



Radiotherapy to a limb 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 centres at Withington, Oldham or Salford.

Introduction

This booklet has been written for patients who are about to receive radiotherapy treatment to a limb (arm or leg) 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. It has clear benefits as it is a localised treatment which destroys microscopic malignant cells and reduces the risk of recurrence. 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.

All of these types of radiotherapy are effective treatments and your multi-disciplinary team (MDT) will decide which is the most appropriate in your case and discuss this with you.

Proton beam therapy may not be appropriate for all patients; however it may be chosen when cancers are near vital structures.

Treatment is given in small doses over a specified period of days or weeks. It is given by a team of therapy radiographers who operate the treatment machines which direct high energy rays to the precise area needing treatment. Therapy radiographers are specially trained health care professionals involved in radiotherapy planning, treatment and care. They will be able to answer any questions or concerns you may have.

As well as your consultant clinical oncologist (a doctor specialising in treating cancer with radiotherapy and chemotherapy) there will be other trained professionals involved in your care during radiotherapy. These may include specialist nurses and radiographers, nurse clinicians, research nurses, and other professionals relevant to your treatment.

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. You may have between 1 and 37 treatments.

When will radiotherapy begin?

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.

Agreeing to treatment

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. The benefits of treatment vary from one person to another depending on the sort of illness.

The aims of treatment may include an attempt to:

- cure the cancer
- reduce the chances of the cancer coming back after surgery
- shrink the tumour so that surgery is easier to perform
- 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 your limb. This will involve visits to the radiotherapy planning department.

Mould preparation

Because radiotherapy is a very precise treatment, to ensure accuracy, for most patients, a plastic mould is made of the area being treated. This mould will be worn only during your treatment. The mould has 3 purposes:

- To ensure that you are in the same position every day for treatment
- To immobilise the limb being treated
- To prevent drawing treatment marks on your skin.

The mould room staff will explain the procedure when you come for your first visit.

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, whilst wearing your mould. 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 approx. 10-15 minutes. You will need to lie in a comfortable position for the radiotherapy planning scan and treatment – 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 care assistant may collect you from your ward and escort you to the department. On the treatment unit you will meet a radiotherapy support worker. They help patients plan their appointments for the 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 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 an opportunity to ask any remaining 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. There are areas for changing and also loose gowns to wear, if necessary. You will be assisted on to the treatment bed. For each session you will be lying on the treatment bed, in the same position as the planning scan, wearing the plastic mould. 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, 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 comfortable 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.**

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 treatment

Will it hurt?

No. You will feel no pain at all while you are actually having your treatment.

Will I lose my hair?

You may lose body hair in the area being treated and this hair loss can sometimes begin during and after treatment. But it usually starts to grow back some time after treatment is finished.

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 x-rays 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 tell 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. After that you can request a time of day that suits both you and the machine with your treating team. 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 by 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. A radiographer

will take you to the clinic before or after your radiotherapy. 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.

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. You will not have to stay in bed, so bring suitable day wear such as tops and skirts or trousers. Treatment usually takes up only a small part of the day and, if you are well enough, you may be able to go out but check with the ward staff first.

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 to Friday, 8.00am – 6.00pm).

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.

During your course of radiotherapy, one of the doctors or radiographers on the team looking after you will see you regularly.

The main very common (more than 1 in 10 risk) side effects that occur during treatment are:

Skin reaction

You may notice the skin in the area being treated becoming red, 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 becomes more sensitive and can become slightly pink, 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.

Ask the radiographers for advice regarding skin care during your treatment. There is a Christie leaflet which you may find helpful 'Skin care during and after your radiotherapy treatment'.

How to look after your skin

During treatment, you may wash the skin with warm water and bathe normally, but do not use any perfumed bath gels or oils and only use non-perfumed soap. We recommend that you avoid products containing 'sodium lauryl sulfate' as this can irritate the skin. Your team can let you know about products that do not have this ingredient. If you have

any questions or concerns, please ask a member of your radiographer team for further advice.

Please do not soak in a hot bath as this will irritate your skin. If your skin becomes irritated after using a product, it is advisable to stop using that product for the time being. Pat the skin dry with a soft towel. Do not vigorously rub the treatment area.

You may use any simple, unperfumed, moisturising cream regularly (2-3 times daily) on the treated skin, from the start of treatment. This will prevent the skin from becoming too dry. Discontinue moisturising on any areas of skin which becomes blistered or breaks – your treating team will advise the appropriate dressings/products in this instance.

Wear something loose and comfortable. Cotton is best next to the treated skin so is better than man-made material.

Keep the area of skin that has been treated away from direct heat, such as sunlamps, hair-dryers and direct sunlight. You should take extra care of your skin during treatment and as long as the reaction lasts. Radiotherapy causes changes to the skin which make it more sensitive to the sun. The treated area will be especially sensitive for the first 12 months. The skin in the treated area may always be more sensitive, so you will need to take care in the sun, even after your treatment has finished. You can use high protection sun cream on the treated area when the side effects have settled.

There is more skin care advice in the leaflet 'Skin care during and after your radiotherapy'. Please ask the radiographers for a copy.

Swelling of the limb

You may experience swelling and tenderness in your limb as the treatment progresses. This is normal. It is due to inflammation of the tissues caused by the radiotherapy. This will settle after treatment has finished but in a few patients, it may persist. If you have radiotherapy before surgery, throughout treatment, the tumour may become somewhat inflamed and appear to be more swollen and increased in size. This is a temporary swelling which will settle post radiotherapy.

Stiffness

You may experience stiffness in the limb. This is a normal reaction. This is due to the effects of the radiotherapy causing slight swelling on the underlying muscle.

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 Drinks' booklet for ideas. Nutritional supplement drinks are available on prescription from your doctor.

Hair loss

You will only lose hair in the area being treated, Hair loss will occur 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.

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 Christie booklet demonstrating a simple exercise programme. Please ask staff for a copy.

Other side effects may appear, depending on the part of the body that has been treated. The radiographers will tell you what to expect. If you have any queries after your treatment, before your follow-up appointment you can ring the radiotherapy department on **0161 446 3485** and ask to speak to a radiographer or nurse.

What can the staff do to help?

It is part of the staff's job to help you through any side effects you may have. If you feel uncomfortable in any way, do mention it to the doctor, the nurses or the radiographers. They all want you to be as comfortable as possible.

The side effects, including pain, can worsen as treatment progresses. It is important to tell staff who will be able to prescribe pain relief which should ease your discomfort.

Speak to the staff if you have any problems or concerns – however trivial these may seem

Late or permanent effects of treatment

It is possible for some types of reaction to occur months or years after the treatment has finished. The degree and frequency depends upon the dose of radiotherapy, size of tumour, whether you are treated pre or post-operatively and the particular site treated. Although this is less common these days because of recent improvements in treatment, 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:

Significant swelling of the limb (uncommon – less than 1 in 10 risk)

There is a possibility that the limb below the level of surgery may be inclined to swell in the future. This is due to the buildup of lymphatic fluid (a clear fluid which helps to fight infection and disease) which flows through lymphatic vessels. The lymphatic vessels are part of the lymphatic system, which helps to fight infection and maintains a balance of fluids in the body.

Radiotherapy significantly increases the risk of swelling, especially in the leg, by causing scar tissue to form, which interrupts the normal flow of the lymphatic fluid. The chances of this happening depend on several factors, not only the size and position of the tumour and extent of surgery, but on how much of the limb the radiotherapy has had to treat.

If it is considered a significant risk for you, your doctor will warn you. Prolonged standing and being overweight will increase the tendency to swelling. Regular walking should reduce it. If your ankle tends to swell, elevation of your limb on a stool when sitting down, massage or supportive stockings may help. Your doctor may suggest that you be seen by our specialist physiotherapist or lymphoedema team for advice and treatment.

Fibrosis (uncommon – less than 1 in 10 risk)

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

Fracture (very uncommon – less than 4 in 100 risk)

There is a small risk that the bone in the treated area will be at increased risk of fracture and there may be problems with healing.

Second malignancy (extremely uncommon – less than 1 in 500 risk)

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 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 the skin reactions for about 10-14 days after radiotherapy. Please feel free to contact the department, 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**.

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'.

Useful contact information

Radiotherapy (department 39):

0161 446 3485

Proton Beam Therapy Centre (department 22):

0161 918 2300

Sarcoma Secretary:

0161 446 8323

Sarcoma Clinical Nurse Specialists:

0161 918 2196/0161 446 3094

The Christie Hotline:

0161 446 3658

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 publish 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

The cancer information centres have the 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: supportline@sarcoma.org.uk

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 (department 3). There are also information centres at The Christie radiotherapy centres in Salford and Oldham.

Short films can be viewed on The Christie website at www.christie.nhs.uk under 'patient information' or you can borrow it in DVD format to watch at home. Ask the staff on the ward, in outpatients or in radiotherapy for copies.

■ [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 a copy.

■ [Be Active, Stay Active: a guide for exercising during and after treatment for cancer](#)

A booklet with a simple exercise programme you can follow. There is also more information about coping with fatigue and the benefits of exercise.

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.

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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