



# Radiotherapy to the prostate or prostate bed

## A guide for patients and their carers



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## The Christie website

For more information about The Christie and our services, please visit [www.christie.nhs.uk](http://www.christie.nhs.uk) or visit the cancer information centres at Withington, Oldham, Salford or Macclesfield.

## Introduction

This booklet is to tell you about external beam radiotherapy to the prostate or prostate bed. The Christie is a specialised centre for radiotherapy and patients come for treatments that are not always available at general hospitals. This treatment may be offered at the radiotherapy departments at The Christie main site in Withington, The Christie at Salford, The Christie at Oldham or The Christie at Macclesfield.

You may have heard about radiotherapy from people you know or from patients in the hospital. Remember that their information may not apply to you.

## 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, but may be given in a single treatment.

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

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

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

## 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, it 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.

## When will radiotherapy begin?

You will receive an appointment for your radiotherapy planning scan in the post or by a telephone call. After this it can take 2 to 3 weeks to plan your treatment before you can start.

Depending on your treatment plan you may have anywhere between 5 and 23 treatments in total, and this will be discussed with your oncologist prior to starting.

## Before treatment

Prior to your treatment you'll have a dedicated appointment with a member of your team who will discuss the benefits and risks of this treatment. This may be in person or by a telephone call.

## Agreeing to treatment

### Consent to treatment

The doctors, radiographers and nurses will normally give you some written information to support what they have said about your treatment. Before starting radiotherapy, a member of your treating team will discuss the intended benefits and possible side effects with you.

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.

*"The staff were very helpful and pleasant. They explained things to me in a way that I could understand, answered all my questions and put me at ease."*

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.

### **What are the benefits of treatment?**

Radiotherapy works by damaging cancer cells while causing as little damage as possible to normal cells. The aim of treatment may include an attempt to:

- kill the cancer cells
- reduce the chances of the cancer coming back
- 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 alternative treatments available including active surveillance, surgery, brachytherapy, hormone therapy and watchful waiting. Not all of these options are suitable for everybody but all possibilities will have been discussed with you by your doctor.

### **What will happen if I do not have this treatment?**

Without treatment the cancer may grow, which may mean the development or worsening of symptoms. Some (but not all) cancers may then spread away from the prostate and become incurable.

## Research at The Christie

The Christie, along with the Manchester Cancer Research Centre, is a major centre for cancer research of all kinds. Your doctor may discuss a particular trial with you in clinic, or staff may ask you if you are willing to help with some of the clinical trials and audits that are going on. We would encourage you to ask about suitable trials at any time. We will give you detailed written information regarding the trial and its purposes. You will have time to consider your answer, discuss with family and friends and ask questions before you decide whether to take part or not. You are under no obligation to take part in any trials.

If you take part in a clinical trial, you will meet the research nurse or research radiographer who help to run the trials. You are free to withdraw from a trial at any time without it impacting your care.

## Planning the treatment

To help with the planning of your treatment, you will have a CT scan. The scans which are undertaken to plan your radiotherapy are solely aimed to give enough information to plan the radiotherapy accurately.

*"There is no feeling at all while having the treatment and altogether it only takes a few minutes."*

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.

Most patients are advised to use a micro-enema or laxatives before the CT scan and daily during treatment. This is to make sure the bowel is empty, to help reduce side effects and ensure accurate treatment.

This will be discussed with you by the radiographers when you attend. The medication will be given to you by your team at this appointment. You should receive a leaflet explaining how to use the micro-enemas with your CT appointment letter. Please discuss any queries with the radiographers when attending this appointment.

## Dietary advice before CT scan and treatment

Before starting treatment we would advise you do not make major changes to your diet. However, small changes which can help reduce bowel gas are recommended several days before your CT scan and during treatment. This is to avoid bowel gas limiting our view of the prostate when we take pictures.

- Avoid fizzy/carbonated drinks such as beer or cola.
- Avoid chewing gum.
- Avoid skipping meals.
- Avoid beans and pulses.
- Avoid some vegetables such as broccoli, sprouts and onions. Instead have rooted vegetables such as carrots, parsnips and potatoes.
- Peppermint may help with trapped wind.
- Take regular gentle exercise.

During your scan the radiographers will draw some marks on your pelvis with a pen. They will then put small permanent tattoo marks on your skin where the pen was placed. They are the size of a freckle, if not smaller. These will help the radiographers to set you up in the correct position for treatment every day.

## Appointments

Treatment is given on week days. You will be given a schedule of the days you will be having treatment.

If you have any problems with the times of your appointments, please contact: The Christie at Withington on **0161 446 3485**, The Christie at Oldham on **0161 918 7700** or for The Christie at Salford on **0161 918 7800**, The Christie at Macclesfield **0161 956 1700**. It is helpful if you can quote your hospital number – it will be on your appointment card or letter.

## Car parking

The Christie at Oldham and Salford have designated areas for free parking for radiotherapy patients while on treatment. It is accessible by code entry that is provided at your first appointment within the unit.

For parking at the main Withington site, please check the website for the latest details **[www.christie.nhs.uk](http://www.christie.nhs.uk)**.

The Christie at Macclesfield has designated free parking for radiotherapy patients while on treatment. Please register your vehicle with reception on arrival. Use satnav postcode SK11 8PZ.

### *What happens if I need 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 a variety of ambulance services depending on patients' location.

Contact The Christie you will be visiting for advice and bookings:

- The Christie main site (Withington), contact the transport liaison office directly on **0161 446 8114**
- The Christie at Salford contact **0161 918 7800**
- The Christie at Oldham contact **0161 918 7700**
- The Christie at Macclesfield contact **0161 956 1719**

## Smoking cessation

We strongly advise current smokers to stop smoking while having this treatment. If you would like help with stopping smoking, a free, confidential smoking cessation and alcohol advice service is available for patients and carers at The Christie, providing helpful advice and treatment.

Tel: **0161 956 1215** or **07392 278408**

## During treatment

### What happens during treatment?

On the day of your first treatment, you will come to the radiotherapy department. The radiographers will have the details of your treatment which the doctor has carefully planned. They will explain to you exactly what will happen.

If you have been advised you require a micro-enema for your radiotherapy treatment daily, use this no more than 2 hours before your radiotherapy treatment.

If you have been advised to use micro-enemas please refer to page 6 for further information.

Just before your treatment the radiographers will ask you to go to the toilet to empty your bladder, and anything from your bowel if it is possible to do so. The radiographers will help you on to the treatment bed and ask you to re-position or remove clothing items if required so that they can see the marks made on your skin during planning. The radiographers will then adjust the bed and your pelvis so that you are in the correct position for the treatment. They will try to make you as comfortable as possible and ask you to keep still during the treatment.



The radiographers operate the machine from outside the room, so will leave once all adjustments are made and you are in the right position.

They will be able to see and hear you if you wish to ask a question or need assistance.

Once outside the room, the radiographers take images of the area you are having treated. These images are used to check we are treating the right area; they do not tell us how the tumour is responding to the treatment.

Once these pictures are taken and the radiographers have ensured you are in the correct position, treatment will start. There is nothing to see or feel when the treatment is being delivered, however the machine does make a buzzing noise.

In total your treatment sessions may take around 15 minutes, but the actual treatment only lasts a few minutes. It's the setting up and making sure you are in the correct position that takes the longest. Once the treatment has finished the radiographers will come into the room immediately to get you off the treatment bed, and then you can go home.

The radiotherapy machines are quite large and can be intimidating for some. If you feel anxious about having radiotherapy treatment you can ask your radiographer to refer you to the managing cancer and living meaningfully (CALM) team for complementary therapy and support.

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 get you off the bed and arrange your next visit. You are then able to return home.

## Some questions about treatments

### *Will it hurt?*

No. You will feel no pain at all.

### *Will I lose my hair?*

You will not lose any hair on your head, but you may lose some pubic hair during and after treatment. 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 treat the illness while minimising the dose to the normal tissues.

### *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 pregnant women and children.

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

Not usually, but the treatment may make you feel more tired than normal. Please tell your treating team about any existing medical conditions. Ask your Christie doctor if you are worried about any other health problems.

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

The radiographers will give you an appointment time for the first treatment when you attend for your planning session. After that you can tell your treating team the time that suits you, and the team will try to accommodate this.

Please try and be as flexible as possible and give priority to your treatment sessions over other general appointments. The time you prefer may not be available at the start of your

treatment because of large number of patients on the unit. If you need a specific time with valid reasons, please give the radiographers or support workers as much notice as possible.

## Can I expect any side effects?

Side effects from radiotherapy can vary depending on what part of the body is being treated.

As part of your treatment a team of specialist radiographers/nurses or doctors will contact you to ensure you are coping with any side effects and discuss how these can be managed to make you feel more comfortable. These reviews are often by phone. Please let the radiographers on treatment know of any side effects and they can advise or pass this information on to the specialist team who can reassess these with you.

### Early side effects

Most people notice the side effects during the second half of their course of treatment. They may take 6 to 12 weeks to disappear and in some cases longer.

*"Being told about the side effects, what was happening or could happen – the tiredness, diarrhoea and constipation – meant I was prepared for them and did not worry."*

### Bladder symptoms

You may develop some symptoms during treatment including; increase in frequency to urinate, and increase in urgency to urinate, a poorer or slower stream of urine, a cystitis or stinging like pain when urinating, and on occasion blood may be visible in the urine. It is very rare, however some people may go into urinary retention. This is when the bladder does not empty at all and may result in a catheter being put in place.

## Tips for managing urine symptoms

- Reduce or stop caffeine and alcohol intake as these can act as irritants. Instead try decaffeinated tea/coffee and aim to drink clear fluids such as water or juices instead. Some people find cranberry juice can reduce irritation. If you are on blood thinning tablets such as Warfarin, do not drink cranberry juice.
- Try to stop or cut down smoking. Cigarettes can cause further irritation and it may take longer for symptoms to settle after treatment.
- Do not drink large volumes of fluids in the evening before bed.
- Plan journeys with rest stops.
- Consider using over the counter paracetamol to relieve irritation. Always check the label to ensure this is suitable for you. It does not interact with radiotherapy treatment.
- Ask your team for a 'toilet card' which can be shown when you need urgent access to a toilet, or you can order one from the Prostate Cancer UK website.
- Medicines for difficulty urinating may be considered and can be discussed with your team.

## Bowel symptoms

You may develop some symptoms during treatment including; frequent, looser bowel movements although occasionally constipation. Bowel movements can be more urgent or you

may develop a sensation you want to open your bowels but there is no motion to pass. This is called 'tenesmus' and is due to swelling in the back passage. You may notice an increase in

the amount of wind you pass, this can be 'wet wind' or with a mucous discharge.

*"If you are experiencing pain, tell the staff as they will be able to help you."*

You may develop bleeding from the back passage, this is normal and should settle. Continue to mention symptoms to your treating team or doctor.

### Tips for managing bowel symptoms

- Do not strain or force a bowel motion as this can add to irritation. Instead speak to your team who can advise/prescribe medications to ensure the stools are passed.
- Sit on the toilet to pass wind in case this is wet wind.
- Monitor the foods you eat. If you develop diarrhoea/loose stools after certain foods, it may be best to avoid these for the rest of your treatment.
- Consider reducing fibre content in your diet if you develop diarrhoea/loose stools. This involves reducing fresh fruit and vegetables that have high fibre content. Do not attempt to reduce too much before developing diarrhoea, as this can lead to constipation.
- You may be prescribed a medicine called Fybogel to regulate and firm the stool content. You can discuss this with your treating team. Please discuss any bowel medications with your team before taking anything not prescribed by your Christie team.
- Consider using haemorrhoid cream if there is irritation in the back passage. Your treating team can also give you a prescription for medicines which cannot be bought over the counter. Avoid inserting ointments into the rectum just before treatment, instead wait until after the treatment each day.

## **Skin reactions**

Developing a skin reaction during and after prostate/ prostate bed radiotherapy is uncommon (less than 10 in 100 patients). Occasionally the area can become slightly pink, red or darker pigmented depending on your skin tone. Your skin may feel tighter or itchy. You will be given advice about moisturising the area if this is recommended for your treatment.

## **Tiredness**

Tiredness is one of the most common side effects of cancer treatment. Some people describe feelings of extreme fatigue, although some continue to work and carry out busy lives as normal. This can vary between individuals. Try to maintain a normal sleeping routine and don't feel that you must do everything that you normally do.

Ask your family and friends for help. It is a good rule of thumb to listen to what your body is telling you, and if you feel tired then rest. For people in good general health, it may be beneficial to do some gentle exercise such as walking. There is a Christie booklet 'Be active, stay active' demonstrating a simple exercise programme. Please ask your nurse or radiographer for a copy.

Your tiredness should start to gradually improve a couple of weeks after completing your radiotherapy. If you feel that you would like more help and advice about coping with tiredness, please speak to a radiographer treating you.

## **Late or permanent side effects**

It is possible for some types of reaction to occur months or years after the treatment has finished, although this is less common (less than 10 in 100 patients) these days because of recent improvements in treatment. Your doctor at The Christie will discuss any possible late effects with you.



Late or permanent side effects are classed as those lasting or developing longer than 12 to 18 weeks. The majority of these symptoms are mild.

### **Expected (1 in 2 or more)**

- Infertility. Radiotherapy will affect your fertility. Please let us know about your plans for having children and we can advise accordingly.

### **Common (up to 1 in 2)**

#### **Long-term urinary symptoms**

- Daytime/night-time frequency.
- Passing urine more often than normal.
- Urgency: sudden urge to pass urine.

#### **Long-term bowel symptoms**

- Looser stools compared to your usual.
- Urgency: a sudden urge to poo.
- Passing more mucous or wind compared to what is normal for you.

#### **Changes in sexual experience**

- Changes in ejaculate such as reduced amount, dry, altered consistency or blood in ejaculate (semen).
- Loss of orgasm.
- Change to penile length/appearance.
- Inability to achieve an erection (please note: ability may also be reduced with age, other health conditions or hormone medication you may be on as part of your treatment).

## **Less common (less than 1 in 10)**

### **Long-term urinary symptoms**

- Cystitis/pain when you urinate due to bladder inflammation.
- Incomplete emptying of your bladder or reduced bladder capacity.
- Urinary stricture: a narrowing in your water pipe which may require surgery.

### **Long-term bowel symptoms**

- Frequency: opening your bowels more often than normal.
- Inflammation of the rectum which may cause pain when opening your bowels. This may also affect your sex life if you receive anal sex.
- Intermittent abdominal discomfort similar to symptoms from irritable bowel syndrome (IBS), such as intermittent tummy discomfort, altered bowel habit, passing more wind or mucus.
- Bleeding from your bladder or bowel which is usually mild and resolves. If not, please do seek further management.

## **Rare (less than 1 in 100)**

- Urinary incontinence including urine leaking (1 in 100).
- Pelvis/hip bone thinning and/or fractures.
- Bowel/bladder damage which may require surgery.
- An increased risk of a different cancer in the treatment area which may occur many years after treatment.

Some patients may have their pelvic lymph nodes treated as well, which have some rare (less than 1 in 100) long term side effects also. These are listed below:

- lymphoedema: fluid build up in your legs and potentially scrotum
- malabsorption: problems with nutrient absorption which may require medical management
- neuropathy: damage to nerves which could lead to issues with pain, numbness, weakness in your legs

You can get further information on late effects from the Macmillan booklet 'Understanding pelvic radiotherapy' available from the cancer information centre.

## What you can do to help

### Skin care

Some radiotherapy treatments to the pelvis may cause sore skin, **although this is uncommon when patients are having radiotherapy to the prostate area**. We will advise you at the start of treatment if this is likely, and what you can do to help yourself. For further information on skincare advice during treatment please refer to the 'Skin care during and after your radiotherapy treatment' leaflet which can be given to you by a member of your clinical team or is available on the patient information section of The Christie website. Some patients find that their pubic hair falls out during or shortly after treatment. This usually grows back but it may be thinner.

*"Reception staff and therapy staff were superb in every way, reassuring, caring and always on hand."*

## Your diet

Follow advice given on page 7 before and during treatment.

### **Further dietary restrictions are only advised if you develop diarrhoea during your course of treatment.**

Further dietary restrictions may include following a low fibre diet.

Fibre is the part of grains (flours and cereals), pulses, vegetables and fruit which is not digested and passes down the gut. Please do not cut out all dietary fibre initially as you could become constipated.

Follow the lower fibre diet for as long as your side effects last, then gradually resume your normal diet by adding one new food each day that contains fibre, then if the diarrhoea returns you should be able to work out which food has caused it and eliminate this from the diet for a further few weeks.

If you have diarrhoea you must drink enough to replace the fluid that is being lost. Aim for a minimum of 10 to 12 glasses of water a day.

If you are following a low fibre diet for several weeks, you could consider taking a complete multivitamin and mineral supplement such as Centrum, Boots A-Z, Sanatogen A-Z Complete, and Nature's Best A-Z multi. You can purchase these over the counter.

If you have followed a lower fibre diet and are still having problems with diarrhoea, we can prescribe Fybogel (alternatives are Senokot High Fibre or Normacol). This acts by absorbing fluid and helps to form more solid, less frequent motions.

Fybogel is a powder which needs to be mixed with water and then drunk immediately. If your bowel problems persist, then you may need additional medication such as loperamide (Imodium®) which can be prescribed for you.

The bowel symptoms vary greatly between patients. Most people start to see some improvement 2 to 3 weeks after treatment has finished. Some patients are virtually back to normal within 6 weeks, for others they remain unsettled for several months and for some they never return to what was normal for them.

## Diet and the prostate

Although studies are continuing about the effect of diet and the development and control of prostate cancer, there is no conclusive evidence. What we would suggest is that once the side effects have settled following treatment you have a healthy diet including a variety of sources of protein, carbohydrate and 5 portions of fruit and vegetables a day.

## 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 additional information resources on radiotherapy that can be found on The Christie website. Please ask your doctor radiographer or nurse.

## Aftercare

After your treatment has ended you should continue to follow any advice/medications previously given to you until you feel your side effects from radiotherapy have settled. This is usually 6 to 12 weeks after your treatment has finished.

### *Who should I contact if I have any questions/symptoms?*

If you have any problems before you are due for your follow-up appointment you can contact the specialist nursing team/radiographers at The Christie (contact details at the back of this booklet), your GP, or your keyworker nurse who may be at your local hospital.

### *How will I know that the cancer is gone?*

The PSA (prostate specific antigen) measured from a blood test is used as the most accurate way of showing that the cancer cells have been treated effectively. You will not need further scans or biopsies.

The rate at which the PSA falls is variable, but commonly it will take 12 to 18 months after completing radiotherapy for it to reach its lowest point. This means that we do not need to take a blood test from you in the first few weeks after your radiotherapy has finished.

The oncologist will then ask to see you in the outpatient clinic on a 6 monthly to yearly basis. As part of your follow up you will have regular PSA tests. A rise in the PSA rate in the future could be an early warning sign that the cancer may have returned.

## Appointments and follow up after treatment

After your treatment has finished, you will be followed up regularly by the appropriate consultants team.

Your Christie team will arrange a follow up appointment 6 months after completion of your radiotherapy. You will receive a letter with the date and time of this appointment. At this appointment an overall health check will be made and a blood sample taken for a PSA test if not obtained prior to the visit.

You will have these appointments every 6 months for 2 years and then yearly for another 3 years. These can either be in person or you can ask to be put on the PEASS (prostate easy access support service) program for telephone/virtual follow ups instead.

Your urologist will also arrange to see you at varying time points.

If you are in a clinical trial your follow up may be more frequent and your research nurse will discuss this with you.

Continued follow up appointments between both teams is arranged for several years until we can safely discharge you back to your GP.

## Prescriptions

NHS patients treated for cancer are entitled to free prescriptions. You will need an exemption certificate available from any community pharmacy. Prescriptions from The Christie Pharmacy are free for NHS patients.

## Benefits and financial information

You may have had to stop work and had a reduction in your income. To find out more about benefits you may be able to claim, contact The Christie cancer information centres, Maggie's Centres or Citizens Advice.

## Further information

### Christie cancer information centres

The cancer information centres provide information and support on all aspects of cancer via a drop-in service face-to-face, over the telephone or via email. We can also signpost to other services or refer on to other professionals or voluntary organisations. We provide emotional support, a listening ear and practical information to anyone affected by cancer, including relatives, carers and friends, in a relaxed and confidential environment. We also provide a hair loss support service as well as access to the wig service.

Opening hours vary depending on location so please check with the centres in advance if you are making a special journey to see us:

The Christie main site (Withington)	<b>0161 446 8439</b>
The Christie at Oldham	<b>0161 918 7745</b>
The Christie at Salford	<b>0161 918 7804</b>
The Christie at Macclesfield	<b>0161 956 1704</b>

### 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** (7 days a week, 8am to 8pm). If you are hard of hearing, use the textphone **0808 808 0121**. If you are a non-English speaker, interpreters are available.



Calls are answered by specially trained nurses who 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. The information is on their website: **[www.macmillan.org.uk](http://www.macmillan.org.uk)**

Information is available on cancer treatments – such as ‘Understanding radiotherapy’ and ‘Understanding chemotherapy’. There are also a range of booklets on living with cancer.

### **Prostate Cancer UK**

Helpline **0800 074 8383**  
**[www.prostatecanceruk.org](http://www.prostatecanceruk.org)**

### **Maggie's centre**

The centre provides a full programme of practical and emotional support, including psychological support, benefits advice, nutrition and head care workshops, relaxation and stress management. Contact Maggie's on **0161 641 4848** or email **[manchester@maggies.org](mailto:manchester@maggies.org)**

### **Student training**

The Christie is a training hospital for postgraduate and undergraduate trainees so you may meet students in all areas of the hospital. 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 advise your treating team. 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.

## Contacts

### Your consultant's secretary:

Dr Wylie/Dr Tran	0161 446 3341
Dr Serra/Dr Hudson	0161 918 2562
Professor Choudhury	0161 918 7939
Dr Conroy/Dr Song	0161 446 8574
Dr Hanafi	0161 446 8513
Research secretary	0161 446 8431
Macmillan nurses	0161 446 8238

### Radiographer specialists:

For queries after brachytherapy	0161 446 3048
Radiotherapy	0161 918 2096

### For queries about appointments:

The Christie at Withington radiotherapy department	0161 446 3485
The Christie at Salford Royal	0161 918 7800
The Christie at Oldham	0161 918 7700
The Christie at Macclesfield	0161 956 1700

### For queries out of hours:

If you have an urgent problem related to your treatment please contact 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](mailto:the-christie.patient.information@nhs.net)**

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 8439**

The Christie at Oldham **0161 918 7745**

The Christie at Salford **0161 918 7804**

The Christie at Macclesfield **0161 956 1704**

Open Monday to Friday, 9am – 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](http://www.christie.nhs.uk)**



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