



Palliative Radiation Therapy in a Hospice Plan of Care *For Health Care Professionals*

For the hospice patient, the value of radiation therapy lies in the ability to control local symptoms due to the effects of a tumor at a specific site. In palliative radiation, the goals of treatment may include: delay / shrink tumor growth when the tumor is causing uncontrolled symptoms, to treat pain, and control hemorrhage.

In most cases, an attempt will be made to maintain patient comfort through pharmacological and interdisciplinary team interventions, using other modalities before suggesting a course of radiation therapy.

For patients referred for Hospice care during a course of radiation

The attending physician or radiation oncologist may consult with the hospice Medical Director to determine hospice appropriateness and course of completion for current radiation treatment.

- radiation must be indicated for palliation of symptoms
- patient must have a prognosis less than 6 months, despite outcome of radiation therapy
- patient has a life expectancy of sufficient length to benefit from the usually delayed effects of radiation therapy (4 - 6 weeks)
- patient can comfortably be transferred to the radiation facility by private automobile

Indications within a hospice plan of care:

- painful bony cancerous metastases, not controlled with analgesics to patient's satisfaction
- metastases painfully compressing peripheral nerves
- brain metastases not satisfactorily controlled by primary therapy (steroids, analgesics)
- metastases considered a threat to the spinal cord or ureters, if quality of life may be restored through preservation of function of these organs
- bleeding neoplastic tissue: to prevent anemia or enable healing, if quality of life will be improved through the use of this modality. Examples include hemoptysis, vaginal, rectal, superficial, bladder, and prostate bleeding
- dyspnea, cough
- superior vena cava syndrome

Hospice approach to treatment planning

Course of treatment will be determined by the radiation therapy consultant and hospice medical director with an emphasis on safety, efficacy, and comfort.

Acute side effects are related to total radiation dose rather than the dose per fraction whereas late side effects (months to years) are dependent upon the dose per fraction. While undergoing radiation therapy, the patient will receive appropriate treatment for pain, nausea, fatigue, and impaired skin integrity.

All attempts will be made to provide limited fractionations to decrease: toxicity, cost, and patient burden.

**For more information, please call:
Admissions Services Manager
Hospice of Santa Cruz County
831-430-3000**