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CANCER SUPPORT

Pelvic Radiotherapy Late Effects Service

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Aims

- Background
- What is Pelvic Radiation Disease? (PRD)
- Why late effects happen?
- Why the need for a late effects clinic?
- Our clinic process at the BWoSCC
- Summary

Background

- ⦿ Deliver as high a dose as possible to the tumour but beware of surrounding tissues, structures and OAR's.
- ⦿ Bladder and Bowel toxicity is our main concern when delivering radiotherapy to the Pelvis.
- ⦿ This can lead to radiation cystitis, fistulae, strictures and second malignancy.

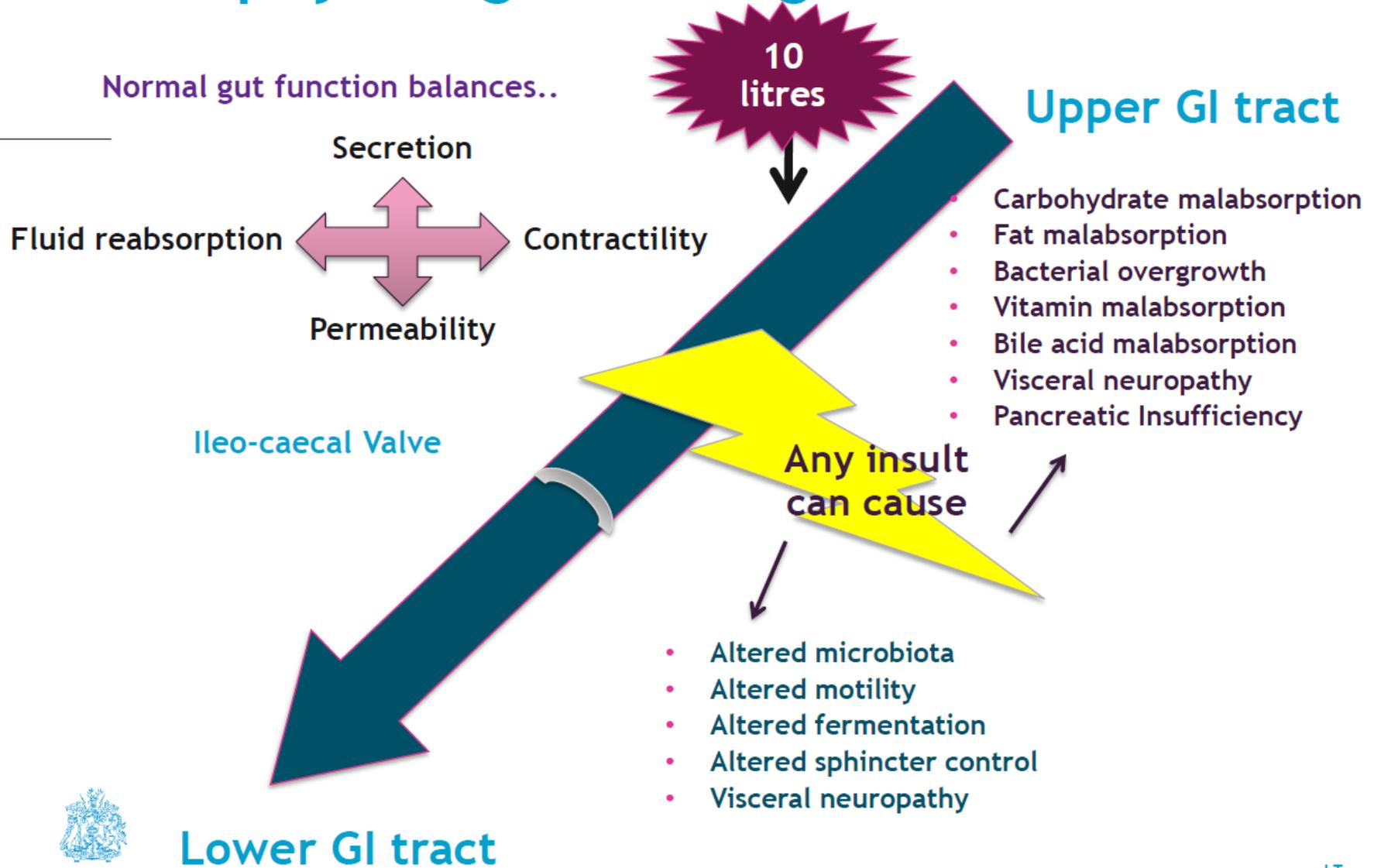
What is Pelvic Radiation Disease?

- ◎ PRD is a term used to describe a collection of unpleasant symptoms that can arise after radiotherapy treatment to the pelvis for cancers such as cervical, prostate, bladder and bowel.
- ◎ Can affect bowel, bladder and reproductive organs

Why do late effects happen?

- ⦿ Vascular and connective tissues have a slow turnover rate, so even though they sustain radiation damage at the time of treatment, the effects are not expressed until repeated cell division is attempted.
- ⦿ Can take several months to many years to develop and is largely a function of the total radiation dose and fraction size.

What physiological changes?



Why a late effects clinic?

- ◎ More survivors – population growing
- ◎ More people treated with XRT
- ◎ 50% GI late effects of treatment

Why a late effects clinic?



Challenges

- ⦿ Time in secondary care
- ⦿ Lack of knowledge of how to manage these patients in primary care

Different terms:

- ⦿ PRD
- ⦿ Radiation enteritis
- ⦿ Radiation proctitis

Late effects clinic BWoSCC

- ◎ Who –
 - > Why a therapeutic radiographer?
- ◎ What
- ◎ Why
- ◎ When

GI Side effects

◎ 17 symptoms

- ◎ Faecal Incontinence
- ◎ Faecal urgency
- ◎ Bleeding from bowel
- ◎ Steatorrhea
- ◎ Abdo pain
- ◎ Rectal pain
- ◎ Fatigue
- ◎ Nausea or vomiting
- ◎ Pelvic Insufficiency fractures
- ◎ Abdo bloating
- ◎ Belching/burping
- ◎ Borborygmi
- ◎ Excessive wind
- ◎ Heartburn
- ◎ Incomplete emptying
- ◎ Bladder issues
- ◎ Sexual concerns

What are we diagnosing?

Small Intestinal Bacterial Overgrowth (SIBO)

- ⦿ Diagnosed using GHMBT
- ⦿ Treatment - 7 days antibiotics of Rifaximin

Bile Acid Malabsorption (BAM)

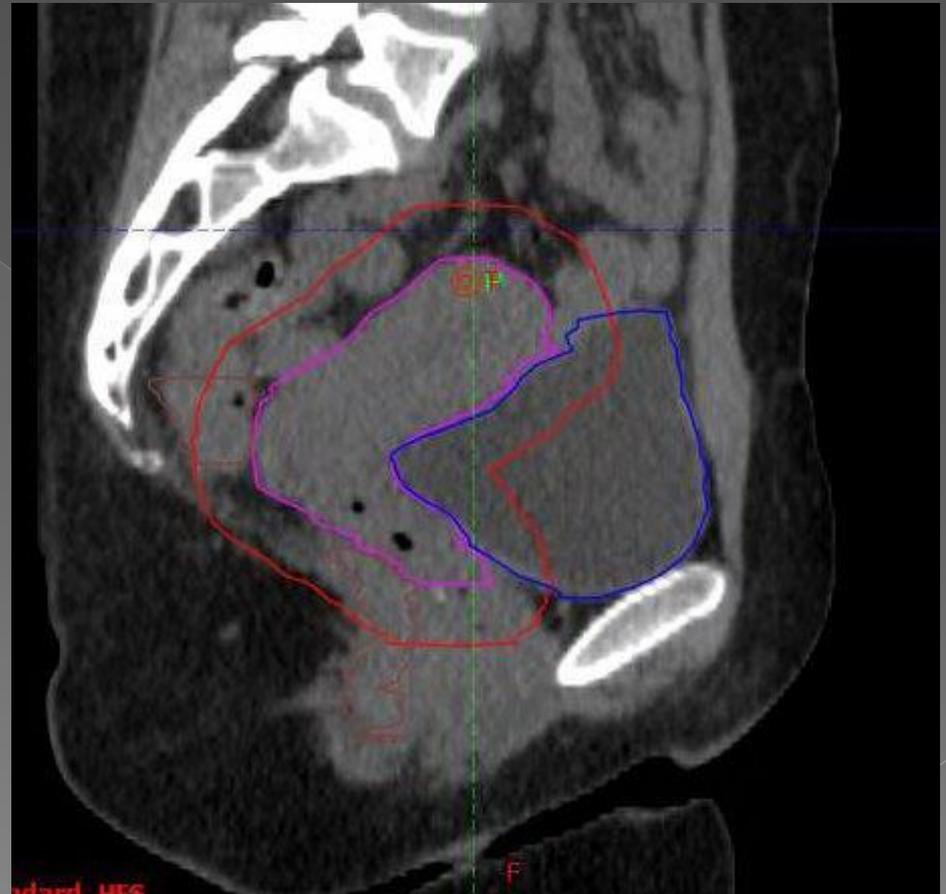
- ⦿ Diagnosed with SeHCAT scan (NM)
- ⦿ Treatment- bile acid sequestrant + low fat diet
- ⦿ Dietician referral

Exocrine Pancreatic Insufficiency (EPI)

- ⦿ Diagnosed with a stool sample
- ⦿ Treated with Creon
- ⦿ Dietician referral

PRD Education

- Why late effects happen
- Show treatment plan



What tests do we do?

- ⦿ Extensive blood tests
(Stool sample, Vitamins, Oestradiol)
- ⦿ HNA
- ⦿ Examination- Abdo/Pelvic
- ⦿ Medication review

Interventions

- ⦿ Diet manipulation
- ⦿ Toileting techniques exercises
- ⦿ Reduce caffeine intake
- ⦿ Correct use of anti-diarrhoeals, Laxatives
- ⦿ Good skin hygiene

Referrals

- Psychology
- Psychosexual counselling
- Dietetics
- Menopause clinic
- Macmillan/BCC
- Advice- financial, insurance

Summary

- ◎ PRD is a recognisable condition
- ◎ Education and awareness of disease
- ◎ Our main aim is symptom management and improving QoL

Any Questions???????

