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# Stereotactic ablative radiotherapy (SABR) to the chest

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Radiotherapy

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This information is for patients who are going to receive Stereotactic Ablative Radiotherapy (SABR) to their chest.

Stereotactic Ablative Radiotherapy is an effective way of giving radiotherapy, over fewer treatment sessions, which increases the chances of controlling the tumour more than standard radiotherapy, in some selected patients.

**This leaflet will explain:**

- General information about side effects of this treatment
- Any side effects that may affect your lifestyle and ways in which you can reduce or even overcome them
- Who to contact when you need advice

You might find it helpful to read The Clatterbridge Cancer Centre booklet 'Radiotherapy', which explains how radiotherapy works.

## Side effects during and after your treatment

### Early reactions

(During or up to 12 weeks after your treatment)

#### Your lungs

- **Chest pain**

If your lung tumour is close to the chest wall, you can experience some pain after your radiotherapy treatment. This is usually mild and relieved with simple painkillers, such as paracetamol. If the pain is more severe, please contact your clinical oncologist, radiographers or lung cancer nurse specialist during work hours or The Clatterbridge Cancer Centre Hotline service on **0800 169 5555**.

- **Shortness of breath and/or raised temperature**

Occasionally, radiotherapy to the lung can produce inflammation in the lung tissue. This inflammation or 'pneumonitis' can cause symptoms of increased shortness of breath, wheezing, fever or cough, usually 6-12 weeks after the treatment has finished. It can often be mistaken for a chest infection, but it is not helped by antibiotics. Pneumonitis is rare and is less common in lung SABR, compared to normal radiotherapy. However, if you get these symptoms, please contact your clinical oncologist, radiographers or lung cancer nurse specialist, as we would wish to see you in clinic as soon as possible. If pneumonitis is suspected, your clinical oncologist will start you on oral steroid tablets to help your symptoms and reduce the inflammation.



## Swallowing

You may have some discomfort when you swallow. Some patients say that it feels like heartburn. This is because the radiotherapy has caused your gullet to become sore. You can help yourself by:

- Eating soft foods that are easy to swallow. Adding extra moisture such as gravy can help
- Drinking lots of fluids – at least 10 cups a day, especially if you are not eating well

Your doctor can prescribe soothing medicines to take just before meals, if necessary.

## Your skin

Your skin may become slightly red, dry and itchy, not unlike sunburn. If your skin becomes uncomfortable, ask the radiographers for advice. You can help yourself by:

- Wearing loose fitting clothes made from natural fibres, such as cotton, to allow the air to circulate around the treatment area
- Washing the area very gently in lukewarm water with a mild, unperfumed soap, e.g. baby soap, twice a day. A shower is ideal, patting the area dry with a soft towel. Do not rub
- Only applying creams recommended by your radiographer, doctor or nurse

## Tiredness (fatigue)

It is quite common to feel more tired than usual for several weeks after your treatment has finished. It is important to rest when you feel the need to do so and ask your family and friends to help when they can. Gradually, you will get back to normal activities.

## Later reactions

(After three months)

### Your lungs

- **Lung scarring/collapse**

A common effect of this treatment in previous studies was scarring/eventual collapse of a portion of the treated lung. This collapse generally affects a small portion of the lung, but this appears to be permanent. Every effort will be made to reduce this risk and limit its effect. If a collapse of a portion of the lung occurs, you may have shortness of breath at rest or during exercise and may need to receive oxygen. A few patients may need oxygen therapy permanently as a result of SABR, though the chance of this is very small.

A collapse of a larger portion of the lung may, very rarely, be life threatening. It is expected that the area of lung affected by SABR would be smaller than the area of lung damaged by usual radiation treatment; thus, the risk of breathing problems after SABR is likely to be smaller than the risk after usual radiation treatment.

- **Chest wall pain/rib fractures**

For tumours close to the ribs, there is a chance that the radiotherapy may weaken the ribs and cause pain and a rib fracture. For most patients, this does not cause any symptoms and is discovered when you have a scan after the treatment.



A small number of patients, who have a rib fracture as a result of the lung SABR, can have pain that requires pain killers, sometimes for a long period of time.

- **Brachial plexopathy**

For tumours close to the top of the lungs, there is a small risk of permanent damage to the nerve bundles going to the arm (Brachial plexopathy). This would mean that part of the arm may be numb or weak. The chances of this happening are less than 5%, as strict attention is paid to this area.

**Your cancer specialist will see you regularly when your treatment has finished. If you have any problems or questions, please contact your GP, the radiographers on your treatment machine or cancer specialist.**

## Contact details

### **SABR Treatment Radiographer and Co-ordinator**

0151 556 5583 or 0151 556 5332

### **Macmillan Cancer Support**

0808 808 0000 or [www.macmillan.org.uk](http://www.macmillan.org.uk)

### **Macmillan Cancer Information and Support at**

**Clatterbridge Cancer Centre - Wirral** 0151 556 5570

**Clatterbridge Cancer Centre - Aintree** 0151 556 5959

## How we produce our information

All of our leaflets are produced by staff at The Clatterbridge Cancer Centre and this information is not sponsored or influenced in any way. Every effort is made to ensure that the information included in this leaflet is accurate and complete and we hope that it will add to any professional advice you have had. All our leaflets are evidence based where appropriate and they are regularly reviewed and updated. If you are concerned about your health in any way, you should consult your healthcare team.

We rely on a number of sources to gather evidence for our information. All of our information is in line with accepted national or international guidelines where possible. Where no guidelines exist, we rely on other reliable sources such as systematic reviews, published clinical trials data or a consensus review of experts. We also use medical textbooks, journals and government publications.

References for this leaflet can be obtained by telephoning 0151 556 5570.

If you need this leaflet in large print, Braille, audio or different language, please call 0151 556 5570.

**If you have a comment, concern, compliment or complaint, please call 0151 556 5203.**

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