a dietitian who can offer you help and advice in relation to diet.

Feeling sick (nausea)
You may feel sick during treatment, although this is usually due to chemotherapy. The doctor can prescribe anti-sickness tablets which should help control it.

Most of the side effects mentioned above will steadily improve within 4 weeks of treatment finishing.
Late side effects (months to years after radiotherapy)

These are the most difficult to predict. The risk of these is small and, whilst they are rarely severe, they may be permanent. They are dependant on the area of the lung treated, so the rest of this section will only apply to some patients.

Effects on the skin

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

Effects on the chest

**Radiation pneumonitis**

Radiation pneumonitis is damage that causes you to feel breathless or to have a cough. It usually settles with oxygen, inhalers and steroids but you may need to be admitted to hospital. Very occasionally it can be life-threatening. Your doctor will have taken steps to minimise the risk of this complication when planning and designing your radiation.

You may find that you are a little more breathless than you used to be. As a result you may not be able to be as active as before your diagnosis.
Effects on swallowing
Radiotherapy may narrow your oesophagus (food pipe) in the long term causing a “stricture”. If this were to happen you might find that food tends to ‘stick’ or has difficulty travelling down to your stomach. This can usually be alleviated by stretching the oesophagus or inserting a stent – a relatively minor operation.

Effects on the heart
Long term heart damage is possible following radiation. However, this is a rare complication. Very rarely it could be life threatening. Please ask your doctor to discuss this in more detail with you.

Effects on the spinal cord
Long term spinal cord damage is possible but very rare following radiation. This could cause paralysis to your legs. Please ask your doctor to discuss this in more detail with you.

Other effects
In very rare cases (one in a thousand people treated), radiotherapy might result in the development of another cancer within the treatment area many years later.

During your follow-up care we will be looking out for all of these problems. Please feel free to talk to us about any concerns you have when you come for your follow-up appointments.
Your feelings

After your cancer diagnosis and treatment, it’s normal for you to have a range of very mixed feelings including anger, anxiety, fear and sadness. These are all normal reactions that many patients go through. Everyone has their own way of coping. Some find it helpful to talk things over with other people who have been through similar experiences as themselves. Other patients prefer to keep their feelings to themselves.

There is no right or wrong way to cope, but help is there if you need it. Please feel free to talk to a team member about getting support if you feel it would help you. You might find it helpful to contact another support group or organisation.

The Irish Cancer Society
43/45 Northumberland Road, Dublin 4
Tel: 01 231 0500

The Irish Cancer Society Information Service offers free, confidential advice, support and information on cancer and related issues to anyone worried about any aspect of cancer prevention, early detection, diagnosis, treatment or follow-on care. Through the Cancer Information Service, people can also access patient support groups and counselling services.

ARC House
65 Eccles Street, Dublin 7
Tel: 01 8307333
www.arccancersupport.ie

National Cancer Helpline
1800 200 700
www.cancer.ie

559 South Circular Road, Dublin 8
Tel: 01 7078880
ARC is a registered charity offering professional support to people affected by cancer and those who care for them. They are based in Eccles Street and the South Circular Road in Dublin.

Who you’ll meet

Consultant and their team
Your consultant is a Radiation Oncologist who will decide on the type and amount of treatment you will have. In general, you will have been referred to them by another hospital doctor or GP. The most senior doctor is the Consultant who has overall responsibility for your care. Your consultant will have a Senior Registrar or a Registrar working with them. If you are admitted to the hospital, you will also meet the SHO (Senior House Officer), who works with your consultant.

Radiation Therapist
Radiation therapists are specialists who are trained to give you your radiotherapy treatment and to operate the machines that are used to give you your treatment. They are completely involved with your treatment from helping to plan your treatment right through to monitoring all aspects of your daily treatment. They work closely with the doctors and other staff within the department. As they see you every day while you’re having treatment they can answer any questions you have about any aspect of your radiotherapy treatment.
Clinical Nurse Specialist
A Clinical Nurse Specialist is a nurse in clinical practice who has undertaken additional education relevant to their area of specialist practice. Clinical Nurse Specialists provide support for the patient and their family throughout treatment and after discharge from the hospital if necessary. They have up-to-date information about treatment, possible side effects and any other problems or issues that may arise.

If you would like to be seen by a Clinical Nurse Specialist please talk to a member of your medical or nursing team to arrange this.

Radiotherapy Nurse
Each consultant has a radiotherapy nurse attached to their team. These are nurses who are specially trained in caring for people with cancer. You will meet one of them when you first attend your treatment centre and then you’ll see them on a very regular basis during your radiation treatment. They are available throughout the working day if you have any concerns.

Physicist and Planner
These people are highly trained scientific specialists in the subject of radiotherapy planning. They help the doctors to decide the best way of delivering the radiotherapy you need.
Diagnostic Imaging Department
The Diagnostic Imaging, or X-ray department as it is often called, carries out a variety of imaging examinations for both in patients and out patients. These examinations can include plain film X-rays, ultrasound scans, CT Scans (Computed Tomography), a process called Fluoroscopy or Image Guided Biopsies. The imaging examinations play a large part in planning your treatment and they are also used to see how the treatment is working for you. These examinations are carried out by trained radiographers and are viewed and reported by a Consultant Radiologist.

Social Worker
A social worker is assigned to each consultant’s team in your treatment centre and they are available to you and your family throughout the course of your treatment. The social worker can provide counselling and emotional support to you and your family in relation to your illness and also in relation to any other issues that might arise while you are on treatment.

They can also help with planning your discharge from hospital and setting up support services in the community. Also, they can give you advice about benefits. Please do not hesitate to ask one of the team to refer you to the social worker.

Physiotherapist
If you experience any pain or loss of movement of your neck, shoulder or arm after surgery or during radiotherapy, a physiotherapy assessment may help. In this you may be advised on specific exercises, correct posture and return to function. Please ask your doctor if a referral may be helpful.
Psycho Oncology Service

The emotional impact of a cancer diagnosis and treatment is very difficult. It is normal to feel stress, anxiety, sadness, anger or a sense of losing control. People deal with their emotions differently. Some people find inner strength and draw support and comfort from friends and family, others might need additional help. Your multidisciplinary team plays an important role in helping you to cope but occasionally you might feel you need additional help from a psychologist.

Psychologists have specialist training in psychological therapies that help people and families who are particularly distressed, anxious or feeling low. You can choose to see a psychologist for a one-to-one session or you can attend relaxation classes, ‘coping’ talks or you could sign up for a group therapy session which are available in St Luke’s Hospital, Rathgar, Dublin 6. Please do not hesitate to ask for the psycho oncology information leaflet or to ask for a referral. Details of services available can be provided by your medical team.

Dietitian

Dietitians are health professionals trained to give accurate advice on all aspects of nutrition and diet. During radiotherapy some people might need help with their diet to manage side effects and prevent them losing weight. If you have any concerns about your diet, please ask one of your team to refer you to the dietitian for nutritional advice and support.
Clinical Research Nurse or Research Radiation Therapist

Clinical Research Nurses or Clinical Radiation Therapists are trained in caring for patients with cancer who take part in a clinical research study. You might be approached by a member of the research team who will discuss your standard treatment and study related treatment options.

Clinical research studies are carried out in order to try and find new and better treatments for diseases. A cancer clinical research study is a highly organised study designed for people with cancer; to answer specific questions about a new treatment or a new way of using a known treatment. Each research study aims to increase medical knowledge and to find new ways to treat patients.
Useful contacts

Consultant Radiation Oncologist

Consultant’s Secretary

Clinical Nurse Specialist

Other

Contact information for St Luke’s Radiation Oncology Network is listed on back cover

St Luke’s Radiation Oncology Network would like to acknowledge the assistance of our patients and staff in producing this guide.

Edited by Dr Charles Gillham
St Luke's Radiation Oncology Network
St Luke's, Beaumont and St James's Centres

Patient or Guardian Consent to Radiotherapy

**Patient Name:**

**Patient D.O.B.:**

**ID Number:**

**Type of Treatment:**

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**Statement of Patient or Guardian**
I agree to the above treatment. I understand what is involved in radiotherapy planning and treatment and I have been given enough time to ask questions.

*For females only: I have no reason to think I am pregnant now. I understand there is a risk to the foetus if I become pregnant during treatment.*

Signed: ................................................ Date: ..............................................

Name (PRINT): .................................. Relationship to patient (if applicable): ........................

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**Statement of Interpreter** (where appropriate)
I have communicated the above information to the patient or their guardian to the best of my ability and in a way in which I believe they can understand.

Signed: ................................................ Date: ........................ Name (PRINT): ........................

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**Statement of Health Professional**
(to be completed by a health professional with appropriate knowledge of the proposed treatment)
I have explained the treatment to the patient or their guardian or their interpreter. I have outlined the potential benefits as well as the potential acute and late side effects of treatment. I have discussed the procedures involved in radiotherapy treatment planning and delivery and have provided appropriate written information.

Signed: ................................................ Date: ..............................................

Irish Medical Council No: .................................................................

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Radiotherapy Treatment for Lung Cancer - A Guide for Patients
Notes and questions

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Radiotherapy Treatment for Lung Cancer - A Guide for Patients
St Luke's Radiation Oncology Network at
St Luke's, Beaumont and St James's Hospitals
Dublin

St Luke's Hospital, Dublin 6
Tel: (01) 406 5000
Email: radiotherapy.stlukes@slh.ie

St Luke's Radiation Oncology Centre at
Beaumont Hospital, Dublin 9
Tel: (01) 704 5500
Email: radiotherapy.beaumont@slh.ie

St Luke's Radiation Oncology Centre at
St James's Hospital, Dublin 8
Tel: (01) 420 6900
Email: radiotherapy.stjames@slh.ie

Radiotherapy treatment for
Lung Cancer

A guide for patients