



a patient's guide

Radiotherapy for Hodgkin lymphoma

Patient Information Series PI 17



East and North Hertfordshire
NHS Trust



Mount Vernon
Cancer Centre

Contacts

Your oncologist:

Your haematologist:

Your specialist nurse:

Your hospital number:

Your District General Hospital (DGH):

Radiotherapy clinic radiographers: . 020 3826 2612 / 2613
or 07825 024058

Lynda Jackson Macmillan Centre: 020 3826 2555

National smokefree helpline: 0300 123 1044
www.nhs.uk

24 hour Acute Oncology Service
Mount Vernon Cancer Centre: 07825 028855

Radiotherapy for Hodgkin lymphoma

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Please read all of this leaflet before starting treatment

Introduction

This leaflet has been written to explain about the radiotherapy that you have been advised to have as part of your treatment for Hodgkin lymphoma.

Whilst it cannot cover all the issues, we hope it will answer the most commonly asked questions. If you have any concerns about your illness or your treatment, the staff will always do their best to help you.

Hodgkin lymphoma can affect men and women. It can be treated with chemotherapy alone, or radiotherapy alone, but is usually treated with both. In most cases the chemotherapy is given first and this is then followed by the radiotherapy.

You could be seen by male and/or female radiographers when you have your radiotherapy planning and treatment.

This leaflet deals only with the radiotherapy, but it may help if we explain some of the differences between chemotherapy and radiotherapy (see table on the next page).

Chemotherapy	Radiotherapy
This is treatment with drugs	This is treatment with radiation
Treats the whole body	Treats only a specific part of the body
Treatment is given most weeks for two to eight months	Treatment is given Monday to Friday for about two to three weeks
Treatment may be given at your nearest District General Hospital (DGH)	This treatment is only given at Mount Vernon Cancer Centre
Side effects will involve the whole body such as fatigue, nausea and lowered immunity	The main side effects will be specific to the area of your body being treated. However, side effects such as fatigue may involve the whole body
Hair loss may occur with some chemotherapy drugs	Hair loss occurs only in the part of your body where treatment is given
Usually treated as an outpatient or 'day patient'	Usually treated as an outpatient

What will happen when I come for radiotherapy?

Radiotherapy has to be planned, and you will need to visit the cancer treatment centre for this to be done before your treatment can begin.

Radiotherapy for Hodgkin lymphoma could be to your chest, neck, armpit(s), groin or another part of your body. Your oncologist will have told you the part of your body which will be treated.

You will need to have a planning CT (Computerised Tomography) scan. Your oncologist, physicists and radiographers will use this CT scan to plan your treatment. You will be asked to undress (depending on the area to be treated) and lie flat on the bed in the position in which you will have your treatment. We will maintain your dignity as much as we are able. You will have a short CT Scan which will take about five minutes. The radiographers will draw some marks on your skin with a felt tip pen. These marks will wash away so, with your permission, the radiographers will make some tiny permanent marks on your skin (tattoos). These are very small and are done by pinpricking the skin with some special dye. The permanent dots are important as they enable accurate positioning and treatment delivery each day.

After this session you will be given an appointment to start your treatment.

What should I wear when I come for my planning?

For both your planning and your treatment it is a good idea to wear clothes that you feel comfortable in and that are also easy to remove. Separates (tops and bottoms) are usually the easiest. You will be asked to remove your shoes and certain items of clothing depending on which part of your body is being treated.

How often will I have to come for radiotherapy?

This will vary from one patient to another. A treatment course for Hodgkin lymphoma is usually once a day for 10 to 15 days (weekdays only). However, some treatment courses are shorter than this. The number of treatments will depend on your medical needs; this will be explained to you by your oncologist.

You will usually be treated as an outpatient and should feel well enough to bring yourself to the hospital.

How long is each treatment session?

It will depend on the treatment plan worked out for you. The length of a treatment session can be between 5 to 15 minutes. When you come for your first treatment the radiographers will be able to tell you how long your sessions will be. Sometimes a session may take longer, but this will be explained to you.

Will I have any tests during treatment?

During your course of treatment you may need to have blood and/or urine tests depending on the part of your body being treated. Some patients also have x-rays and/or scans during their treatment; this is routine and is nothing to worry about.

Will I have to consent to treatment?

Yes, you will have to sign a consent form even if you have already done so for earlier chemotherapy. It is important that you have enough information so that you fully understand both the benefits and the risks of having radiotherapy.

If you have any questions or are unsure about your treatment or anything in this leaflet, please ask a member of your healthcare team.

Who will be looking after me?

A specialist cancer doctor is known as a clinical oncologist¹ (or radiotherapist). You may have seen different specialists already, including consultant haematologists specialising in oncology.

All these doctors work as a team to provide the most appropriate treatments and care for you.

¹ The term 'oncologist' refers to both your cancer specialist and any doctors working within his/her team.

The oncologist will plan and oversee your treatment, which will be carried out by therapeutic radiographers (health professionals who give radiotherapy) and their assistants.

You will be seen during your treatment by a clinic review radiographer or nurse. Your oncologist's team is available to see you if required during your treatment.

The team looking after you during your treatment may also include:

- nurses/specialist nurses
- health care assistants
- counsellors
- dietitians
- dosimetrists (health professionals specialising in calculation of radiation dosage and design of treatment plans)

How is the radiotherapy given?

Radiotherapy is the treatment of cancer with radiation and is given using a machine called a Linear Accelerator which delivers radiation accurately and quickly.

You will lie on the treatment couch and be asked to remain still during the treatment. Please be aware that it is a requirement for the radiographers to check your name and details every time you attend.

Will the radiotherapy hurt?

No, the treatment is completely painless. Radiation cannot be seen or felt while it is being given.

Will the radiotherapy make me radioactive?

No, the radiotherapy will not make you radioactive and it is safe to be around small children, babies and pregnant women.

Can I carry on working?

If you feel you want to carry on working, there is no reason why you should not continue with your normal routine during your radiotherapy as long as your oncologist agrees. However, do ask if you need advice.

Are there any side effects from the radiotherapy?

Yes, you may experience some side effects although they will depend on the part of your body being treated. Your oncologist will discuss any possible side effects with you.

For example, if you are having your neck and chest treated you may have difficulty swallowing for a while and you may feel your food gets stuck; this is because the radiotherapy will irritate your throat and oesophagus (gullet).

This is usually uncomfortable rather than painful and will gradually get better once your treatment has finished.

We produce a leaflet in our Helpful Hints series on 'Chewing and swallowing problems' which you may find useful. Ask your radiographer for a copy or call into the Lynda Jackson Macmillan Centre (LJMC).

Are there any long-term side-effects from the radiotherapy?

Over the years radiotherapy for Hodgkin lymphoma has been very successful. Many cured patients have lived long enough for us to assess any possible late effects from this treatment.

We now know that young female patients who have radiotherapy to their chest area may in the future have an increased risk of developing breast cancer.

Radiotherapy to the chest also increases the lifetime risk of lung cancer in both men and women. This risk is increased over twenty-fold in patients who smoke, so you will be actively encouraged to stop smoking (see page 2).

Radiotherapy to the lower abdomen and pelvic area may result in premature menopause. In men and women it can result in permanent infertility if the gonads (testicles or ovaries) are directly in the beam. You will be advised if this is the case. These risks are based on a number of factors which include your age when you receive the radiotherapy, the size of the radiation field and the dose of radiation.

Treatment to the neck may include your thyroid gland. This may in time become underactive requiring the use of thyroxine tablets to replenish your thyroid hormone levels.

All of this will be explained in detail so that you are able to understand the advantage of radiotherapy in your case to treat your Hodgkin lymphoma.

Your healthcare team will consider the best possible way of treating your Hodgkin lymphoma. We know that treating you with radiotherapy and/or chemotherapy is the best way of getting rid of your cancer.

When is there a risk?

For those who have treatment as young adults, there is no additional risk of breast cancer for the first eight years or so after the treatment. These are effects that take many years to evolve.

Remember, we are only talking about an increase in risk over and above that which anybody else in the population will have. Every woman has a risk of developing breast cancer at some stage in her life.

The increased lung cancer risk can develop five years after radiotherapy to the chest and the risk persists for more than 20 years in both men and women. Patients are strongly advised to stop smoking.

Will I be checked regularly after my treatment?

Your oncologist will see you for regular follow-up appointments.

The National Breast Screening programme offers all women between the ages of 50 and 70 a mammogram once every three years. You will be referred earlier if you received radiotherapy to the chest area when you were under 35 years old.

Other screening arrangements will be discussed with you.

If I do get another cancer, what treatment will be offered to me?

There are many different types of treatments for cancer. All of these would be discussed with you by your specialist should the need arise. You will receive all of the available treatments that are appropriate for you.

Are there any other things I should or should not do during radiotherapy?

As far as possible during your treatment try to lead a normal life - try to think of the radiotherapy as an interruption to your daily routine rather than as the most important part of your day. The following tips may help:

- drink adequate fluids (2 litres) every day during treatment, such as tea, coffee, milk, fruit juice, water or fizzy drinks
- eat regularly and try to keep to a balanced diet. If you don't feel like eating big meals, try eating little and often
- wash, shower or bath as normal during treatment, taking care to gently pat dry the area being treated rather than rubbing it
- apply a moisturiser to the treated area morning and night to moisturise the skin and prevent irritation
- deodorant may be used unless you find it irritates your skin
- do not use perfume or talcum powder on the treatment area
- if you are having radiotherapy to your neck or chest avoid spicy foods, very hot or cold food and drinks and drinking spirits as they may cause you some discomfort. Ask the radiographers if you would like more information
- don't expose the treated area to the sun during your treatment as this area will burn more easily and take some time to heal. In the future, we advise you to avoid sunburn especially to the treated area

Other help and support

People who have cancer often say that, during their illness, they experience a range of emotions. Many find it to be a stressful, anxious and confusing time.

If you have any questions or concerns about cancer and your treatment, are struggling to cope or need some support, please visit the Lynda Jackson Macmillan Centre (LJMC). Please feel free to drop in before, during or after any of your visits to the Cancer Centre.

The team at the LJMC works as part of the overall team caring for you to provide help, support and information in a relaxed setting to help you better cope with cancer and its treatment. Your family and friends are also welcome to visit the centre or call the Helpline.

A range of support services are available at the centre. These include complementary therapy, relaxation sessions, counselling and financial advice. Please ask for more details.

You do not need an appointment to visit the LJMC which is located next to the Chemotherapy Suite by Gate 3. If you are unable to get to the LJMC, you can call the Helpline on 020 3826 2555.

Please see the back page of this leaflet for more information.

Mount Vernon Cancer Centre is committed to ensuring that patients receive the best quality of care regardless of their gender, identity or sexual orientation.

Consent

It is a legal requirement to have a signed consent form from you before the start of your treatment.

If you have already been given one of these forms, please bring the completed form with you when you come for your first appointment.

If you have not been given a form, this will be discussed with you at your first appointment.

Identification

Please note that it is a legal requirement for the staff to check your name and details every time you attend.

Pregnancy/fathering a child

Patients must not be pregnant or become pregnant, or father a child, during a course of treatment or for some months afterwards.

Please discuss this with your cancer specialist.

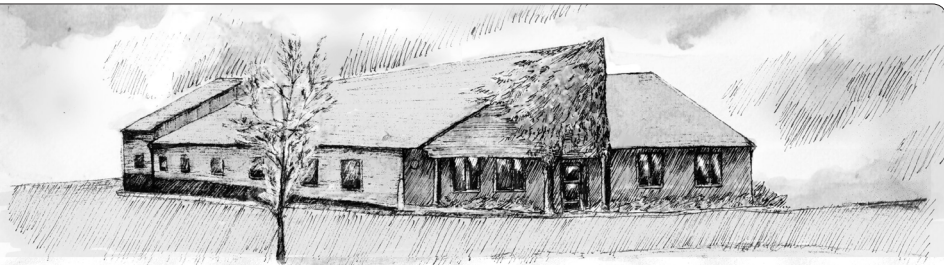
If you are of child bearing capacity we ask that you inform a member of staff. It is our duty of care to enquire whether individuals may be pregnant or breastfeeding. This information will be kept in strict confidence.

If you think there is a chance, however small, of you or your partner being pregnant during treatment, it is extremely important that you discuss this with your oncologist, radiographer or nurse as soon as possible.

If you normally pay for NHS prescriptions...

People undergoing treatment for cancer do not have to pay NHS prescription charges if they have a valid medical exemption certificate. To get an exemption certificate, ask your GP for an application form.

This publication has been produced by the Information team at Mount Vernon Cancer Centre. Contributors include health professionals, patients and carers who have expertise and experience in the topics covered by this publication. All our publications are reviewed and updated regularly. If you would like any details of the references used to write this information please contact the Information team on 020 3826 2555.



Lynda Jackson Macmillan Centre

... supporting people affected by cancer...

- ① Drop-in centre for support and information
- ① Telephone helpline
- ① Complementary therapies*
- ① Counselling*
- ① Benefits advice*
- ① Relaxation classes
- ① Look Good...Feel Better™ beauty workshops
- ① The Way Ahead headwear workshops
- ① Self-help courses

The **Lynda Jackson Macmillan Centre** is situated between the Cancer Centre and Gate 3 (White Hill)

Please drop in or call to find out how we may be able to help you

Opening hours: **Mon-Fri: 9.30am-4.30pm**

Mount Vernon Cancer Centre, Northwood, Middlesex HA6 2RN

Telephone Helpline: **020 3826 2555**

Website: **www.ljmc.org**

* Service only available to NHS patients under the care of an oncologist based at Mount Vernon Cancer Centre



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