

Radiotherapy department

# Radiation therapy for early Dupuytren's disease

## Introduction

This information sheet is to tell you about radiotherapy for early Dupuytren's disease. It describes the most common treatments, and some may not apply to you. The clinical team will discuss your treatment with you and explain anything you do not understand.

Please share this information with your family and friends. They can have a role in helping you. It's important that they feel well-informed and understand what is happening. If you would like more detailed information about your own treatment, please ask the staff.

The Christie delivers this type of radiotherapy treatment only at our main Withington site. You may have heard about radiotherapy from people you know or from the patients at The Christie. Remember that their information may not apply to you.

## Dupuytren's disease

In Dupuytren's disease, connective tissue in the palm of the hands thickens. This causes nodules (small, hard lumps) to form under the skin of the palm. Over time, the nodules can form cords of tissue. These cords can shorten and permanently bend the fingers towards the palm, reducing hand mobility and causing pain. Often, Dupuytren's disease is mild and doesn't need treatment. But treatment may help if the condition stops the hand working normally. It includes injections with a medication called collagenase, a needle to cut the contracted cords of tissue (needle fasciotomy) or, in severe cases, surgery. Radiotherapy can be an alternative option, but it is used earlier than other options to try and stop the disease worsening.

## Radiotherapy

Radiotherapy for early Dupuytren's disease involves directing low energy electron radiation at the affected tissue. The aim is to stop the disease getting worse. Usually, 10 doses of radiation are given in 2 phases, with the second phase given after a 6-week gap.

## Benefits and risks

National Institute for Health and Care Excellence (NICE) decided there was not enough evidence about how well radiotherapy works for early Dupuytren's disease, particularly because it was difficult to tell who would improve anyway without any treatment. The 7 studies that NICE looked at involved a total of 925 patients.

Generally, they showed the following benefits:

- Symptoms improved in about 50% of people and did not get worse in about 35% of people, up to around 40 months after treatment.



- Disease improved in 10% of treated hands, was stable in 59% of hands and was worse in 31% of hands, with 20% of hands needing surgery, up to around 3 years after treatment.
- a high degree of patient satisfaction up to around 40 months after treatment.

The studies showed that the risks of radiation therapy included:

- Tender, red, dry or peeling skin, or mild pain in up to 50% of people, and pronounced swelling in 2% of people, 4 weeks after treatment.
- Mild skin tightness, dryness, peeling, skin thickening or thinning, mild swelling and altered sensation in up to 30% of people several years after treatment.
- No palm sweating in 4% of people at 40 months.
- Self-reported hand weakness, reduced nail health and skin darkening, each in 3% of people, at 31 months.
- Theoretically by giving radiotherapy there is a small risk of this treatment inducing a lethal cancer in the treated hand many years later. Although rare the mathematically calculated excess life time risk of developing a lethal cancer is approximately 0.02-0.2% in an adult patient aged about 45 years. The risk would be slightly higher in a younger patient or in a patient having more than one site treated.

## Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

## Reference

[www.nice.org.uk](http://www.nice.org.uk)

Radiation therapy for early Dupuytren's disease – Interventional procedures guidance (IPG573)

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For information and advice visit the cancer information centres at Withington, Oldham or Salford. 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**  
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