

Palliative Radiation Therapy

Consideration for Palliative Radiation Therapy should be given to those with:

- Pain related to bone metastases
- Headache and neurological symptoms related to brain metastases
- Dyspnea related to tumour obstruction of bronchus
- Bleeding related to tumours in lung, skin, bladder, or stomach
- Obstruction of esophagus
- Oncological emergencies: spinal cord compress and superior vena cava syndrome

Palliative Radiation Therapy is one of the most effective treatments for malignant bone pain and for masses causing neuropathic pain (e.g. brachial plexus masses).

Circumstances in which Palliative Radiation Therapy may not be Indicated

- Death is imminent
- Multiple progressive symptoms
- Inability to provide informed consent
- Transportation is impossible
- Potential side effect risks outweigh potential benefit
- Retreatment exceeds normal tissue tolerance
- Required course would be too lengthy ⁽¹⁾

To **improve quality of life**, individuals suffering from these symptoms should **be assessed by a radiation oncologist** who will decide if radiation treatment will be of benefit. It may take only a single radiation treatment to make a difference.

Palliative Radiation Therapy may mean **fewer opioids** <u>are</u> required for pain management. It may mean **improved function** with less pain, less dyspnea, or reduced bleeding. Pain relief can start in 5 to 10 days but may take up to four weeks to be fully manifested, and it may last for months.

The **illness trajectory** and **goals of care** need to be kept in mind when considering Palliative Radiation Therapy, as the full effect may not be possible for someone nearing end of life.

Sources:

- Pereira JL, Associates. The Pallium Palliative Pocketbook: a peer-reviewed, referenced resource. 1st Cdn ed. Edmonton, Canada: Pallium Canada; 2008. 3rd Printing 2013.
- Palliative Care Formulary, Canadian Edition, 2010.
- 1 Jones et al.(2014). Palliative Radiotherapy at the End of Life: A Critical Review.