PATIENT & CAREGIVER EDUCATION

Radiation Therapy to the Pelvis

This information will help you prepare for radiation therapy to your pelvis, including what to expect before, during, and after your treatment. You will also learn about side effects and how to care for yourself during your treatment.

Read through this resource before you start radiation therapy. Use it as a reference in the days leading up to your treatments so that you can prepare as much as possible. Bring it with you for your simulation appointment and all future appointments with your radiation oncologist so that you and your healthcare team can refer to it.

About Radiation Therapy

Radiation therapy uses high-energy beams to treat cancer. It works by damaging the cancer cells and making it hard for them to reproduce. Your body is then naturally able to get rid of these damaged cancer cells. Radiation therapy also affects normal cells. However, your normal cells are able to repair themselves in a way that cancer cells can’t.

During treatment, a machine will aim beams of radiation directly
to the tumor. The beam passes through your body and destroys cancer cells in its path. You won’t see or feel the radiation.

Radiation therapy takes time to work. It takes days or weeks of treatment before cancer cells start to die. They will keep dying for weeks or months after treatment ends.

Before you start your treatment, you will have treatment planning appointments. These include a simulation and a set-up procedure.

**Radiation therapy and fertility**

You must use contraception (birth control) during your treatment if you’re sexually active and you or your partner could get pregnant. You should not conceive a child while you’re getting radiation therapy to your pelvis and for 1 to 2 years after your treatment is finished. For more information, read the section “Sexual health” in this resource.

If you would like to have children after your radiation therapy, speak with your doctor before you begin your treatment.

**Your Role on Your Radiation Therapy Team**

You will have a team of healthcare providers working together to provide the right care for you. You’re a part of that team, and your role includes:

- Arriving on time for all of your radiation therapy sessions.
• Asking questions and talking about your concerns. We have included a list of possible questions at the end of this resource.
• Telling someone on your radiation therapy team when you have side effects.
• Telling your doctor or nurse if you are in pain.
• Caring for yourself at home:
  ○ Quitting smoking, if you smoke.
  ○ Following your healthcare team’s instructions to care for your skin.
  ○ Drinking liquids as instructed by your healthcare team.
  ○ Eating the foods suggested by your healthcare team.
  ○ Maintaining your weight.

**Simulation**

Before you begin your radiation therapy, you will have a treatment planning procedure called a simulation. This is done to make sure that:

• Your treatment site is mapped out.
• You get the correct dose of radiation.
• The radiation dose to nearby tissues is as small as possible.

During your simulation, you will have x-rays done and your skin will be marked with little tattoo dots. These marks help your
team to make sure that you are in the right position for your radiation therapy.

Your simulation will take 1 to 4 hours.

**Preparing for your simulation**

During your simulation, you will be lying down. If you think you will be uncomfortable lying still you can take acetaminophen (Tylenol®) or your usual pain medication 1 hour before your simulation. If you think you may get anxious during your procedure, speak with your doctor about whether medication may be helpful.

Most people can eat and drink before their simulation. If you need to stop eating or drinking before your simulation, your doctor will let you know.

Wear comfortable clothes that are easy to take off because you may need to change into a hospital gown. Do not wear jewelry, powders, or lotions.

To help pass the time, your radiation therapists can play music for you. If you’d like, you can bring a CD of your own from home.

**Other scans**

Some people will need to have a positron emission tomography-computed tomography (PET-CT) scan done during the simulation. If you are having one, your nurse will give you detailed instructions to prepare you for the scan. Some people
are allergic to intravenous (IV, given through a vein) contrast (dye). If you are, your nurse will tell you what to do.

If you’re having a PET-CT scan, don’t eat or drink anything except water for 6 hours before your appointment time. This includes gum, hard candy, cough drops, and mints. If you have had anything except water, your PET-CT scan may need to be rescheduled.

**Day of your simulation**

You may need to drink 1 (8-ounce) glass of water 1 hour before your simulation and on each day of your treatment. This will make your bladder full and will move your small intestine away from the area receiving radiation. Your radiation oncologist or nurse will tell you if you need to do this.

**Once you arrive**

A member of your radiation therapy team will check you in. You will be asked to state and spell your full name and birth date many times. This is for your safety. People with the same or similar name may be having care on the same day as you.

You will be greeted by your radiation therapist. They will take a photograph of your face. This picture will be used to identify you throughout your treatment.

Your radiation therapist will then explain the simulation to you. If you haven’t already signed a consent form, your radiation
oncologist will review everything with you, and ask for your signature.

**Getting contrast**

You may get contrast before your procedure. Contrast makes your small intestine easier to see on the scan. It can also be used to locate the bladder, rectum, and vagina (if you are a female). If you need contrast, you will get it in 1 or more of the following ways:

- **Orally (by mouth).** You will drink about 1 cup of liquid contrast. This helps us see your small intestine on the simulation x-rays that will be taken later.
- **Through a vein, if you are not allergic.**
- **Through your rectum or bladder.** A soft rubber catheter (thin, flexible tube) will be inserted into your rectum or bladder. About 1 cup of contrast will be injected into the catheter. You will have a cloth under you to absorb any liquid that may spill out.
- **Through your vagina, if you are female.** A small tampon will be soaked in contrast and inserted into your vagina.

You may also have a catheter inserted into your rectum to remove air. This will help your radiation therapist see your rectum on the scan.

A temporary marker may also be placed near your anus. This will
be removed at the end of your simulation and will not be used again until your treatment begins. This will take about 30 minutes.

**During your simulation**

For your simulation, you may need to get undressed from the waist down and change into a hospital gown. You should keep your shoes on.

Your radiation therapists will help you lie down on a table and make every effort to ensure your comfort and privacy. Although the table will have a sheet on it, it’s hard and has no cushion. If you haven’t taken pain medication and think you may need it, tell your radiation therapists before your simulation begins. Also, the room is usually cool. If you feel uncomfortable at any time, let your radiation therapists know.

Throughout your simulation, you will feel the table move into different positions. The lights in the room will be turned on and off and you will see red laser lights on each wall. Your radiation therapists use these laser lights to help position you on the table. Don’t look directly into the red beam because it may damage your eyes.

There will be an intercom and a camera inside your simulation room. Although your radiation therapists will walk in and out of the room during your simulation, there will always be someone who can see and hear you. You will hear your radiation therapists
speaking to each other as they work, and they will explain to you what they are doing.

Don’t move once your simulation begins, because it may change your position. However, if you’re uncomfortable or need help, tell your radiation therapists.

**Positioning**

You will be lying on your stomach or back during your simulation and each treatment (see Figures 1 and 2). To help you stay in the correct position, a mold may be made of the part of your body that needs to remain still. Your radiation therapists will make this for you.

![Figure 1. Lying on your back](image1)
![Figure 2. Lying on your stomach](image2)

To make the mold, your radiation therapist will place a warm, wet sheet of plastic over or under your body, depending upon your position on the table. They will shape it to fit around your body. As the mold cools, it will harden. You will feel some pressure as your radiation therapist fits the mold to your body. This part of your procedure takes about 30 minutes.

During your simulation and every day of your treatment, your
mold will be placed over or under your body, depending on your position. It may be attached to the table on which you are lying depending on your position. This helps ensure that you’re in the correct position during each treatment.

**Imaging**

While you’re lying on the table, a computed tomography (CT) scan will be taken of the area to be treated. These scans are used only to plan your treatment. They are not used for diagnosis or to find tumors.

During the scan, you will hear the machines as they turn on and off. Even if the noise seems loud, your radiation therapists will be able to hear you if you need to speak with them. The x-rays will take about 45 minutes.

**Skin markings (tattoos)**

After you’re lying in the correct position, your therapists will draw on your skin with a felt marker. You can wash off the felt markings after your simulation.

You may also need permanent skin markings called tattoos. Your radiation therapists will use a sterile needle and a drop of ink to make the tattoo. The sensation of getting one feels like a pinprick. The tattoo marks are no bigger than the head of a pin. **The tattoos are permanent and won’t wash off.** If you’re concerned about receiving tattoos as part of your radiation treatment, talk with your radiation oncologist.
You will get 5 to 7 tattoos across your lower body. After the tattoos are made, your radiation therapists will take several photographs of you in your simulation position. The photographs and tattoo markings will be used to position you correctly on the table each day of your treatment.

After Your Simulation

If you drank liquid contrast during your simulation, be sure to drink plenty of liquids, especially water, for 24 hours after your simulation. Drinking water will help flush your kidneys.

At the end of your simulation, we will give you an appointment for your set-up procedure. This is the final appointment before your treatment begins. You will also be assigned to a machine for your daily treatment.

Scheduling your treatment

Radiation treatments are given daily, Monday through Friday, for about ________ weeks.

You must come in every day that you’re scheduled for your treatment. Treatment may not be as effective if you skip or miss appointments. If you can’t come in for treatment for any reason, you must call your radiation oncologist’s office to let your team know. If you need to change your schedule for any reason, speak with your radiation therapist or scheduler.

Treatment planning
During the time between your simulation and the start of your treatment, your radiation oncologist will work with a team to plan your treatment. They will use your simulation x-rays to plan the angles and shapes of your radiation beams. They will also determine the dose of radiation that you will receive. These details are carefully planned and checked. This takes 5 to 7 business days.

### Set-up procedure

Before your first treatment, you will be scheduled for a set-up procedure. This procedure usually takes about 90 minutes. If pain medication was helpful during your simulation, you may want to take it before this procedure.

When you come for your set-up procedure, you will be shown to the dressing room and asked to change into a hospital gown. Your therapists will bring you to the room where you will receive your treatment each day. They will position you on the treatment table. You will lie exactly as you were lying on the day of your simulation.

Special x-rays called beam films will be taken to make sure that your position and the area being treated are correct. The beam films will be repeated throughout your treatment. They aren’t used to see how your tumor responds to the treatment.

You may receive your first treatment on the same day of your set-up procedure or 1 to 2 days after it. If you’re starting
chemotherapy at the same time as radiation therapy, talk with the person scheduling your appointments when you are starting your radiation therapy.

**During Your Treatment**

Each day that you have treatment, check in at the reception desk and have a seat in the waiting room. When your radiation therapists are ready for you, they will tell you to change into a hospital gown. You should keep your shoes on during the treatment.

Your radiation therapists will bring you into the treatment room and help you lie on the table. You will be positioned exactly how you were lying during your set-up procedure.

Once you’re positioned correctly, your radiation therapists will leave the room, close the door, and begin your treatment. You will not see or feel the radiation, but you may hear the machine as it moves around you and is turned on and off. You will be in the treatment room for 10 to 30 minutes, depending on your treatment plan. Most of this time will be spent putting you in the correct position. The actual treatment only takes a few minutes.

Although you will be alone in the room during the treatment, your radiation therapists will see you on a monitor and hear you through an intercom at all times. They will make sure that you’re comfortable during the treatment.
Breathe normally during the treatment, but don’t move. However, if you’re uncomfortable or need help, speak to your radiation therapists. They can turn off the machine and come in to see you at any time, if needed.

**Neither you nor your clothes will become radioactive during or after treatment. It is safe for you to be around other people.**

**Weekly visits during your treatment**
Your radiation oncologist and radiation nurse will see you each week to talk with you about any concerns, ask about any side effects you may be having, and answer your questions. This visit will be before or after your treatments each ________________. You should plan to be at your appointment for about 1 extra hour on those days.

If you need to speak with your radiation oncologist or radiation nurse any time between your weekly visits, call your radiation oncologist’s office or ask the support staff or your radiation therapists to contact them when you come in for treatment.

**Vitamins and dietary supplements**
Many people ask about taking vitamins during treatment. You may take a daily multivitamin, if you wish. Don’t take more than the recommended daily allowance of any vitamin. Don’t take any other vitamins or any supplements without talking to your doctor. This includes both nutritional and herbal supplements.
Side Effects

Some people develop side effects from radiation therapy. The type and how severe they are depend on many factors. These include the dose of radiation, the number of treatments, and your overall health. Side effects may be worse if you’re also getting chemotherapy.

Below are the most common side effects of radiation therapy to the pelvis. You may have all, some, or none of these.

**Diarrhea and rectal discomfort**

Many people develop diarrhea (increased watery bowel movements) within the first few weeks after treatment begins. It’s also common to have cramping, pressure, and discomfort in your rectal area. You may also strain to have a bowel movement with no results.

There are some ways to help you manage these issues. Start following these guidelines if and when you begin to have symptoms. Continue them until your bowel movements return to your usual pattern. This may take 2 to 4 weeks after your treatment is completed.

- Follow a diet that is low in fiber, fat, and lactose (a sugar found in milk). Continue to follow this diet until your bowel movements return to your usual pattern. You can then slowly go back to your usual diet.
• Drink more liquids to replace some of the water and salt you lose from having diarrhea. Try to drink 2 to 3 quarts (8 to 12 cups) of liquids throughout the day. Choose liquids such as Gatorade®, juices and nectars, non-fat soup broth, and Pedialyte®. Limit liquids with caffeine (such as coffee, tea, or colas), as they can dehydrate you.

• Eat bananas and potatoes without the skin. They can help replace important nutrients you may lose from having diarrhea.

• Avoid any food or liquid that makes your symptoms worse.

• Your radiation oncologist or radiation nurse may tell you how to take medication for diarrhea. These instructions may be different from the instructions on the package.

• Take a sitz or tub bath to help relieve discomfort in your rectum. Use warm water and stay in the water no longer than 15 minutes at a time. You may take baths as often as you like for comfort.

• Take pain medication if you have cramping or discomfort in your rectum. Your doctor will tell you what to take and how to take it.

**Urinary changes**

The lining of your bladder may become irritated during your treatment. About 2 weeks after starting treatment, you may
need to urinate frequently and have a burning sensation when you urinate. You may also feel an urgent need to urinate.

Here are some guidelines to help you manage these problems.

- Drink 2 to 3 quarts of liquids throughout the day.
- Avoid caffeine, alcohol, pepper, and spicy foods. These may irritate your bladder.
- Let your doctor or nurse know if you have any urinary changes. They can prescribe medication to help.

**Skin reactions**

During radiation therapy, your skin in the area being treated may change. This is normal. After 2 to 3 weeks, your skin may become pink or tanned. It may even become bright red or very dark later on.

Your skin may feel dry and itchy, and may look flaky during treatment. Sometimes, the skin in sensitive areas such as the vagina, groin, testicles, penis, or scrotum, may blister, open, and peel. If this happens, tell your doctor or nurse.

If you develop a severe reaction, your nurse will apply special dressings or creams and teach you how to care for your skin. Your skin will gradually heal, but it may take 3 or 4 weeks after your treatment is finished.

Below are guidelines to help you care for your skin during
treatment. Follow these guidelines until your skin gets better. These guidelines refer only to the skin in the area being treated with radiation.

Keep your skin clean

- Bathe or shower daily using warm water and a mild unscented soap, such as Neutrogena®, Dove®, baby soap, Basis®, or Cetaphil®. Rinse your skin well and pat it dry with a soft towel.

- When washing, be gentle with your skin in the area being treated. Don’t use a washcloth, a scrubbing cloth, or brush.

- The tattoo marks you received before your treatment are permanent and don’t wash off. You may get other markings during treatment such as an outline of your treatment area with a purple felt-tipped marker. You can remove these markings with mineral oil when your radiation therapists say it’s okay.

- Don’t use alcohol or alcohol pads on your skin in the area being treated.

Moisturize your skin often

- If you’re likely to get a skin reaction, your nurse will recommend that you start using a moisturizer. You should start using it the first day of your treatment to minimize the reaction. If you’re not likely to develop a skin reaction, you
won’t need a moisturizer unless your skin becomes dry or itchy. Your nurse will give you instructions. If you aren’t sure whether you should use a moisturizer, ask your nurse.

- You can use over-the-counter moisturizers. When choosing a moisturizer pick one that does not have any fragrances or lanolin. There are a number of products that are good to use, and your nurse may suggest one of these to you. Use only one at a time unless your nurse tells you to use more.
- If you’re using a moisturizer, apply it 2 times a day.
- You may also get a prescription for a medication either at the start or during your radiation therapy to treat itchy skin.

Avoid irritating your skin in the area being treated

- Wear loose-fitting, cotton clothing over the treated area.
- Use only the moisturizers, creams, or lotions that you have discussed with your radiation oncologist or nurse.
- Don’t put tape on your treated skin
- If your skin is itchy, don’t scratch it. Apply moisturizer. Ask your nurse for recommendations on how to relieve the itching.
- Don’t apply any patches to the treated area, including pain patches.
- Don’t shave in the area that’s being treated. If you must shave, use only an electric razor. Stop if your skin becomes irritated.
• Don’t let your treated skin come into contact with extreme hot or cold temperatures. This includes hot tubs, water bottles, heating pads, and ice packs.

• If you don’t have any skin reactions during your treatment, you can swim in a chlorinated pool. However, be sure to rinse off the chlorine right after getting out of the pool.

• Avoid tanning or burning your skin during treatment and for the rest of your life. If you’re going to be in the sun, use a PABA-free sunblock with an SPF of 30 or higher. Also, wear loose-fitting clothing that covers you as much as possible.

**Hair loss**
You may lose some or all of the hair on your pubic area. The hair will usually grow back 2 to 4 months after treatment is finished.

**Fatigue**
Fatigue is a feeling of being tired or weak, not wanting to do things, not being able to concentrate, feeling slowed down, or lacking energy. You may develop fatigue after 2 to 3 weeks of treatment, and it can range from mild to severe. This will gradually go away after your treatment is done, but can last for several months.

There are a lot of reasons why you may develop fatigue during treatment, including:

• The effects of radiation on your body.
• Traveling to and from treatment.
• Not having enough restful sleep at night.
• Not eating enough protein and calories.
• Having pain or other symptoms.
• Feeling anxious or depressed.
• The side effects of certain medications.

You may find that your fatigue is worse at certain times of the day. Below are suggestions to help you manage your fatigue.

**Ways to manage fatigue**

• If you’re working and are feeling well, continue to do so. However, working less may help increase your energy.

• Plan your daily activities. Pick the things that are necessary and most important to you and do them when you have the most energy. For example, you may go to work but not do housework, or watch your children’s sports event but not go out to dinner.

• Plan time to rest or take short naps (10 to 15 minutes) during the day, especially when you feel more tired. If you do nap, try to sleep for less than 1 hour at a time.

• Try to sleep at least 8 hours every night. This may be more sleep than you needed before you started radiation therapy. You may also find it helpful to go to sleep earlier at night and
get up later in the morning. One way to sleep better at night is to be active during the day. For example, if you’re able to exercise, you could go for a walk, do yoga, or ride a bike. Another way to sleep better at night is to relax before going to bed. You might read a book, work on a jigsaw puzzle, listen to music, or do calming hobbies.

- Ask family and friends to help you with things like shopping, cooking, and cleaning. Check with your insurance company to see if they cover home care services.
- Some people have more energy when they exercise. Ask your doctor if you can do light exercise, such as walking, stretching, or yoga.
- Other symptoms, such as pain, nausea, diarrhea, difficulty sleeping, or feeling depressed or anxious, can increase your fatigue. Ask your radiation oncologist or nurse for help with any other symptoms you may have.

**Changes to your blood cell counts**

Bone marrow is the substance inside your bones that makes blood cells. You have 3 kinds of blood cells. White blood cells fight off infection. Platelets help your blood to clot when you injure yourself. Red blood cells carry the oxygen you need for energy.

You may have lowered blood cell counts (lower levels of blood cells) when large areas of bone marrow are in the area being treated. If you’re also getting chemotherapy, it can also impact
your blood cell count.

We may monitor you throughout your treatment with a blood test called a complete blood count (CBC). If your counts drop, we may stop your treatment until the level increases. We will discuss this with you.

**Loss of appetite**

Some people find that their appetite decreases during treatment. Your body needs protein and calories to repair the normal cells injured from radiation therapy. Try not to lose weight during your treatment. Below are suggestions to help you maintain your weight.

- Eat foods and drink liquids that are high in protein and calories. Your nurse will give you the resource *Eating Well During Your Cancer Treatment* ([www.mskcc.org/pe/eating_cancer_treatment](http://www.mskcc.org/pe/eating_cancer_treatment)) or you find it on our website.

- Try to eat small meals often throughout the day. If you never seem to feel hungry, make a schedule to make sure you eat regularly, for example every 2 hours.

- Eat your meals in a calm place and take your time. Eat with family or friends whenever possible.

- Vary the color and texture of your foods to make them more appealing.
• Bring snacks and drinks with you when you come for treatment. You can have these while you’re waiting or while you’re coming to and from the treatment each day.

• You can drink liquid nutritional supplements if you’re not eating enough food. There are many products available and they come in many flavors. Ask your doctor or nurse which product is best for you.

**Sexual health**

You may have concerns about the effects of cancer and your treatment on your sexuality. You are not radioactive. You can’t pass radiation to anyone else, so it’s safe to be in close contact with other people.

You may be sexually active during radiation treatment unless your radiation oncologist gives you other instructions. However, if you or your partner are able to have children, you must use birth control (contraception) to prevent pregnancy during your treatment.

The American Cancer Society has excellent resources that discusses sexual health issues during treatment. The one for men is called *Sex and the Man with Cancer*. The one for women is called *Sex and the Woman with Cancer*. You can search for them at [www.cancer.org](http://www.cancer.org) or call 800-227-2345 for a copy.

Memorial Sloan Kettering (MSK) has a Sexual Health Program to...
help people address the impact of their disease and treatment on sexual health. You can meet with a specialist before, during, or after your treatment.

- Female Sexual Medicine and Women’s Health Program: call 646-888-5076 for an appointment
- Male Sexual and Reproductive Medicine Program: call 646-888-6024 for an appointment

**Information for men**
If a woman becomes pregnant with sperm damaged by exposure to radiation, there is a risk of miscarriage or birth defects. If your partner is a female who could become pregnant, use contraception (birth control) during your treatment.

**Sexual changes**
During treatment, some men have a burning sensation during ejaculation. In most men, it goes away 1 or 2 months after treatment is finished.

Some men develop sexual changes after treatment is finished, including:

- A decrease in the firmness of the erection.
- An inability to achieve an erection.
- A change in the sensation of orgasm.
- A change in the amount or consistency of the ejaculation.
These changes may occur many months or even years after treatment. They may be permanent, but you will have options to treat them. Your doctor or nurse can give you a referral to a doctor who treats these issues.

If you need more help or support, contact the Male Sexual and Reproductive Medicine Program at 646-888-6024.

**Information for women**

**Vaginal changes**

Your vagina may become irritated during your treatment. About 2 weeks after starting treatment, you may notice a vaginal discharge. This may last 2 to 4 weeks after your treatment is completed.

Follow these suggestions to manage any discomfort.

- Take sitz baths or tub baths in warm water. Don’t stay in the water longer than 15 minutes at a time. You can take these baths as often as you like for comfort.
- Use panty liners for increased discharge. Don’t use tampons.
- If your labia are itchy or irritated, apply the moisturizer your nurse gave you.
- Check with your doctor or nurse before douching because it may increase the irritation.
- Check with your doctor or nurse about having vaginal
intercourse. You may need to wait for the vaginal tissues to heal. If you are having vaginal intercourse, use a vaginal lubricant (such as Astroglide® or K-Y® Jelly) to increase your comfort. Use a condom to help prevent a vaginal infection.

- If you need to use a vaginal dilator, your radiation therapy team will discuss this with you and give you more information.

If you need more help or support, contact the Female Sexual Medicine and Women’s Health Program at 646-888-5076.

**Hormonal changes**

If your ovaries are in the area being treated, your ovarian function may be affected. If you have not yet started menopause, your periods may stop and you may begin menopause. You may develop symptoms such as hot flashes, insomnia, and mood swings.

Let your doctor or nurse know if these symptoms bother you. They can refer you to a gynecologist to discuss options to decrease these symptoms.

**Fertility**

If you’re sexually active with a male partner and you can get pregnant, you must use contraception to prevent pregnancy during your treatment.

**Emotional health**

The diagnosis and treatment of cancer can be a very stressful and
overwhelming event.

You may feel:

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If you or someone you love has a serious illness, all of these kinds of feelings are expected. You may also worry about telling your employer that you have cancer or about paying your medical bills. You may worry about how your family relationships may change, about the effect of cancer treatment on your body, or if you will continue to be sexually attractive. You may worry that the cancer will come back. We’re here to support you.

Ways to cope with your feelings

- Talk with others. When people try to protect each other by hiding their feelings, they can feel very alone. Talking can help the people around you know what you’re thinking. It might help to talk about your feelings with someone you trust. You may choose your spouse or partner, a close friend, family member, chaplain, nurse, social worker, or psychologist. You may also find it helpful to talk to someone who’s going through radiation therapy, or a cancer survivor or caregiver who has been through a similar treatment. Through our Patient-to-
Patient Support Program, you have a chance to speak with former patients and caregivers. To learn more about this service, please call 212-639-5007.

- Join a support group. Meeting other people with cancer will give you a chance to talk about your feelings and listen to other people who have the same concerns. You will learn how others cope with their cancer and treatment. Your doctor, nurse, or social worker can tell you about the support groups you might be interested in.

- Try relaxation and meditation. You might try thinking of yourself in a favorite place while breathing slowly, paying attention to each breath, or listening to a soothing music or sound. For some people, praying is another form of meditation. These kinds of activities can help you feel relaxed and calm.

- Exercise. Many people find that light activity like walking, biking, yoga, or water aerobics helps them feel better. Talk with your doctor or nurse about types of exercise you can do.

We all have our own way of dealing with difficult situations. Generally, we use whatever has worked for us in the past. However, sometimes this isn’t enough. We encourage you to speak with your doctor, nurse, or social worker about your concerns.

After Your Treatment
Please be sure to keep your follow-up appointments with your radiation oncologist. They will evaluate your response to treatment. You may have blood tests, x-rays, and scans during these visits. Before coming, write down your questions and concerns. Bring this and a list of all your medications with you. You can also call your radiation oncologist or nurse at any time after your treatment is completed, or in between follow-up visits, if you have any questions or concerns.

Contact Your Radiation Oncologist or Radiation Nurse if You Have:

- A temperature of 100.4 °F (38 °C) or higher
- Chills
- Black or bloody bowel movements
- Dizziness
- Flu-like symptoms, such as a headache, cough, sore throat, body aches, or a fever
- Vaginal bleeding
- Blood in your urine
- Any new or unusual symptoms

Contact Information
If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 AM to 5:00 PM at the numbers listed below.

Radiation oncologist: ____________________
Phone number: ____________________

Radiation nurse: ____________________
Phone number: ____________________

After 5:00 PM, during the weekend, and on holidays, call - ________________ and ask for the radiation oncologist on call.

Resources

Many of the resources listed in this guide can be found on the Internet. If you don’t have a computer or if you don’t know how to use the Internet, check with your local public library or community center.

MSK support services

Counseling Center
646-888-0200

Many people find that counseling helps them. We provide counseling for individuals, couples, families, and groups, as well as medications to help if you feel anxious or depressed.
Female Sexual Medicine & Women’s Health Program
646-888-5076
This program helps female patients who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues.

Integrative Medicine Service
646-888-0800
MSK’s Integrative Medicine Service offers patients many services to complement traditional medical care. These include music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

Male Sexual & Reproductive Medicine Program
646-888-6024
This program helps male patients who are dealing with cancer-related sexual health challenges, including erectile dysfunction.

Nutrition Services
212-639-7312
MSK’s Nutrition Service offers nutritional counseling with one of our certified dietitians. Your dietitian will review your current eating habits and give advice on what to eat during and after treatment.

Patient and Caregiver Support Program
212-639-5007
You may find it comforting to talk with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient and Caregiver Support Program, we’re able to offer you a chance to talk with former patients and caregivers.

**Resources for Life After Cancer (RLAC) Program**  
646-888-8106  
At MSK, care doesn’t end after active treatment. The RLAC Program is for patients and their families who have finished treatment. This program has many services, including seminars, workshops, support groups, counseling on life after treatment, and help with insurance and employment issues.

**Tobacco Treatment Program**  
212-610-0507  
If you want to quit smoking, MSK has specialists who can help. Call for more information.

**External resources**

**American Cancer Society (ACS)**  
[www.cancer.org](http://www.cancer.org)  
800-ACS-2345 (800-227-2345)  
Offers a variety of information and services, including Hope Lodge, a free place for patients and caregivers to stay during cancer treatment.

**American Society for Therapeutic Radiology and Oncology**
A group of radiation oncology professionals that specializes in treating patients with radiation therapy. Provides detailed information on treating cancer with radiation and contact information for radiation oncologists in your area.

**CancerCare**

www.cancercare.org
800-813-HOPE (800-813-4673)
275 Seventh Avenue (Between West 25th & 26th Streets)
New York, NY 10001
Provides counseling, support groups, educational workshops, publications, and financial assistance.

**Cancer Support Community**

www.cancersupportcommunity.org
Provides support and education to people affected by cancer.

**National Cancer Institute (NCI) Cancer Information Service**

www.cancer.gov
800-4-CANCER (800-422-6237)
Provides education and support to people with cancer and their families. Publications are available online and in print.

Questions to Ask Your Doctor or Nurse
We recommend that you write down the questions to ask during your visit with your doctor or nurse. Write down the answers during your appointment so that you can review them again later.

### What kind of radiation therapy will I get?

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<thead>
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<th>Question</th>
<th>Answer</th>
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<tr>
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### How many treatments will I get?

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### What side effects should I expect during radiation therapy?

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### Will these side effects go away after radiation therapy is finished?

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### What kind of late side effects should I expect after radiation treatment?

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