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Getting External Beam Radiation Therapy

External radiation (or external beam radiation) is the most common type of radiation therapy used for cancer treatment. A machine is used to aim high-energy rays (or beams) from outside the body into the tumor.

Radiation technology allows the very careful delivery of external beam radiation therapy. These machines focus the radiation on the exact location where it needs to be, so that normal tissues are affected as little as possible.

External radiation is usually done during outpatient visits to a hospital or treatment center. Most people get external radiation therapy over many weeks. Usually, they visit the treatment center every weekday (Monday through Friday) for a certain number of weeks. But some people may need to go to the treatment center twice a day for a fewer number of weeks. Your cancer care team will help decide how much radiation is needed to treat your cancer and how often you need to get it.

Types of external radiation therapy

Three-dimensional conformal radiation therapy (3D-CRT) delivers radiation beams from different directions designed to match the shape of the tumor. This helps to reduce radiation damage to normal tissues and better kill the cancer by focusing the radiation dose on the tumor's exact shape and size.

Image guided radiation therapy (IGRT) is a form of 3D-CRT where imaging scans (like a CT scan) are done before each treatment. This allows the radiation oncologist to adjust the position of the patient or re-focus the radiation as needed to be sure that the radiation beams are focused on the tumor exactly and that exposure to normal tissues is limited.

Intensity modulated radiation therapy (IMRT) is like 3D-CRT, but it also changes the strength of some of the beams in certain areas. This allows stronger doses to get to certain parts of the tumor and helps lessen damage to nearby normal body tissues.

Helical-tomotherapy a form of IMRT that delivers radiation in a special way. For this treatment, the radiation machine delivers many small beams of radiation at the tumor from different angles around the body. This may allow for radiation to be even more precisely focused .

Photon beam radiation therapy is another name for what is usually known as *external beam radiation therapy*. It uses photon beams to get to the tumor but also can damage healthy tissue around the tumor. Photons are used in treatments that are given by a machine called a *linear accelerator*. The photon beams are invisible and cannot be felt when they are passing through the skin to the cancer.

Proton beam radiation therapy uses proton beams instead of photons or electrons. Protons are parts of atoms that cause little damage to tissues they pass through but are very good at killing cells at the end of their path. This means that proton beam radiation may be able to deliver more radiation to the tumor while reducing side effects on normal tissues. Protons can only be put out by a special machine called a *cyclotron* or *synchrotron*. The proton beams are invisible and cannot be felt when they are passing through the skin to the cancer.

Stereotactic radiosurgery isn't really surgery, but a type of radiation treatment that gives a large dose of radiation to a small tumor area, usually in one session. It's used for brain tumors and other tumors inside the head. Once the exact location of the tumor is known from brain scans, radiation is sent to the area from many different angles. The radiation is very precisely aimed to affect nearby tissues as little as possible. It's called "radiosurgery" because it is so exact in where it delivers the radiation beams, almost like how exact surgery can be. But there is no cutting or incision involved at all.

Treatment outside the brain is called **stereotactic body radiation therapy (SBRT)**. SBRT may be used for certain lung, spine, and liver tumors.

In many radiation therapy clinics this technology is called by the name of the company that makes the machine. You might hear these names being used at the treatment center or when talking to your cancer care team or other patients.

- X-Knife, CyberKnife, and Clinac: These machine moves around to target the tumor from many different angles. Other brands of this type include Syngery-S, Edge, Novalis, and TrueBeam.
- Gamma Knife uses about 200 small beams of radiation at one time, creating a very

large dose. It's usually given in one treatment session. It's important to remember it doesn't use a knife and there's no cutting.

- Another type of machine aims particle beams (like proton or helium ion beams) at the tumor from different angles. These particles release most of the radiation's energy at the end of their paths, at more exact locations. This limits damage to nearby healthy tissues or organs.

Although most patients will be given the full radiation dose in one session with stereotactic radiosurgery, it may be repeated if needed. Sometimes doctors give the radiation in several smaller treatments to deliver the same or slightly higher dose. This may be called **fractionated radiosurgery** or **fractionated stereotactic radiotherapy**.

Intraoperative radiation therapy (IORT) is external radiation given directly to the tumor or tumors during surgery. It may be used if the tumors can't be removed completely or if there's a high risk the cancer will come back in the same area. While you are asleep (under anesthesia), the surgeon moves normal tissues away from the tumor and protects them with special shields. This lets the doctor give one large dose of radiation to the cancer and limit the effects on nearby tissues. IORT is given in a special operating room.

How does your doctor plan your radiation treatment?

Radiation is planned and given by a team of trained health care providers. The **radiation oncologist** is a doctor who treats cancer with radiation and oversees the care of each patient getting radiation. Working closely with the radiation oncologist, the **radiation therapist** gives the daily radiation treatment and positions patients for each treatment. Other professionals include the medical physicist and dosimetrist who plan and calculate the doses of radiation.

Before starting radiation therapy, your radiation oncologist will examine you, review your medical history and test results, and pinpoint the exact area to be treated. This planning session is called *simulation*. You might hear this referred to as the *sim*. You'll be asked to lie still on a table while the radiation therapist uses imaging scans (like a CT scan or MRI) to define your treatment field (also called the *treatment port*). These are the exact places on your body where the radiation beams will be aimed.

The simulation is very important and may take some time. It's used to plan exactly where the treatment will be on or in your body. The radiation can then be delivered as directly as possible to the tumor while affecting normal, healthy tissues as little as possible.

Radiation beams are aimed very precisely. A special mold, mask, or cast of a body part might be made to make sure you are in the same position for each treatment and to help you stay still during treatment. The radiation therapist might mark the treatment field with freckle-sized dots of semi-permanent ink. The marks will likely fade away over time, but they're needed until your treatment is finished. Don't use soap on or scrub these marks. Sometimes the area may be marked with permanent dots like a tattoo. (These can later be removed with a laser.)

How much radiation is given?

Based on the simulation, other tests, and your cancer type, the radiation oncologist will work with the other members of his team to decide how much radiation is needed, how it will be given, and how many treatments you should have. They figure this out based on research that has shown what the minimum and maximum dose of radiation should be for the type of cancer and area of the body being treated.

If the cancer has not completely gone away or if it comes back, more treatment might be needed. In these cases, the radiation team will help decide whether or not radiation therapy is the best option. This decision depends on the type of cancer, where the tumor is, and how much radiation was given to the area before. If the maximum dose has already been reached, radiation might not be the best option and other treatment may be offered. Getting radiation again to the same area is called *re-irradiation*.

How long does external radiation treatment take?

In most cases the total dose of radiation needed to kill a tumor can't be given all at once. This is because a large dose given one time can cause more damage to nearby normal tissues. This can cause more side effects than giving the same dose over spread out over days or weeks into many treatments.

The total dose of external radiation therapy is usually divided into smaller doses called fractions. Most patients get radiation treatments daily, 5 days a week (Monday through Friday) for 5 to 8 weeks. Weekend rest breaks allow time for normal cells to recover. The total dose of radiation and the number of treatments is based on:

- The size and location of the cancer
- The type of cancer
- The reason for the treatment
- Your general health
- Any other treatments you're getting

Other radiation schedules might be used in certain cases. For instance, radiation therapy might last only a few weeks (or less) when it's used to relieve symptoms, because the overall dose of radiation needed is lower. In some cases, radiation might be given as 2 or more treatments each day. Or you might have several weeks off in the middle of treatments so your body can recover while the cancer shrinks. Your doctor will talk to you about the best plan in your case.

What happens during each treatment visit?

External radiation is a lot like getting a regular x-ray. The treatment itself is painless and takes only a few minutes. But each session can last 15 to 30 minutes because of the time it takes to set up the equipment and put you in the right position.

External radiation therapy is usually given with a machine called a linear accelerator which delivers a beam (or multiple beams) of radiation. The machine has a wide arm that extends over the treatment table. The radiation comes out of this arm. The machine can move around the table to change the angle of the radiation, if needed, but it won't touch you. The radiation beams are invisible and you will not feel anything, but the machine will make noise.

Depending on the area being treated, you might need to undress, so wear clothes that are easy to take off and put on. You'll be asked to lie on the treatment table next to the radiation machine.

The radiation therapist might put special heavy shields between the machine and parts of your body that aren't being treated to help protect normal tissues and organs.

Once you're in the right position, the radiation therapist will go into a nearby room to operate the machine and watch you on a TV screen. The room is shielded, or protected from the radiation so that the therapist isn't exposed to it. You can talk with the therapist over an intercom. You'll be asked to lie still during the treatment, but you won't have to hold your breath.

The machine will make clicking and whirring noises and might sometimes sound like a vacuum cleaner as it moves to aim the radiation beam from different angles. The radiation therapist controls the movement and checks to be sure it's working properly. If you're concerned about anything that happens in the treatment room, ask the therapist to explain. If you feel ill or uncomfortable during the treatment, tell the therapist right away. The machine can be stopped at any time.

Will I be radioactive during or after external radiation treatment?

External radiation therapy affects cells in your body only for a moment. Because there's no radiation source in your body, you are not radioactive at any time during or after treatment. Talk to your cancer care team if you have questions about special precautions.

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