PALLIATIVE CARE TIPS

Issue # 26 (Vol 1) Radiotherapy in Palliative Care: Bone Metastasis & the Palliative Radiation Oncology (PRO) Clinic

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Intro to Bone Metastases

- Painful bone metastases are the most common indication for palliative radiation therapy (RT)
- Breast, prostate, and lung cancers account for >80% of bone metastases
- Complications of bone metastases: bone pain (may not be adequately controlled by analgesics), spinal cord compression or cauda equina compression, pathologic fracture

Intro to Radiation Therapy

Goals: To decrease pain, decrease analgesic requirements, increase function, and improve quality of life

- Each radiation treatment = one fraction
- RT cannot be seen or felt; it is like having an x-ray every day
- After consultation with the Radiation Oncologist, the patient will undergo a CT simulation scan (a CT scan of the area of interest to plan the treatment)
- RT may be delivered in a single fraction in many cases, but is sometimes delivered in 5 or even 10 fractions. Regardless of the number of treatments, the overall response to RT is about 60-70%, with approximately 30% of patients having complete resolution of the pain in the treated site at 4 weeks post-RT.
- The median duration of response is 12-24 weeks

Side Effects

- Side effects are generally mild and self-limited and depend on the area treated (fatigue, skin redness/dryness/itching)
- 30% of patients experience a temporary “flare” in bone pain, which can be treated symptomatically with analgesics or steroids

****EMERGENCY****

A patient with known bone metastases who has back pain, and new onset of leg weakness should be considered to have a spinal cord compression until proven otherwise by MRI (entire spine),

What are the Contraindications?

- There are few contraindications to palliative RT, and fewer still are absolute
  - Example: Very poor functional status or inability to lie still would be problematic

I’ve Heard…Is it True?

1. Once a patient is treated with RT, they can never be re-treated to the same place.
   Sometimes: This depends on previous treatment specifics. Someone previously treated with palliative intent may be able to be re-treated with palliative intent.

2. A patient must have severe symptoms before RT will be considered.
   False: If patients are being bothered by a symptom, RT can be discussed.

3. Patients are radioactive after treatment.
   False: Patients are not dangerous to those around them after external beam RT

Referral Information

- The **Palliative Radiation Oncology (PRO)** Clinic offers palliative radiation for treatment of patients with bone or brain metastasis, and a biopsy-proven primary cancer.
- Patients who are candidates for radiation will be seen in a comprehensive, multidisciplinary clinic with the intent of assessment and treatment on the same day.
- Multidisciplinary clinics are held weekly on Tuesday, Wednesday and Thursday.

To refer, email referral to **acb.PROclinic.albertahealthservices.ca,** or call 780-432-8771 and ask to speak with "PRO Triage", for palliative RT. Referrals should include cancer histology, reason for referral, current imaging/staging workup.
PRO members are also available for CME events such as presentations.