



Radiotherapy to the pelvis for sarcoma

A guide for patients and their carers



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Christie website

For more information about The Christie and our services, please visit **www.christie.nhs.uk** or visit the cancer information centre at Withington, Oldham or Salford.

Introduction

This booklet has been written for patients who are about to receive radiotherapy treatment to their pelvis for soft tissue sarcoma or bone sarcoma. The booklet describes:

- What is radiotherapy?
- How your treatment is planned and delivered
- The side effects that you may experience during and after treatment and how best to cope with them.

We understand that this can be a daunting time for patients. You may feel that you have been given lots of information in a short period of time. We hope that this booklet answers some of your questions. If you still have questions or concerns, please let your doctor, nurse or radiographer know. We are here for you.

Radiotherapy – department 39
Tel: 0161 446 3485

The Christie is a specialised centre for radiotherapy and patients come for treatments that are not available at general hospitals.

You may have heard about radiotherapy from people you know or from patients. Their information may not apply to you.



Please note:

Mobile phones can interfere with the treatment equipment. Please look out for signs letting you know if it is safe to use your mobile phone. If you do have one with you, you may need to turn it off.

What is radiotherapy?

Radiotherapy uses exact, carefully measured doses of radiation to treat diseases. It is often given in small doses, over a specified period of days or weeks. It is a quick and painless procedure. High energy radiation beams are used to treat where the tumour was/is, plus a small surrounding area. Radiotherapy can either be given before or after surgery. In both situations radiotherapy is being used to try and kill off microscopic cancer cells around the tumour margin which if left untreated could cause the sarcoma to regrow. If surgery is not possible, radiotherapy may be given on its own to aim to control the disease.

External beam radiotherapy can be delivered in many different ways using high energy radiation beams. These can either be photons, electrons or protons. Photons and electrons are delivered from a machine called a linear accelerator whilst protons are delivered from a machine called a cyclotron.

From mid 2018 The Christie NHS Foundation Trust will have a proton beam therapy (PBT) service. However, it is not appropriate to treat all kinds of cancers with proton beam therapy. This will be decided by your oncologist and discussed with you.

If it is appropriate to treat you with protons, there may be occasions when part of your treatment is given with photons. This will be discussed during the consent process.

The radiographers treating you are highly trained professionals. They will be able to answer any questions or concerns you may have.

Radiotherapy should not be confused with chemotherapy, which uses drugs to treat cancer. In some situations, your doctor may recommend both radiotherapy and chemotherapy.

How does radiotherapy work?

Our bodies are made up of cells and all cells are able to divide. If radiation hits a cell that is dividing, the cell will be damaged. Cancer cells are much less able than normal cells to repair the damage, so more of the cancer cells will be destroyed. Radiotherapy is planned to treat as little of the normal body tissue as possible and treatments are usually extended over a period of weeks. This allows the normal cells to recover from the effects of the radiation. The number of treatments you need will vary.

When will radiotherapy begin?

The specialist doctor who is in charge of your treatment is a clinical oncologist. A team of doctors, radiographers and nurses will care for you and a named consultant will be responsible for your treatment.

In choosing your treatment, your clinical oncologist at The Christie has carefully considered the nature of your illness and your particular needs with regard to your treatment plan. The exact schedule will be decided by your doctor and confirmed on your first visit to the radiotherapy department.

When you attend for your initial radiotherapy planning appointment the radiographers will be able to tell you when your treatment is planned to start. As everybody's treatment varies the amount of time needed to plan the treatment varies.

Consent to treatment

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have

been given an opportunity to discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

Radiation can be harmful to the unborn child. It is important to let the radiographers know if you have missed a period, or suspect that you might be pregnant before you are exposed to any radiation.

What are the benefits of this treatment?

Radiotherapy works by damaging cancer cells while causing as little damage as possible to normal cells and can be given before, after or instead of surgery. The benefits of radiotherapy vary from one person to another depending on the sort of illness.

The aims of treatment may include an attempt to:

- reduce the chances of the cancer coming back after surgery (if applicable)
- shrink the tumour which may slow down its progress and give relief from troublesome symptoms

Are there any alternatives to this treatment?

There may be other treatment options available but the doctor at your local hospital will have advised you about the possible options for you before referring you to The Christie. Your Christie consultant will be happy to discuss any questions or concerns you may still have.

What will happen if I do not have this treatment?

There is a risk that your cancer may continue to grow and your symptoms may get worse. You can discuss what to do next with your doctor.

Treatment planning

Treatment preparation

Before treatment is given, we need to calculate the best way of treating you. This will involve visits to the radiotherapy planning department.

Radiotherapy planning CT scan

To help with the planning of your treatment, you will have a CT scan of the exact area to be treated. The scans which are undertaken to plan your radiotherapy are solely aimed to give enough information to plan the radiotherapy accurately. This scan will take approximately 10-15 minutes. Most people are required to lie on their back for planning and treatment, although the ideal position may vary and depends on the location of our tumour. There is nothing to feel or see, but you may be aware of slight movements of the couch you are lying on.

These scans are not diagnostic and therefore do not give sufficient information to assess the status of your cancer or any other abnormalities.

Once you have had your scan, you will be given a planned date and time of when your radiotherapy will begin. Occasionally, this date will be changed if the planning cannot be completed in time. You will be contacted directly by the radiotherapy department if this is the case.

Radiotherapy treatment

What happens during treatment?

The radiotherapy treatment is daily, Monday to Friday. On the day of your first treatment, you will come to the radiotherapy department. If you are an inpatient, a radiotherapy support worker or radiographer may collect you from your ward and escort you to the department. On the treatment unit the radiotherapy support worker will help you plan the appointments for your treatment.

The radiographers will have the details of your treatment which the doctor has carefully planned. They will explain to you exactly what will happen. The Christie is a training hospital, so you may meet male and female students in the radiotherapy department who may be involved in the delivery of your treatment. If you have any objections let the radiographers know.

The radiographers will have a brief chat with you and discuss the treatment and how to manage side effects. They will also check whether you are still happy to go ahead with your treatment. This is the ideal opportunity to ask any questions you may still have.

The radiographers will take you into the treatment room and ask you to remove or loosen any clothing that covers the area being treated. They will assist you on to the treatment bed. For each session you will be lying on the treatment bed in the same position as your radiotherapy planning scan. The radiographers will then adjust both the bed and your position so that you are in the correct position for the treatment. They will try to make you as comfortable as possible as you will be asked to keep still for the duration of the treatment.

The radiotherapy machines are quite large and you may find them a little frightening to begin with, but there is no need to worry – the treatment is painless. Each session may take between 10 and 30 minutes, dependent on the area being treated, but the actual treatment only lasts a few minutes. The radiographers operate the machines from outside the room so when all the adjustments have been made and you are in exactly the right position, the radiographers will make sure you are alright and then leave the room and switch the machine on. There is nothing to feel and nothing to see. The machines make a buzzing noise when they are giving treatment.

During your treatment, the radiographers will need to take images of the area you are having treated. This will be done at the same time as your treatment; you probably won't even notice the images have been taken. **These images are purely to check that you are in the correct position and not to check how the tumour is responding to treatment.**

Please do not feel abandoned; cameras inside the room give the radiographers a clear view of you from the control desk. They will be watching you all the time. If you feel you need to cough or sneeze, the radiographers will tell you beforehand how to let them know this. They will switch off the machine and come in immediately.

Once your treatment has finished they will help you off the bed and arrange your next visit. You are then able to return home or to your ward.

It is very important that you do not miss treatment days as this may make your treatment less effective. If you feel you are unable to attend for any reason please telephone the staff on your treatment machine and discuss the problem with a radiographer. Call the radiotherapy department on **0161 446 3485**.

Treatment is not routinely given at weekends but is given on most bank holidays. Please check with the radiographers treating you if there is a bank holiday during the course of your treatment.

You will usually be treated on the same machine throughout the course of your treatment. However, the machines have to be serviced frequently and as a result you may be treated on a different machine. Do not worry; you will not miss any treatments as a result of this, and the treatment is exactly the same.

If you feel particularly anxious or you are having difficulties with having radiotherapy, please speak to the radiographers. There may be things that they can suggest that might help such as referring you for support to the CALMS team who provide complementary therapies.

Some questions about treatments

Will it hurt?

No, the treatment does not hurt. However you may find the treatment position uncomfortable and may require simple pain relief. If you already take pain killers, continue to take these as prescribed. It is advisable to bring these with you to each appointment.

Will I lose my hair?

You may lose body hair in the area being treated and can sometimes begin during and after treatment. Hair loss may be temporary or permanent. Your radiotherapy doctor will advise you if the lost hair is unlikely to regrow.

Is it safe?

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

Will I be radioactive?

No. Patients treated by external beam radiotherapy do not become radioactive. The radiation does not stay in your body after treatment, so you cannot do anyone else any harm. It is safe for you to mix with other people including children and pregnant women and to have visitors if you are on the ward.

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

Not usually. The treatment may make you feel more tired than normal. Please tell your treatment team about any existing medical conditions and continue with any medication that you may be taking unless your doctor or nurse tells you otherwise. Ask your Christie doctor if you are worried about any other health problems.

Can I come for treatment at any time of the day?

If you are having treatment as an outpatient, the radiographers will give you an appointment time for the first treatment when you attend for your planning session. You will be asked about a preferred treatment time. Whilst we will try to accommodate patients preferences, please be aware there may be days your appointments will be

scheduled around your consults clinics and for certain patients after 5pm. Please try and be as flexible as possible and give priority to your treatment sessions over general appointments. The time you prefer may not be available at the start of your treatment because of the large patient numbers on the treatment unit.

If you need a specific time with valid reasons, please give the treating team at least 48 hours' notice. The time we give you may vary half an hour either way each day due to emergencies etc. Please check your appointment time for the following day before you leave, in case of any changes.

Appointments will be made for you to meet your consultant or one of the review team weekly to check that you are coping with the side effects of treatment. We will give you a morning or afternoon appointment to fit in with your consultant's clinic.

If you are an inpatient, the treatment team will send a care assistant for you when they have a free slot. If you are going on weekend leave, please let the staff know and they will do their best to treat you before lunch.

Will I be treated as an outpatient or an inpatient?

You will usually have your treatment as an outpatient. Some people continue to work during part of their treatment. However, after daily travel and treatment, you may feel tired and need to rest.

Patients with certain tumours such as Ewings or Rhabdomyosarcoma will have a combination of chemotherapy and radiotherapy and will be given some extra information.

Your doctor will have discussed with you about travelling daily for your treatment as an outpatient. However, if you do become unwell during your treatment you may need to

be admitted as an inpatient to support you through your radiotherapy.

What happens if I need ambulance transport to and from the hospital?

Many patients are able to bring themselves or can ask a friend or relative to help them out. If you think you may need ambulance transport, please discuss this with a radiotherapy support worker or radiographer on your first visit to the radiotherapy department.

Ambulance transport can be arranged subject to eligibility criteria based on medical need. There also needs to be a medical need for you to bring an escort on hospital transport.

There can be delays for some time either side of your appointment because of the high demand for transport. Please take this into account when you are deciding whether to use ambulance transport or not.

Hospital transport is provided by North West Ambulance Service and West Midlands Ambulance Service. Contact the transport liaison office at The Christie directly on **0161 446 8114** or **8143** for advice and bookings (Monday–Friday, 8.00am–6.00pm). Patients attending The Christie at Salford can contact **0161 918 7800** and patients attending The Christie at Oldham can contact **0161 918 7700** for advice about transport.

Prescriptions

Prescriptions from The Christie pharmacy are free for NHS patients. You will need an exemption certificate to get free prescriptions from a community pharmacy. Exemption certificates are available from the pharmacy at The Christie and from your GP.

Side effects of treatment

There will be some side effects which gradually appear during your course of radiotherapy, although these will vary from person to person. Any side effects you get will depend on which part of your body is treated, and on the number of treatments you have. Even people who have had very similar treatments can have different side effects. Your radiotherapy doctor will discuss this fully with you. There are side effects that occur during treatment, some happen soon after treatment and some can occur months or years after radiotherapy.

Most people notice the side effects during the second half of their course of treatment. These may well continue after you have finished your treatment, but they should gradually fade by 4 to 6 weeks after treatment. There is a possibility of late and/or permanent side effects from radiotherapy that may develop after radiotherapy has completed.

During your course of radiotherapy, one of the doctors or radiographers on the team looking after you will see you regularly to assess how you are managing with side effects from treatment.

Skin reaction

You may notice the skin in the area being treated becoming red, darker, flaky and itchy during radiotherapy treatment. This is a normal reaction. The extent of a skin reaction in the treatment area will vary for each person depending on the area being treated and the type of treatment you have. You may notice that your skin in the area being treated area becomes more sensitive and can feel tighter than usual and warm to the touch.

Some patients, towards the end and just after treatment, may experience peeling of the skin and 'weeping' which

can be very sore and require dressings for a few weeks to help with the healing process. This will be assessed by the radiographers and your treating team, who will provide support with this and regular skin assessment, until the area is fully healed. Patients who have proton beam therapy are likely to have more intense skin reactions.

The radiographers and your treating team will advise you how to look after your skin during radiotherapy and whilst you have a radiotherapy skin reaction. There is a Christie information leaflet which you may find helpful 'Skin care during and after your radiotherapy treatment'. This will be provided by your treating team or can be accessed via The Christie information centre or the patient information section of The Christie website.

Tiredness

Tiredness is one of the most common side effects of radiotherapy treatment. Some people describe feelings of extreme fatigue, although some continue to work and carry out busy lives as normal. You can help yourself by taking time to rest and relax. Do not be afraid of asking family and friends for help. Some patients find that it helps to have a short rest each day after having their treatment. However, it is beneficial to take gentle exercise as well as taking rest. There is a Macmillan booklet and DVD demonstrating a simple exercise programme. Please ask staff for a copy. You can also order a copy from the Macmillan website www.macmillan.org.uk

Hair loss or hair thinning

You will only lose hair in the area being treated. You may experience hair loss or thinning of pubic hair approximately 2-3 weeks into treatment. This loss may be temporary or permanent. Your radiotherapy doctor will advise you if the lost hair is unlikely to regrow.

Appetite

It is very important to keep your weight stable before and during the treatment. Try to eat small frequent meals or snacks throughout the day. Ask the radiotherapy or nursing staff for a copy of 'Eating: Help yourself' which has detailed information about coping with problems such as difficulty in swallowing, nausea and lack of appetite. Make sure you drink plenty of fluids.

You may need nutritional supplement drinks if you are losing weight or you are not eating very well. Please speak to the radiographers, nurses or Christie doctor if you feel you are losing weight. Ask for a copy of the 'Nutritional products: availability of nutritional drinks, powders and puddings' booklet for ideas. Nutritional supplement drinks are available on prescription from your doctor.

Nausea & vomiting

Occasionally some people may have feelings of sickness (nausea). This can usually be effectively treated by anti-sickness medication which can be prescribed by a member of your team.

Bladder or bowel changes

If you are having treatment to your pelvic area you may experience a change in bowel habits. This includes a sensation of wanting to open your bowels without passing a motion, increased bowel gas (flatus), loose or more frequent bowel motions and diarrhoea.

You may also experience the need to pass urine more frequently and a stinging sensation when passing urine.

If you notice any changes to your bowel or bladder functions please tell a member of your treating team.

Late or permanent effects of treatment

It is possible for some types of reaction to occur months or years after the treatment has finished. Although this is less common these days because of improvements in treatment, the degree and frequency depends upon the dose of radiotherapy and the particular site treated. These late effects are the hardest to predict and unfortunately, when they do occur, they are permanent. Your doctor at The Christie will discuss any possible late effects with you as part of the consent process. These effects may include:

Long term bowel and bladder changes

Radiotherapy to the pelvis carries a long term risk of altered bowel and bladder function months or years after treatment completes that requires medication to control symptoms. These symptoms can vary from mild diarrhoea to bleeding from the bowel. In some cases these late effects may be permanent and require subsequent surgery.

Fibrosis

Some patients may experience long term fibrosis or thickening of the muscle and tissue in the pelvic area that has been treated. The skin in this area may feel 'leathery' due to a loss of elasticity and suppleness. Good skin care, the use of water based moisturisers and sun avoidance, can minimise these effects.

Vaginal dryness and atrophy

Radiotherapy to the pelvis can sometimes cause vaginal dryness and atrophy (thinning of the tissues). This is a result of scar tissue forming in the vagina causing the vagina to narrow. While often preventable it may impact on sexual intercourse. Vaginal dilators can help in preventing longer term problems with sexual intercourse by reducing vaginal

narrowing. You will be given advice about when and how to use dilators.

Fracture

There is a small risk that the pelvic bones in the treated area will be at increased risk of fracture and there may be problems with healing. This is more likely in patients with sarcoma arising in the bone and those patients having very high dose radiotherapy. Patients may already have pain from their sarcoma both in the bone and pressing on nerves. After therapy this type of pain may increase during and immediately after treatment. This bony or nerve pain may persist for months to years.

Infertility

In men/boys it is often possible to avoid treating the testes, but sometimes this cannot be avoided. Your clinical team will tell you if your treatment is likely to cause infertility or affect the production of the hormone testosterone (male sex hormone). Options for future treatment will be discussed with you when you see your consultant. You may be referred to an endocrinologist to discuss testosterone replacement.

In pre-menopausal females, pelvic radiotherapy treatment may result in infertility and possibly an early onset of the menopause. If you are at risk of this side-effect your clinical oncologist will discuss this with you at the time of radiotherapy starting. Options for overcoming infertility in the future will be discussed with you when you see your consultant if applicable. Hormone replacement therapy (HRT) might be needed in the future. Women may experience vaginal dryness and intercourse difficulties due to vaginal atrophy after treatment.

Lymphoedema

This is swelling of the leg(s) and/or the pelvic region which occurs in a small number of people after pelvic radiotherapy. When it does occur it is usually in people who have had both surgery and radiotherapy, or where the tumour has spread to the lymph nodes. These treatments can disrupt the workings of the lymphatic system especially nearby lymph nodes. Your treating team will discuss with you if this is something you are particularly at risk from.

It is difficult to predict who will go on to develop lymphoedema, although there are certain precautions which you can take to reduce your chance of developing it:

- Look after your skin on the legs and/or pelvic area. Keep it clean and well-moisturised and protect from any break in the skin that can be caused from cuts, grazes, insect bites or sunburn.
- Try to exercise and keep active. Once you have recovered from treatment, you can usually get back to your normal activities and exercise programme.
- Try and keep to a healthy weight. Being overweight can increase your risk of developing lymphoedema.
- If you see any signs of infection (redness, heat, swelling) in the skin of the legs or genital area then contact your GP immediately as you may need to be treated promptly with antibiotics.

The Macmillan booklet 'Understanding Lymphoedema' is available from the information centre and contains a lot more information and useful advice. Alternatively, ask your specialist team for further advice or written information. If you notice any signs of developing lymphoedema such as swelling, please contact your treating team or your local specialist nurse who will then give you further advice and offer to refer you on to the local lymphoedema service.

Second malignancy

The use of radiotherapy does carry a small risk of inducing a new, different cancer in the treated area. This is something which may happen many years later, but is a small risk for most patients. If you have any concerns about this, please discuss with your medical team.

Support

This booklet deals with the physical aspects of your treatment, but your emotional wellbeing and that of your family is just as important. Having treatment can be deeply distressing for some patients. Within the radiotherapy department there will be access and support from your specialist nurse, the cancer information centre, the treatment radiographers and your radiotherapy doctor. However, if you feel you require further medical or emotional support, you can be referred to a variety of health professionals who can help with any worries or difficulties you may be having.

All the staff are here to make sure your treatment goes as smoothly as possible and to support you through this difficult period. We will try to help with any questions or problems you may have.

Aftercare

The side effects you have experienced will continue after radiotherapy has finished. It is common to experience a worsening of these for about 10-14 days after radiotherapy.

If you have any queries after your treatment or side effects from radiotherapy completing to the time of your first follow up appointment you can ring the radiotherapy department on **0161 446 3485** and ask to speak to a radiographer or nurse, your specialist nurse or The Christie Hotline (24 hours/day) if you are worried.

Your progress will be kept under regular review. After you have finished your treatment, we will tell you about the arrangements for your first follow-up visit to an outpatient clinic. This visit is for the clinical oncologist to see how the treatment is working and how any side effects are settling down and is usually a few weeks after the radiotherapy has finished. Most patients continue to be followed up at an outpatient clinic for several years.

Other information

You may have particular queries that are not answered here. Please do not hesitate to ask the staff.

Relatives and carers

Please share this booklet with your family and friends. It is important that they feel well-informed and understand what is happening. Families and carers can have a role in helping you. There are also DVDs on radiotherapy which you can take home to watch. Please ask your doctor, a radiographer or the ward staff.

Inpatients should be able to go home as soon as their course of treatment is finished, or very shortly afterwards.

Appointments

Once you are having treatment, if you have any problems with your appointment time, please contact the Radiotherapy department where you are having treatment: The Christie at Withington on **0161 446 3485**, The Christie at Salford on **0161 918 7800** or The Christie at Oldham on **0161 918 7700** as soon as possible. It is helpful if you can quote your hospital number – it will be on your appointment card or letter.

If you change your address, please let the health records department staff know your new address – and the address of your new GP.

Car parking

For parking at the main Withington site, please check the website (www.christie.nhs.uk) for the latest details, or ask at the information centre for a copy of the leaflet 'Travelling and car parking for patients and patient's visitors to The Christie'.

The Christie at Oldham and Salford

The Christie gives radiotherapy treatment at radiotherapy centres in Oldham and Salford, as well as the main Withington site.

If the type of treatment recommended for you is available at Oldham or Salford, your Christie doctor may offer you the treatment there if this is closer to home.

Useful contact numbers:

Radiotherapy department: **0161 446 3485**

Sarcoma Secretary: **0161 446 8323**

The Christie Hotline: **0161 446 3658**

Sarcoma Clinical Nurse Specialists: **0161 918 2196**

Macmillan Cancer Support

This is a national charity which runs a cancer information service. The cancer support service freephone number is **0808 808 00 00** (Monday to Friday, 9am - 8pm). If you are hard of hearing, use the textphone **0808 808 0121**.

If you are a non-English speaker, interpreters are available. Specially trained cancer nurses can give you information on all aspects of cancer and its treatment. Information and advice about finance and benefits are also available.

Macmillan Cancer Support publishes booklets which are free to patients, their families and carers. You can get a copy by ringing the freephone number or by visiting their website: www.macmillan.org.uk

Information is available on cancer treatments – such as ‘Understanding radiotherapy’ and ‘Understanding chemotherapy’. There are also booklets on living with cancer – some of these are listed below:

- Talking about your cancer
- Talking to children and teenagers when an adult has cancer
- Cancer and complementary therapies
- Travel and cancer
- Move more – a pack containing a booklet about exercising, a DVD and a diary so you can track your exercise.

The cancer information centres have a full range of booklets free to patients and their relatives or carers. There are information centres at The Christie at Withington, Salford and Oldham.

Sarcoma UK

A website and newsletter offering further links and advice to patients and their families.

Email: info@sarcoma-uk.org

Website: www.sarcoma-uk.org

Sarcoma UK support line: **0808 801 0401**

Cancer information in your language

If English is not your first language, you can speak to a nurse at Cancer Research UK through a qualified interpreter. The service is free and over 170 languages are available on **0808 800 4040**. You can also view all patient information on The Christie website in many languages by using the BrowseAloud function.

Christie information

The Christie produces a range of patient information booklets and films. Some of these are listed below:

Booklets are free to patients coming to The Christie and are available from the cancer information centre. If you are an inpatient and would like a copy please ask the ward staff. If you are an outpatient please ask your nurse, doctor or radiographer.

Short films can be viewed on The Christie website at www.christie.nhs.uk under 'patient information'.

■ **Where to get help: services for people with cancer**

This provides sources of help when you have cancer, where to go for financial help, palliative care and cancer support groups.

■ **Eating: Help yourself**

This gives advice on eating problems when you don't feel well and you are having treatment. Other booklets give helpful advice on diet: Advice about soft and liquidised foods and Nutritional products. Please ask staff for copies.

Benefits and finance

You may have had to stop work and had a reduction in your income. You may be able to get benefits or other financial help.

Personal Independence Payment (PIP) is a social security benefit and has replaced Disability Living Allowance (DLA) for new claimants. It's for people who need help either because of their disability or their illness. You can apply if you are aged 16–64.

People aged 65 or over who need help with personal care or supervision could be entitled to Attendance Allowance.

Your carer could get Carer's Allowance if you have substantial caring needs.

Find out more today:

- To get a claim pack for Attendance Allowance, call **0345 605 6055** and for PIP call **0800 917 2222**.
- For DLA: If you were born on or before 8 April 1948 call **0345 605 6055**, if you were born after 8 April 1948 call **0345 712 3456**.
- Carer's Allowance: call **0345 608 4321**.
- For benefits advice, contact Maggie's centre on **0161 641 4848** or email manchester@maggiescentres.org
The Christie at Oldham has a benefits advice session on Thursday afternoons, call **0161 918 7745**.
- Contact your local social services department for help with equipment and adaptations, or for an assessment of care needs. Visit www.gov.uk for further information.
- Macmillan Cancer Support can give advice on helping with the cost of cancer on **0808 808 00 00** or www.macmillan.org.uk

Student training

The Christie is a training hospital for postgraduate and undergraduate trainees so you may meet male and female students in all areas of the hospital. We train doctors, nurses, radiographers and other therapists in the treatment and care of cancer patients.

Placements at The Christie are an important part of student training, so by allowing them to assist in your care, you will be making a valuable contribution to student education.

Students are always supervised by fully qualified staff. However, you have the right to decide if students can take part in your care. If you prefer them not to, please tell the doctor, nurse, radiographer or other therapist in charge as soon as possible. You have a right to do this and your treatment will not be affected in any way.

We also try to respect the concerns of patients in relation to the gender of their doctor and other health professionals.

Notes

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence.

If you would like to have details about the sources used please contact **patient.information@christie.nhs.uk**

Contact The Christie Hotline for
urgent support and specialist advice

The Christie Hotline: 0161 446 3658

Open 24 hours a day, 7 days a week

Visit the Cancer Information Centre

The Christie at Withington **0161 446 8100**

The Christie at Oldham **0161 918 7745**

The Christie at Salford **0161 918 7804**

Open Monday to Friday, 10am – 4pm.

Opening times can vary, please ring to check
before making a special journey.

The Christie NHS Foundation Trust

Wilmslow Road
Manchester M20 4BX

0161 446 3000

www.christie.nhs.uk

The Christie Patient Information Service
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