



Chris O'Brien Lifehouse

Radiation Oncology Patient information

Radiation Therapy for head and neck cancers

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Head and neck cancers occur inside the sinuses, nose, mouth, salivary glands and down through the throat. Although they arise in these different areas, these cancers are treated in similar ways and are considered as a group.

The treatment of head and neck cancers can include surgery, radiation therapy or chemotherapy, either alone or in combination. Radiation therapy is a type of cancer treatment that uses high energy x-rays to kill cancer cells. These x-rays cannot be seen or felt. Radiation therapy, like surgery, is a localised treatment to the head and neck area. Chemotherapy is a systemic (whole body) treatment and is often used with radiation therapy.

The treatment course received by a patient depends on a variety of factors including the type of tumour (histology), location, stage of the disease, your general health and age.

Your Radiation Oncologist will advise you as to which regimen is most suitable for you and how the treatment might affect you.

What should you bring to your planning appointment?

- A referral letter from your doctor (if not already submitted);
- Medicare card;
- All private scans relating to your current diagnosis; and
- A list of your current medications (including any medication allergies).

This planning session involves a Computed Tomography (CT) scan that will be used to plan your radiation therapy. This planning CT scan is taken with you in the same position required for treatment, which is different from the position used for standard CT scans. This means previous scans that you have had cannot be used for radiation therapy planning purposes.



What happens in planning?

Typically, you will be lying on your back with the aid of a neck rest and knee support. In some circumstances you may be asked to lie on your stomach. You will be asked to hold on to hand straps.

Your Radiation Therapists will also ensure that you are lying as straight as possible on the CT scanner bed. They will do this using lasers in the CT scanner room. This process will also be repeated at each of your treatment sessions.

You will then have a customised mask made for you. Making the mask is a painless 5-10 minute process, which is illustrated on page 4. You will wear your mask during your planning CT scan and then every day during treatment. The mask helps reduce any movement of your head during treatment so that the planned treatment course can be delivered accurately and precisely.

You will then undergo a CT scan in the treatment position. You may require a special dye (called contrast) which is administered, by a nurse, through a vein in your arm. It is very important that you breathe normally and lie very still during the CT scan as any movement can affect the quality of the scans, which might mean you need to have the scans repeated.

Once the scan is complete, your Radiation Therapists may need to make a permanent mark on your skin (tattoo). This is sometimes required as a reference for positioning purposes. The tattoo will be permanent and is approximately the size of a small freckle.

At the end of the planning session you will be given an appointment card with details of your first treatment (date and time). Your Radiation Oncologist will be present during the planning session, which takes approximately 30-45 minutes.

How is the mask made?

The following images show how the mask is made.



What happens during treatment?

Your Radiation Therapist will take you to your treatment room and you will be asked to lie on the treatment bed in the same position you were in during your planning session. Your mask will then be placed and secured.

Your Radiation Therapists will then dim the lights so that the lasers in the room can be seen clearly. These will be used to guide them in setting you up in exactly same position every day. Your Radiation Therapists may lightly palpate your skin to feel for palpable bones and move you slightly when they are setting you up. It is important that you follow their instructions carefully and move only when asked, as usually only millimetre adjustments will be made.

The bed and machine will then be moved into the treatment position. The machine may come close to you, but will not touch you at any point during the treatment process.

You just need to stay still and breathe normally.

The Radiation Therapists will have to leave the treatment room to deliver the treatment. There are cameras and a microphone inside the room and your Radiation Therapists will use these to monitor you throughout the treatment. If you need your Radiation Therapists for any reason, raise your hand or call out and your Radiation Therapists will come straight in.

Although the actual treatment only takes a few minutes, the whole treatment session (from positioning to finishing treatment) may take about 10-20 minutes each day.



Treatment side effects

Side effects will vary from person to person depending on your treatment, medical circumstances and customised care plan. Many of these side effects can be managed and will gradually disappear after your treatment has finished. Please let your care team know if you develop any of these symptoms so they can be managed promptly and effectively to ensure you are more comfortable. Some of the possible side effects are listed in the table below.

To find out about complementary therapies that might assist you to manage your symptoms and side effects, contact the LivingRoom team on 02 8514 0038 or email: livingroom@lh.org.au.

Side effects	What can help?
Fatigue (tiredness) – most patients experience reduced energy levels, tiredness and lack of motivation soon after starting treatment.	<ul style="list-style-type: none"> • Listen to your body and rest if needed. Some people find that exercise is beneficial.
Sore throat and mouth (depending on the area being treated).	<ul style="list-style-type: none"> • Avoid dry, spicy and acidic foods. • Avoid alcohol and caffeine. • Eat soft or pureed foods as required. • Regular mouth care with sodium bicarbonate solution before and after meals. • Your doctor will prescribe medication as needed to manage pain.

Side effects	What can help?
<p>Hair loss (in the treatment area) – hair loss normally occurs after about two week of treatment.</p>	<ul style="list-style-type: none"> • Usually temporary but may be permanent.
<p>Dry, red, itchy skin (in the treatment area) – skin reactions tend to appear after about two weeks of treatment and may develop even further to become itchy and tender as the treatment continues. The skin reaction is similar to that of sunburn. It may become pink and may feel warm to touch with mild discomfort.</p>	<ul style="list-style-type: none"> • Avoid sun exposure – cover up and wear a hat if in the sun. • Use a mild or moisturising soap. • Bathe using lukewarm water, and avoid scrubbing the treatment area. • Your doctor may prescribe creams/ ointments to help relieve severe itchiness. • If the skin peels, our oncology nurses will recommend appropriate dressings • Apply Sorbolene on the affected area at least once daily. • Avoid irritant products containing alcohol, perfumes or additives (in the treatment area) as this can increase skin irritation.
<p>Difficulty swallowing</p>	<ul style="list-style-type: none"> • Your speech pathologist will provide you with an exercise routine to help with your swallowing and make some modification with your diet.

Treatment side effects (cont.)

Side effects	What can help?
<p>Dry mouth and thick mucus (phlegm) instead of saliva.</p>	<ul style="list-style-type: none"> • You will be recommended regular mouth washes (either with warm salt water or with sodium bicarbonate) to maintain your oral hygiene and for your comfort. • Avoid mouth washes with alcohol to avoid further irritation and dryness. • Taking frequent sips of water (carry a bottle of water with you) can provide temporary relief.
<p>Loss of appetite, altered sense of taste – you may not feel like eating your normal meals because of the altered taste. However, it is important that you continue to maintain your nutrition.</p>	<ul style="list-style-type: none"> • Consume foods that taste good to you. • Add more flavour to food if food tastes dull or metallic. • Eat small meals and snacks as tolerated.

Side effects	What can help?
<p>Weight loss due to inadequate nutrition –people often lose interest in their food during radiation therapy due to soreness of the mouth /throat and the change in taste. This can lead to weight loss in some cases.</p> <p>Good nutrition and avoiding weight loss are very important to make sure that you complete your planned treatment. Good nutrition also helps you recover well from treatment.</p>	<ul style="list-style-type: none"> • Your doctors and dietician will monitor your weight throughout your treatment and recommend ways to improve your nutrition. • You are advised to eat small amounts of food as often as can be tolerated. • Your dietician will advise you on nutritional supplements that can be added to your diet when this becomes necessary. • You may be recommended to have a feeding tube (also called a PEG tube) placed directly into your stomach even before treatment starts for the purpose of maintaining your nutrition throughout your treatment and recovery periods.

There are some uncommon or rare side effects that may occur months or years after treatment. These are called late effects and may include the following, depending on the part of the head and neck area receiving treatment:

- Persistent dryness of the mouth and difficulty with eating certain types of foods
- Dental concerns
- Under-active thyroid gland
- Fibrosis or scarring of the soft tissues of the neck in the treated area

If you have any questions or concerns, please speak to your doctor or nurses.

Weekly examinations

During your course of radiation therapy, you will be examined once a week by your Radiation Oncologist or Radiation Oncology Registrar. This will require a longer visit on that day and is essential for your treatment. Record your treatment review details below. A doctor is always available should you need to see someone outside these times.

Radiation Oncologist: _____

Radiation Oncology Registrar: _____

Clinic review time: _____

Treatment machine/phone number: _____

For more information about Radiation Oncology, please refer to our general booklet '*Explaining Radiation Therapy*'.

Useful links

The Cancer Council: <http://www.cancer.org.au/>

Cancer Australia: <http://canceraustralia.gov.au/>

EviQ Cancer Treatment: <https://www.eviq.org.au/>

Cancer Voices NSW: <http://www.cancervoices.org.au/>

Targeting Cancer: <http://www.targetingcancer.com.au/>



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www.mylifehouse.org.au