

INTERPRETING FOR RADIATION ONCOLOGY ENCOUNTERS



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WHAT IS RADIATION ONCOLOGY

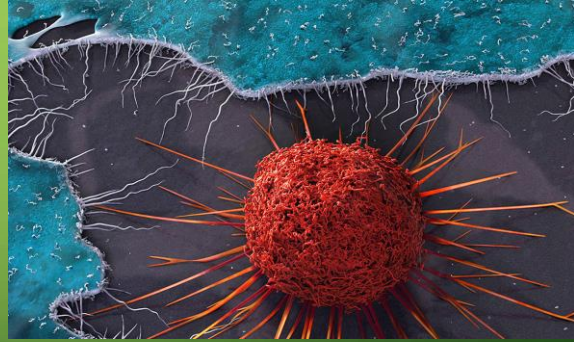
- The clinical and scientific discipline that uses ionizing radiation to treat patients with cancer and other diseases.
- The aim of Radiation therapy is to deliver a precisely measured dose of radiation to a defined tumor volume with minimal damage to the surrounding healthy tissue. (1)
- Goals:
 - Palliative
 - Curative



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WHAT TYPES OF DISEASES ARE TREATED WITH RADIATION?

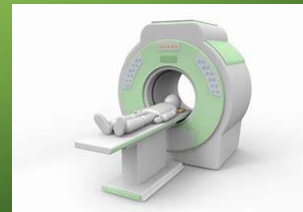
- Cancer
- Some non-cancerous tumors
- Other diseases like:
 - Arterio Venous Malformations
 - Trigeminal Neuralgia
 - Keloids
 - Dupuytren's Contracture
 - Heterotopic Ossification Prophylaxis
 - Some neurological conditions
 - Hemophilic Arthropathy



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GENERAL PROCESS FOR RADIATION TREATMENT

- Diagnosis
- Tumor board meeting or other multidisciplinary meeting (provides recommendations)
- Consultation with Medical Oncology, Surgical Oncologists
- **Consultation with Radiation Oncologist**
- If proceeding with Radiation:
 - Other imaging Studies as necessary (PET, MRI)
 - Informed Consent
 - CT simulation (CT SIM)
 - Treatment planning
 - Treatment (everyday!)



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MULTIDISCIPLINARY CANCER APPROACH

- **Doctors:**

- Radiation Oncologists
- Medical Oncologists
- Surgeons
- Palliative care
- Residents and Fellows from each specialty



- **Advanced practice providers:**

- NPs
- PAs

- **Nurses:** Provider RNs, Procedure RNs, Triage RNs, Machine RNs

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MULTIDISCIPLINARY TEAM APPROACH

- Radiation Therapists
- Dosimetrists
- Medical Physicists and residents
- Social Worker
- Dietitians
- Medical Office Assistants
- Certified Medical Interpreters
- CSA's, Schedulers
- Clinical Research Coordinators



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RADIATION ONCOLOGY SPECIALTIES

- Gastrointestinal
- Genitourinary
- Breast
- Gynecologic
- Lung
- Head and Neck
- CNS
- Pediatrics
- Lymphoma
- Sarcoma

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TYPE OF PATIENT VISITS AND ESTIMATED TIMES

- **FU** Follow-Up/global/post global (usually quick visit; 30 minutes)
 - Patient has finished radiation treatment but still has follow-up visits (can be weeks or months after finishing treatment)
- **EDU** Education Visit (up to 1hr)
- **CON** Consult or **NTC** New to clinic (at least an hour)
 - Usually the first patient visit with the radiation oncologist
 - Consents are usually signed during this visit
- **NPFU** New Patient Follow-Up Visit (at least an hour)
 - Patient has previously met with radiation oncologist but has not started treatment
 - Consents are usually signed during this visit
- **OTV** On Treatment Visit (quick visit; 10-15 minutes)
 - Weekly visit with radiation oncologist
- **CT Sim** CT Simulation (45 min up to an hour)

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A LITTLE MORE ABOUT SIMULATIONS

- Medical team creates a customized plan to pinpoint the target area where radiation beams will be focused
 - CT and MRI scanning that may sometimes involve **contrast dye**
 - Some cases may require therapists to make a custom mold to help the patient stay in a certain position (**Bean bags, frame, masks, bite blocks, plates** etc)
 - Marks, **permanent dots** or “**tattoos**”, and photographs are also part of the simulation process
 - ABC (Active Breathing Coordinator)** machine is used for immobilization of anatomies affected by respiratory motion, such as the breast and lung

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TREATMENT PROCESS

Treatment:

- Interpreters usually requested for the first treatment visit
- Radiation therapists take X-ray images of the area on the body to be treated, which makes the first treatment visit the longest treatment session
- Radiation therapist gives patient treatment calendar and explains treatment procedures on the first treatment visit

Weekly Physician/Nurse Visits (OTV)

- Patient sees nurse and radiation oncologist in order to evaluate progress, evaluate side effects and ask any questions about treatment

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RADIATION MACHINES

- LINAC : Versa, True Beams, Vital Beams
- Cyber knife
- Gamma knife
- Xstrahl
- Gamma POD
- AIRO CT (*)
- CT scanner (*)



(*) Not radiation machines but are used for treatment plans and follow up.

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CT SCANNER



AIRO SCANNER



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TYPES OF RADIATION USED

- **EBRT** : External Beam radiation Therapy
 - **IMRT**: Intensity modulated radiation Therapy
 - **SBRT** : Stereotactic Body Radiation Therapy
 - **3D conformal RT**
- **Brachytherapy**
- **IORT**: Intra Operative Radiation Therapy

The image shows four panels (A, B, C, D) illustrating radiation therapy planning for a brain tumor. Panel A shows a 3D model of a head with blue laser lines converging on a target. Panel B shows an axial MRI slice with a red target and green organs at risk. Panel C shows a sagittal MRI slice with a red target and green organs at risk. Panel D shows a coronal MRI slice with a red target and green organs at risk.

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COMMON TERMINOLOGY

- **Breast:**

- Medications: Aquaphor, Aloe vera, Domeboro (aluminum acetate), Silvadene, Aloe vera
- Hormonal therapy: Tamoxifen, Anastrozole (Arimidex)
- Diagnosis: DCIS, LCIS, Paget's disease, ILC, Breast cancer
- Procedures: Lumpectomy, Radical Mastectomy, axillary dissection, whole breast irradiation, partial breast irradiation
- BRCA1, BRCA2

- **Gyn:**

- Diagnosis: Squamous cell carcinoma of cervix (80%), Adenocarcinomas (10%), CIS, Small cell carcinoma of the cervix., Vaginal cancer, Vulvar cancer, urethral cancer.
- Procedures: HDR
- Tumor markers: CA-125

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COMMON TERMINOLOGY (CONT...)

- **G/U:**

- Materials: SpaceOAR, Radioactive seeds,
- Procedures: brachytherapy, MRI with rectal coil, TURP, spaceOAR placement
- Therapies: Hormone therapy, Immunotherapy, Flomax (tamsulosin), Terazosin, Finasteride, Bicalutamide (Casodex)
- Diagnosis: Renal Cell tumors, Clear cell tumor, ADC, Carcinoma in situ of the bladder, Prostate Cancer, Seminomas, NSGCT's (teratoma, yolk sac tumor, choriocarcinoma)
- Gleason Score (risk), PSA & testosterone

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COMMON TERMINOLOGY (CONT...)

• **GI:**

- **Procedures:** enemas, Rectoscopy, anoscopy
- **Diagnosis:** Colorectal Ca (ADC mostly), Rectal Ca, Anal Ca (Squamous cell), carcinoma of the esophagus, ADC of the stomach
- **Tumor markers:** CEA, CA19-9
- **Medications:** Simethicone (beano, GasX), Loperamide (Imodium), Prochlorperazine (Phenergan), Zofran, Reglan, Proctofoam

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COMMON TERMINOLOGY (CONT...)

• **Head and neck:**

- **Procedures:** scope of nasopharynx and larynx.
- **Medications:** salt and Baking soda rinses, magic mouth wash, scopolamine patches
- **Diagnosis:** HPV related tumors(P-16+), Squamous cell carcinoma of the base of the tongue and tonsils, vocal cord tumors, Medullary and papillary carcinomas of the thyroid, residual thyroid cancer, buccal mucosa/mandible tumors

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MEDICAL TERMINOLOGY (CONT...)

- **CNS:**

- Diagnosis: GBM, Anaplastic astrocytomas, gliomas, meningiomas, brain mets, ependymomas, pilocytic astrocytoma, oligodendroglioma.
- Neurologic terms: Gait, dysmetria, ataxia, aphasia, Lhermitte's syndrome (Rad induced spinal transection)
- Procedures: fundoscopy

- **Lymph:**

- Diagnosis: ALL, CLL, Cutaneous T Cell lymphoma (Mycosis fungoides and Sézary syndrome), Marginal zone lymphoma (most common in stomach), Hodgkin's and non Hodgkin's lymphoma,
- Medications: CHOP regimen (cyclophosphamide, doxorubicin, vincristine, and prednisone), plus the monoclonal antibody rituximab

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MEDICAL TERMINOLOGY (CONT...)

- **Lung:**

- Diagnosis: Small cell carcinoma, non small cell carcinoma, squamous cell carcinoma
- Procedures: Thoracocentesis, pleurodesis, ABC machine, abdominal plate

- **Sarcomas:**

- Diagnosis: Bone tumors like: Osteosarcoma, Ewing's sarcoma, Muscle tumors like: rhabdomyosarcomas
- Good knowledge about muscles and bone structures

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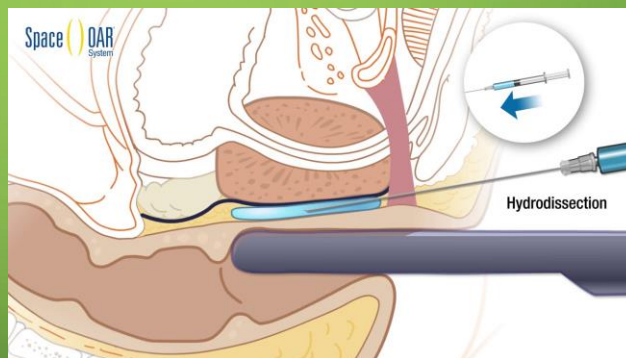
MORE TERMS...!

- Radiation threshold
- Tumor bed
- Tumor cavity
- Boost
- Fractions
- Beams
- Treatment field
- Brachial plexopathy
- Grade
- Stage
- TNM Classification
- Bony Mets
- Relapse
- Recurrence
- MDR
- BMA
- BMT
- Gantry

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MEDICAL TERMINOLOGY MATERIALS AND PROCEDURES

- SpaceOAR
- Radioactive Seeds.



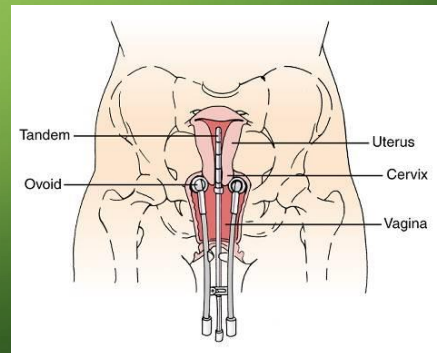
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HIGH-DOSE RATE BRACHYTHERAPY (HDR)

- High-Dose Rate Brachytherapy: delivers radiation directly to the tumor using either needles or probes (Tandem and Ovoid). Radiation sources are then directly connected to the tumor.
- HDR Procedure (usually for cervical cancer):
 - IV start
 - Foley Catheter insertion
 - Probe (Tandem and Ovoid) is placed into cervix and uterus
 - Patient is scanned on CT simulator
 - Treatment plan generated (make take a couple of hours)
 - Actual Treatment



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QUESTIONS???



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