

Radiotherapy department

Stereotactic ablative body radiotherapy (SABR) to the adrenal gland

This leaflet aims to help patients and their carers understand more about stereotactic ablative body radiotherapy (SABR) for cancer treatment to their adrenal gland. Please read this leaflet alongside The Christie booklet 'Radiotherapy - a guide for patients and their carers'. Your clinical oncologist (specialist doctor) will also discuss the treatment with you.

This leaflet will explain:

- what SABR is and what the benefits of this treatment are
- planning of your treatment
- what happens on the day of your treatment
- side effects of treatment
- details of who to contact if you need advice

What is SABR and what are the benefits of this treatment?

Stereotactic radiotherapy delivers a high dose of radiation precisely to the tumour while minimising the dose to surrounding healthy tissue. Compared to standard radiotherapy, SABR uses a higher dose per session, meaning treatment can be completed in fewer hospital visits. Treatment is delivered on alternate days, to allow healthy cells to recover on the rest day when there is no treatment.

Planning your treatment

You will have an appointment in the radiotherapy department before actually starting the treatment.

At this scanning appointment:

- we will ask you to lie on a treatment couch in the position you will be treated in - this will be with your arms above your head, resting on a board
- you will have 2 CT scans in the same position. You will need a cannula (small tube in vein) inserting, and you will be given a contrast injection to enable the doctor to clearly see the area of treatment
- the first scan will be taken while holding your breath
- the second scan will be taken while breathing normally
- to reproduce your position for each treatment we would like to give you some permanent reference marks (pin size tattoos) on your skin

The appointment may take up to 2 hours. Please bring your regular medication with you and maybe something to read. It may be beneficial to take painkillers 30 minutes before each session if you have any pain.



It is important to highlight that these scans are not diagnostic, and they are not used to assess the status of your cancer or any other abnormalities. These scans are solely used to plan your treatment.

Before starting your radiotherapy, you may need a kidney test called a renogram. This test helps us see how well one of your kidneys is working compared to the other. You will be informed if you need to have this test.

Ensuring accuracy of treatment

To give accurate treatment, we need to ensure that your adrenal gland is in the same position each day when you come for your planning scan and to have your treatment. The position of your adrenal gland is affected by many things; the two things that have the most impact is breathing motion and the movement of the digestive tract. We have a device (abdominal compression belt), which wraps around your waist and is then adjusted to create some pressure on your abdomen. This is to try to minimise the amount of movement of your adrenal gland caused by breathing motion. Using this device should not be painful and you will still be able to breathe freely. If this is too uncomfortable, please let the radiographers know. Please note that not all patients need to wear a compression belt. You will be told if you need to wear one.

Just before your scan or treatment, we may give you a measured cup of water to drink. This may help us to see the organs close to your kidney more clearly.

You may be asked not to eat or drink anything for 2 hours before your appointment. You will be informed prior to your appointment should you need to fast.

When will I start my treatment?

Treatment will usually start within a few weeks of your radiotherapy planning scan. You will be given a list of treatment appointments when you attend for your CT planning scan.

What happens on the day of treatment?

SABR for adrenal cancer typically involves 3-5 treatment sessions. These sessions may occur within a single week or spread across 2 weeks. The sessions are usually on alternate working days, and we do not typically treat at weekends.

A scan of the area you are having treated will be taken before, after and sometimes during each treatment. These scans are purely to check that you are in the correct position and NOT to check how the tumour is responding to treatment.

You will be alone in the radiotherapy treatment room for the treatment. You must stay very still for the whole time that you are in the room. The radiographers have CCTV in the control room which gives them a clear view of you, and they will be watching you all the time. You do not feel anything when the treatment is delivered. The treatment is normally given from several different directions (beams) depending on your individual treatment plan. Treatment can take between 30-60 minutes.

If you have any questions, do not hesitate to ask the radiographers before starting treatment.

Consent

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.

Side effects of treatment

As your treatment progresses you may experience some side effects. These will vary depending on where your treatment area is. These are normal reactions and usually temporary. Please tell us if your symptoms are troublesome.

Possible short-term effects (usually settle within 6-8 weeks following treatment)

- **Nausea and vomiting** - you may experience nausea or vomiting a few hours after treatment or at any time during your course of treatment. If this occurs, we can provide you with anti-sickness medication to help manage these symptoms.
- **Changes in bowel habits** - you may experience some changes in your bowel habits such as diarrhoea. It's important to stay hydrated by drinking plenty of fluids to replace any lost during this time. Please discuss this with your team looking after you as you may benefit from some medication.
- **Pain** - some patients may experience a temporary increase in pain in the treated area. For some patients, pain may also be in an area close by to the treatment area. This can often be managed with simple pain relief, such as paracetamol but in some cases, stronger medication may be required. Please discuss with your team looking after you if you need pain relief.
- **Tiredness (fatigue)** - you may feel more tired than usual for several weeks after the radiotherapy has been completed. To help with fatigue we recommend that you stay well hydrated by drinking 1-2 litres of fluids per day. Gentle exercise, such as a light walk, is also recommended to boost energy levels.
- **Skin reactions** - the skin where you are having the radiotherapy may change. Skin reactions can vary; however, the common symptoms are redness, dryness, and itchiness. Using a non-zinc oxide-based moisturiser, such as Aveeno, can help minimise and manage these reactions.

Possible long-term effects (may occur months to years after treatment)

Although rare, it is important to be aware of potential late side effects of treatment. Your doctor will explain any risks and discuss steps to monitor and manage them.

- **Liver and kidney damage** - this can be monitored using blood tests.
- **Bowel health** - although very rare, radiation can sometimes cause changes in the bowel, such as a blockage or a small hole (perforation). If this occurs, medical intervention may be necessary.
- **Adrenal insufficiency** - this condition occurs when the adrenal glands are unable to produce adequate amounts of essential hormones such as cortisol, leading to symptoms like fatigue, weakness and dizziness. Due to the potential risk of adrenal insufficiency following SABR, patients will be referred to the endocrinology team here at The Christie for ongoing monitoring.
- **Indigestion and heartburn** - may develop as a late effect of radiation therapy. Medicine can be prescribed to help manage this.

After your treatment

Typically, will usually have an outpatient appointment with your SABR consultant 4-8 weeks after treatment has finished, which may be conducted over the telephone. After this, you may not routinely see your SABR consultant but will continue with follow-up appointments with your referring doctor, for ongoing follow-up and management.

Contact details (consultant's secretary)

Consultant

Phone number

For urgent advice ring The Christie Hotline on **0161 446 3658** (24 hours a day, 7 days a week).

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.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact **the-christie.patient.information@nhs.net**

For information and advice visit the cancer information centres at Withington, Oldham, Salford or Macclesfield. Opening times can vary, please check before making a special journey.



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