



# Prostate brachytherapy

## Low dose rate permanent seed implant

A guide for patients and their carers



## Contents

Introduction . . . . .	3
The prostate gland . . . . .	4
Cancer of the prostate . . . . .	4
Early detection of prostate cancer . . . . .	5
Grading of prostate cancer . . . . .	7
Current treatment options . . . . .	7
Prostate brachytherapy: what happens... . . . . .	12
Radiation safety . . . . .	19
Follow up schedule. . . . .	20
Questions and answers. . . . .	21
Useful addresses and telephone numbers . . . . .	22
Other useful contacts . . . . .	23
Further information . . . . .	23
Christie information . . . . .	24
Benefits and finance. . . . .	25
Student training . . . . .	26

## Christie website

For more information about The Christie and our services, please visit **[www.christie.nhs.uk](http://www.christie.nhs.uk)** or visit the cancer information centres at Withington, Oldham or Salford.

## Introduction

We would like you to be able to use this information as a basis for any questions you may have about prostate brachytherapy as a potential treatment choice for your early stage prostate cancer.

It is estimated that 1 in 9 men will develop prostate cancer during their lifetime.

If prostate cancer is detected early, there are several methods of treatment currently available which provide a good chance of a cure. Choosing the treatment option that is best for you should involve obtaining enough information to allow you to understand what each treatment involves. You should make an informed decision in close consultation and discussion with your doctor.

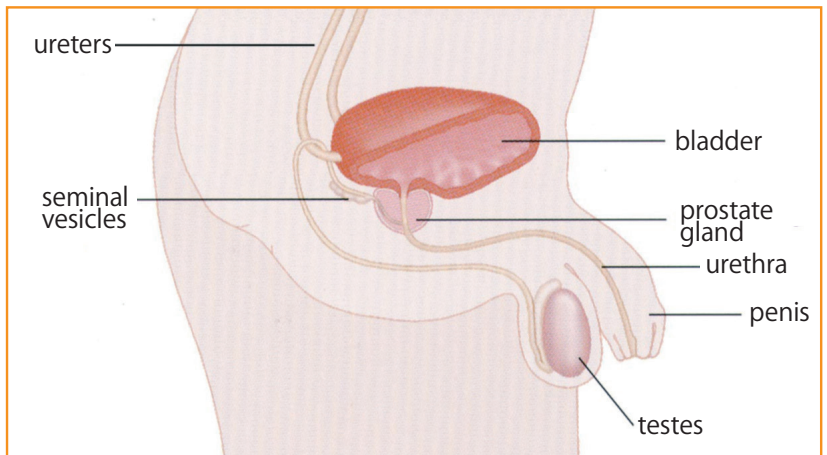
This booklet contains information that will be helpful to you in your discussions. It describes the use of radioactive iodine seed implants (I-125), a treatment option for early stage prostate cancer.

As with all treatments, only you and your doctor can determine whether it is right for you.

## The prostate gland

The prostate gland lies just below the bladder, in front of the rectum, and is found only in men. It surrounds the urethra. This is the tube that leads from the bladder, through the prostate and penis and carries urine and semen. The main function of the prostate gland is to produce semen which is the fluid that transports sperm during ejaculation.

The prostate gland in an adult man is about the size of a walnut. The prostate enlarges as men approach middle age and will continue to enlarge for the rest of their lives.



## Cancer of the prostate

Prostate cancer is now the second commonest cause of male cancer death and is responsible for more than 10,000 deaths annually in the UK. The diagnosis of prostate cancer is increasing because of higher public awareness and the more widespread use of a screening blood test – **prostate specific antigen (PSA)**.

Prostate cancer is rare before the age of 40, and the incidence increases with age. Its cause is unknown.

Localised prostate cancer does not usually cause any symptoms and is often picked up through a PSA blood test. In particular, localised prostate cancer does not cause the typical bladder outflow problems associated with BPH (benign prostatic hypertrophy). This is because prostate cancer usually arises in the outer part of the gland, which is away from the urethra.

Cancer of the prostate is normally slow growing. A small proportion of prostate cancers can however be more aggressive, spreading to other parts of the body, especially the lymph nodes and the bones.

## Early detection of prostate cancer

If prostate cancer can be detected early, effective treatment may result in cure. Unfortunately, except for occasional difficulty with urination, most men with prostate cancer have no symptoms. Until recently, the only method of detecting prostate cancer was a digital rectal examination (DRE). The prostate lies just in front of the rectum and the doctor can examine it when they carry out a rectal examination.

In recent years, PSA testing has become widely available. PSA is produced by cells in the prostate gland. It appears in high concentrations in the blood when the prostate cells are damaged (for example, in prostate cancer, infection, BPH). The PSA test itself is not diagnostic of prostate cancer. However, when combined with DRE (digital rectal examination) and transrectal ultrasound prostate biopsy, it is highly reliable and currently the most effective means to diagnose prostate cancer.

## The value of early detection of prostate cancer

Most cancers have a better chance of cure if found and treated at an early stage.

It is not possible to say whether early detection of prostate cancer will lower an individual patient's chance of eventually dying from that cancer, but increasing evidence suggests that early treatment is effective. Many prostate cancer patients who have been treated, may never again have problems with their cancer. On the other hand, some men with prostate cancer will not die of the disease even if it remains untreated.

### Staging of prostate cancer

If cancer is found in the prostate, it is important to determine the stage and extent of the cancer so that the best treatment option can be pursued. The treatment of prostate cancer depends on a number of factors including age, general health as well as the stage of the tumour. When you decide on a treatment plan, it is important that you and your doctor discuss the relative advantages and disadvantages of the various treatments available.

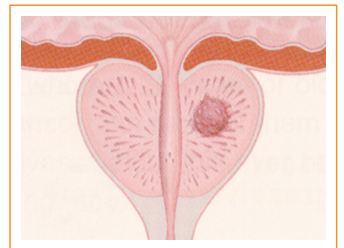
#### T1 Stage

The tumour is located within the prostate gland and has been detected by biopsy but is too small to be felt during a rectal examination.



#### T2 Stage

The tumour is still located within the prostate gland but it has grown to a point where it can be felt during a DRE (digital rectal examination).



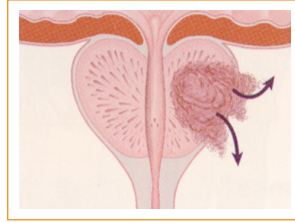
## T3 Stage

The tumour has spread beyond the surface of the prostate.



## T4 Stage

The tumour has spread and become fixed to other adjacent parts of the body, such as the rectum or bladder.



## Metastatic

The tumour has spread to lymph nodes, bones or elsewhere.

## Grading of prostate cancer

Prostate cancer is also graded to determine how fast-growing or aggressive the tumour is. The pathologist grades the prostate biopsy specimen according to its appearance under the microscope.

The pathologists use the Gleason Grade Group system. Lower scores mean that the tumour usually behaves less aggressively. A Gleason score of 6 indicates a low risk disease, 6-7 is intermediate risk and a score of 8-10 means the cancer cells are more likely to behave in an aggressive way.

## Current treatment options

There is a lot to consider when deciding on the most appropriate treatment for your prostate cancer. You may need more than one visit to the clinic to discuss all your questions and concerns.

Your treatment plan may involve one or more combinations of different treatments depending on the stage of the cancer.

The available treatments for prostate cancer include:

- active surveillance
- surgery (radical prostatectomy)
- external radiotherapy
- hormone therapy
- brachytherapy (radioactive seed implantation into the prostate gland).

### Active surveillance

If the disease is confined to the prostate gland and it is of the 'low grade' or less aggressive type, it may be appropriate to monitor the situation with regular blood tests. This is because we know that for some men who have prostate cancer, the disease will not progress. Treatment, with the associated side effects, may be avoided. This may be the best way to manage the situation in older men, or those with other medical problems.

### Surgery

Radical prostatectomy which may be open or laparoscopic (robotic) involves the removal of the prostate gland. This is a major procedure which will be performed by a specialist urological surgeon. The risks and side effects of this will be discussed fully with you, and are described in a separate patient information booklet 'Radical prostatectomy'.

### Benefits

- Usually just one operation.
- Removal of the affected organ.



## Risks

- Radical prostatectomy – patients have to stay in hospital for up to 1 week.
- It is not tolerated well in older men or in men who are not in overall good health.
- The side effects from surgery include impotence (inability to have an erection) in a high percentage of patients and incontinence (a loss of urinary control) in a very small number of men.

## External radiotherapy

External radiotherapy is given using high energy X-rays targeted at the prostate and delivered by a radiotherapy machine called a linear accelerator. The treatment is given in short daily sessions over a period of 3-4 weeks, usually on an outpatient



basis. External radiotherapy has different side effects from surgery or brachytherapy. The information booklet, 'Radiotherapy to the prostate', explains these fully.

## Benefits

- External radiotherapy has a good control rate for early prostate cancer.
- It is reasonably well tolerated in elderly men.
- You do not have to stay in hospital.
- When compared to radical prostatectomy, the risk of impotence is lower and the incidence of incontinence is small.

## Risks

- You have to make daily visits to the hospital for 3-4 weeks.
- There is still a significant risk of impotence.
- External radiotherapy can cause a variety of side effects and complications due to radiation damage of healthy tissue. Most of these are minor and disappear shortly after therapy stops. They include: fatigue, frequent and painful urination, diarrhoea and rectal irritation or bleeding.

## Hormone therapy

Hormone therapy treats prostate cancer by depriving the body of testosterone, the male sex hormone. It is generally used to treat cancer that has spread beyond the prostate or it can be used in combination with other treatments. Hormone therapy is not curative in itself.

## Benefits

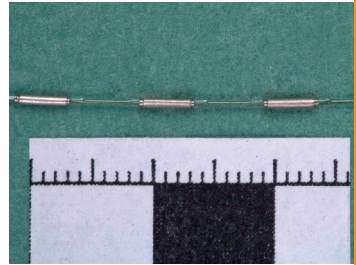
- Hormone therapy shrinks the prostate gland and can be used to reduce the size of the gland before brachytherapy. This is sometimes needed for men with large prostates (greater than 60cc).
- Hormone therapy can slow the growth of the cancer and reduce the size of the tumour. This can lessen some of the symptoms of the disease and/or make the tumour more responsive to other treatments.

## Risks

- Hormone therapy does have some side effects and these can include hot flushes, loss of sexual drive (libido) and breast tenderness. Your doctor should discuss these symptoms in detail with you and explain how and why the hormone therapy is given.

## Brachytherapy

This procedure involves the insertion of radioactive seeds directly into the prostate gland where they remain. The seeds emit low level radiation for approximately 1 year after implantation. Each seed is 4.5mm in length and 0.8mm wide and resembles a grain of rice, grey in colour.



## Benefits

- Each seed gives off radiation to a small surrounding area. By careful placement of the seeds very high doses of radiation can be delivered to areas of the prostate affected by the cancer and relatively little radiation is received by the normal tissues. These include the rectum which is directly behind the prostate gland, and the bladder which lies on top of the gland. This is the reason why the side effects of brachytherapy are moderate and well-tolerated.
- Convenience – usually as a day case on 2 separate occasions.

## Risks

- You will need 2 short anaesthetics.
- Urinary side effects can be troublesome and prolonged in a small number of men.

At the present time the results of surgery, radiotherapy and brachytherapy suggest that they are all equally successful in treating prostate cancer. It is important that you understand what is involved in each treatment so you can make an informed choice. All treatment options have a **SMALL** chance of severe complications which may lead to permanent problems.

## Prostate brachytherapy: what happens

### The procedure has 3 stages:

- pre-operative clinic
- the planning (volume study)
- the implant

### Pre-operative clinic

This involves a visit as an outpatient to The Christie. You will have a consultation with a nurse, blood tests, ECG, and sometimes give consent for the procedure at this point. You can drive yourself to the hospital and home again. The visit may take several hours.

### Consent

The doctors and radiographers will give you some written information to support what they have said about your treatment. At the time your treatment is being planned, you will have a further opportunity to discuss anything that you do not understand or any anxieties you may have.

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. It is important that you understand what the planned treatment involves and that you have been given the opportunity to discuss any concerns before you sign the consent form. You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you.

Your consent may be withdrawn at any time before or during treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

## The planning study

This is used to plan your treatment and is sometimes called a **volume** study.

A few weeks before the implant, we will ask you to come to the hospital to have a transrectal ultrasound scan as a day case. You will be given an enema to clear out the lower part of your bowel which is essential so that we can take high quality ultrasound images. Your implant will be planned on these images. You will have a short general anaesthetic whilst an ultrasound probe is placed in your rectum to visualise the prostate gland. A catheter is also temporarily inserted into your bladder.

This scan is also the final check that a seed implant is an appropriate treatment for you. This is because it is only at this stage that we can accurately measure the volume of the prostate gland, and its position in relation to the bones in your pelvis.

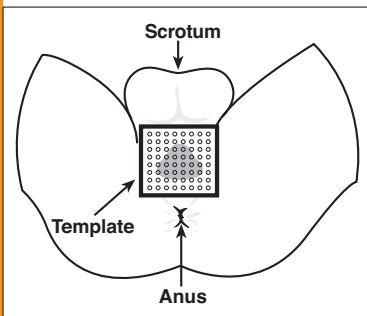
Sometimes it may become apparent that the gland is too large (more than 60cc) to proceed to implant straight away. In this case, your doctor may recommend a 3-6 month course of hormone treatment to shrink the prostate before the implant. You would then have a repeat planning study about 3-6 months later.

Very occasionally the doctor can see that, even if the gland size is small, an implant would be technically impossible because of the position of the pelvic bones in relation to the prostate gland. Prostate brachytherapy would then not be an appropriate treatment for your early stage disease. We would discuss fully other options with you.

When you have recovered from the anaesthetic, you may go home, although you should not drive for 24 hours after the procedure. Before you leave we will give you a date to come back for your implant. This is usually 2-6 weeks later.

**At this time we advise anyone taking aspirin daily or other anti-coagulants to stop taking this until after their implant.** Continuing these could cause the prostate gland to bleed excessively at the time of implant which could compromise the success of the treatment.

## The implant



- You will be admitted to the Brachytherapy and Molecular Radiotherapy Unit (department 16) early in the morning on the day of your implant, so that you can have an enema before the implant.
- The implant will be performed under general anaesthetic and usually takes about an hour.
- There is no surgical incision. Instead the seeds are loaded within fine needles which are inserted through the area of skin between the scrotum and the anus (perineum) into the prostate gland.
- The needle can be seen on the ultrasound image and is guided to the planned position within the prostate. It is then withdrawn, leaving the seeds at the exact locations.
- On average about 60 seeds are accurately positioned in this way, contained within approximately 20 to 25 hollow needles.
- You will then return to the ward. Once you have had something to eat and drink, you will be encouraged to get up and dressed as soon as possible. You will also be given some medication to help you start urinating.

- Most patients go home the day of the procedure, a few the following day.
- Before you leave hospital, the staff will advise you about how to manage any side effects, and give you instructions about your medication and the follow up clinic arrangements.
- For the first few days afterwards you should not take part in any strenuous activity or heavy lifting, but after this you will probably be able to carry on as normal.

## Medication

On the day of implant you will start taking a medicine called Tamsulosin (Flomax). This helps you to urinate. You may need to remain on Tamsulosin for 3 months or more until your symptoms settle and we advise you to stop taking them. If you need a repeat prescription, you should get this from your GP. Remember to take Tamsulosin with your evening meal as this medicine can make you dizzy.

Ibuprofen is usually given for its anti-inflammatory effect and should be taken to treat any discomfort or pain. If this is unsuitable for you, for example if you are asthmatic, please discuss an alternative medication with your medical team.

We will also prescribe antibiotics (which you should finish) to prevent any risk of infection.

## Side effects of the implant

- Immediately after the implant, when the catheter has been removed, you may notice a burning sensation when passing urine.
- There may also be some blood in the urine. This is to be expected and you can help by drinking plenty of water to help flush your bladder.

- You may have some discomfort and bruising in the perineal area. This may sometimes track down into the scrotum and upper thigh area. Mild painkillers and a warm bath will ease this.

### In the short term

As the bruising and swelling from the implant procedure itself subsides, the radiation reaction from the seeds begins to build, peaking about 7 - 10 days after the implant. The reaction stays at this level for 4 - 6 weeks on average and then begins to decrease in severity. This may include a range of symptoms described below.

- Frequency and urgency of urination.
- Poor flow which is slow to start.
- Burning sensation during urination.
- Occasional uncontrolled urine leakage if you are unable to reach a toilet in time.
- About 1 in 20 men may get acute retention of urine and need to have a catheter. This is when you cease to pass urine at all, and your bladder becomes uncomfortably full. If this occurs, you should contact your GP or local hospital immediately. If you do have a catheter fitted, please notify us as soon as you can on **0161 446 3048**.

When you have a catheter, it is usually advisable to allow 4 - 6 weeks for the situation to settle before trying without one. Rarely it may remain in for several months beyond this, to allow a more severe reaction to settle. We may teach you to insert a catheter yourself. This is called intermittent self-catheterisation (ISC). Urine retention usually begins in the first few weeks after an implant, but can occasionally happen later.

- Pain at the tip of the penis (this is referred pain from irritation of the nerves).



- A more frequent urge to open the bowels (due to pressure from inflamed prostate).
- Sometimes you may feel as though you are constipated, this could be the result of the prostate swelling. A high fibre diet and drinking more fluids can be helpful in easing this.
- Rectal discomfort/bleeding. If you are very concerned, please contact us. You will be monitored closely but this usually settles down without treatment.

These symptoms may not all occur, will vary in severity, and last on average for up to 6 weeks. After this time, most men notice a marked improvement, although it can take up to a year for some of the irritative urinary symptoms to resolve.

### What can I do to help my urinary symptoms?

- After the implant, the urethra (the tube that leads from the bladder through the prostate and penis) can become inflamed causing some restriction of urinary flow. Drinking a total of 2 -2.5 litres **gradually** throughout the day (water, squashes) helps to relieve some of the symptoms.
- Cranberry juice: drinking 1 -2 glasses per day may help to reduce the risk of urine infection (**patients on warfarin should not drink cranberry juice**).
- Both tea and coffee contain caffeine which has a stimulatory effect on your urine output, so it's advisable to cut down on these especially before bed. Decaffeinated drinks are better.
- If you are passing urine frequently during the night, try reducing fluid intake a few hours before bed and have sips of water if you need to during the night.

- If your urine flow is poor try sitting down to urinate.
- If you have to wait before urine starts to flow, having a warm bath or shower can help.

### In the longer term

- **There is little evidence about the effects of prostate brachytherapy on a man's fertility. If this is an issue for you, please consult your medical team before starting treatment.**
- There is a small risk (less than 1 in 100) of incontinence with seed implant brachytherapy.
- Impotence occurs in 4 in 10 to 5 in 10 men under the age of 60. In older men impotence occurs more often. Treatment is available for those men who do develop impotence and can often be successful.
- Because the prostate is responsible for semen production, most men will notice a reduction in the volume of their ejaculate following treatment. Eventually the ejaculate may dry up altogether. Sometimes ejaculation may also be uncomfortable, this tends to settle with time.
- Persistent inflammation of the rectum (proctitis) occurs rarely (in less than 1 in 100 of patients).

As with all medical procedures, including all treatment options for prostate cancer, there is a small chance (less than 1 in 100) of long term permanent damage. This may require further treatment including surgery. Your clinical oncologist will discuss this with you.

# Radiation safety

## Post implant advice

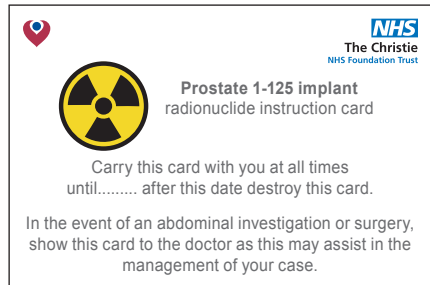
Many people are concerned about whether an implant poses any potential radiation danger to their family and friends. Although the seeds are radioactive, **you are not.**

**We will give you a card to carry with you, similar to the one shown. If you are planning to travel through an airport or port in the near future, please ask us for further advice as they may have radiation detectors for security purposes.**

One advantage of radioactive iodine-125 seeds is that essentially all radiation is absorbed within the prostate. You will not be radioactive following discharge from the hospital. There are no restrictions on everyday travel or physical contact with other adults. However, you should be cautious when you are in close contact with small children or pregnant women in the first 3 months following treatment. If your work or hobbies mean you spend long periods of time in close contact with another person, please ask us for advice.

Women who are (or may be) pregnant should not sit very close to you, on the same settee for example, for prolonged periods for about 3 months. Apart from this there is no need for you to treat them any differently from how you would have done before the implant. You may greet them as you normally would and they may stay in the same room as you for as long as you wish.

Do not nurse children on your lap or sit very close to them for long periods of time. You may cuddle or hold them for a few minutes each day and they may stay in the same room as you.



The seeds are permanently embedded in the prostate gland but there is a remote chance of a single seed being passed during sexual activity. Patients are therefore advised to use a condom for the first few weeks after the implant. During this time your semen may be discoloured brown or black. This is normal and is a result of bleeding that may have occurred during the operation and is now being released into the ejaculate. Condoms should be disposed of by double wrapping and placing in the dustbin.

From a practical standpoint, iodine-125 seeds produce radiation for about 1 year. After this time the seeds are virtually inert and remain in the prostate gland, without causing any problem.

**The guidance from the International Commission on Radiological Protection (ICRP) recommend that burial, rather than cremation is performed, if death occurs within 2 years of the iodine seed implant.**

## Follow up schedule

After a seed implant you will see your clinical team on a regular basis. The follow up schedule usually includes an appointment every 6 months for the first 4 years, to check treatment progress. You may have blood tests during these visits.

We will send you an appointment for review in 4-6 weeks after your implant to come to the clinic at The Christie. This visit may include a CT scan which allows us to ensure the quality of our implants remains of a high standard. The scan does not tell us how effective the treatment is. This will be assessed primarily from your PSA blood tests which will then be checked regularly. The clinic visit usually may take up to 2 hours.

## Questions and answers

*I have heard that prostate cancer is slow growing and that some doctors advocate no treatment at all.*

Treatment of prostate cancer presents a dilemma. On the one hand, many patients do not need treatment because their cancer is growing so slowly. On the other hand, prostate cancer is the second most common cause of cancer death in men.

With experience, your specialist can reasonably predict how a cancer may behave, but there is no foolproof way to detect how aggressive a cancer will be in any specific patient. This is why most men choose some type of treatment for localised prostate cancer.

*Will I need a blood transfusion during the implant procedure?*

With the ultrasound guided implant, no incision is made – so no blood is needed.

*How long after the implant procedure do I have to wait before returning to work or my regular activities?*

Men who have implants are usually ready to return to their regular activity within 3 - 4 days after the procedure.

*Will I have hair loss or nausea and vomiting after the implant procedure?*

No. The effects of the implants are highly concentrated and primarily confined to the prostate.

*Can I have a radical prostatectomy or external radiotherapy if the seed implant fails?*

A radical prostatectomy or external radiotherapy after seed implant can be hazardous and are rarely recommended. Similarly seed implantation after failure of surgery or external treatment also carries a considerable risk.

If prostate cancer recurs after either brachytherapy, surgery or external radiotherapy, then hormone therapy may be needed. This usually helps to control the disease but is not a cure for prostate cancer.

*Will I be radioactive?*

Although the seeds are radioactive, you yourself are not, because the radiation is absorbed within the prostate gland.

*Can the seeds be detected by security alarms at airports etc?*

No, not routinely.

## Useful addresses and telephone numbers

### Prostate brachytherapy team

Monday to Friday, 9:00am - 5:00pm

*Primary contact:*

Cathy Taylor, consultant radiographer prostate brachytherapy

Phone: **0161 446 3048** or **0161 446 3000** and ask the hospital switchboard to bleep **12615**

Email: [cathy.taylor4@nhs.net](mailto:cathy.taylor4@nhs.net)

Liz Taylor, administrator: **0161 446 3520**

### Macmillan specialist urology nurses

Jane Booker **0161 446 8018**

Sharon Capper **0161 446 3856**

Cath Pettersen **0161 446 7328**

Helen Johnson **0161 446 7000**

Steve Booth **0161 446 2369**

## Other useful contacts

### Prostate Cancer Charity

Helpline: **0800 074 8383**  
[www.prostatecanceruk.org](http://www.prostatecanceruk.org)

### Macmillan Cancer Support

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

### PSA North West Support Group

To speak to people who have had prostate brachytherapy at The Christie.

Helpline: **0845 601 0766**  
[www.prostatecancersupport.co.uk](http://www.prostatecancersupport.co.uk)

## Further information

### Macmillan Cancer Support

This is a national charity which runs a cancer information service. The cancer support service freephone number is **0808 808 0000**. (Monday to Friday, 9am to 8pm). If you are hard of hearing, use the textphone **0808 808 0121**. If you are a non-English speaker, interpreters are available. Specially trained cancer nurses can give you information on all aspects of cancer and its treatment. Information and advice about finance and benefits are also available.

Macmillan Cancer Support publish booklets which are free to patients, their families and carers. You can get a copy by ringing the freephone number. The information is on their website: [www.macmillan.org.uk](http://www.macmillan.org.uk)

Information is available on cancer treatments – such as ‘Understanding radiotherapy’, and ‘Understanding chemotherapy’. There are also booklets on living with cancer – some of these are listed below:

- Talking about your cancer
- Talking to children and teenagers when an adult has cancer
- Travel and cancer
- Sexuality and cancer

The cancer information centres offer information, advice and support. The centres have a full range of booklets free to patients and their relatives and carers. There are cancer information centres at The Christie at Withington, Salford and Oldham.

## Christie information

The booklets are free to patients attending The Christie. If you would like a copy of a booklet, please ask the ward staff. If you are an outpatient please ask your clinic doctor or clinic nurse.

- **Eating – help yourself:** A booklet which gives advice on coping with eating problems when you don’t feel well, and when you are receiving treatment.
- **Where to get help:** services for people with cancer  
Lists sources of help for financial, social and emotional problems. Also lists the main cancer support groups.

## Maggie’s centre

The centre provides a full programme of free practical and emotional support, including psychological support, benefits advice, nutrition and head care workshops, relaxation and stress management. Contact Maggie’s on one of the telephone numbers below.



### Maggie's Manchester:

Tel: **0161 641 4848** or email  
**manchester@maggiescentres.org**

The Robert Parfett Building, The Christie NHS Foundation Trust, 15 Kinnaird Road, Manchester M20 4QL

### Maggie's Oldham:

Tel: **0161 989 0550** or email **oldham@maggiescentres.org**

The Sir Norman Stoller Building, The Royal Oldham Hospital, Rochdale Road, Oldham OL2 2JH

## Benefits and finance

You may have had to stop work and had a reduction in your income. You may be able to get benefits or other financial help.

Personal Independence Payment (PIP) is a social security benefit and has replaced Disability Living Allowance (DLA) for new claimants. It's for people who need help either because of their disability or their illness. You can apply if you are aged 16 or over and have not reached State Pension age. You can apply for DLA if you are under 16.

If you are State Pension age or older and need help with personal care or supervision you could be entitled to Attendance Allowance.

Your carer could get Carer's Allowance if you have substantial caring needs.

Find out more today:

- To get a claim pack for Attendance Allowance, call **0800 731 0122** and for PIP call **0800 917 2222**.
- Carer's Allowance: call **0345 608 4321**.

- For benefits advice, contact Maggie's centre on **0161 641 4848** or email **manchester@maggiescentres.org**  
The Christie at Oldham has a benefits advice session on Thursday afternoons, call **0161 918 7745**.
- Contact your local social services department for help with equipment and adaptations, or for an assessment of care needs. Visit **www.gov.uk** for further information.
- Macmillan Cancer Support can give advice on helping with the cost of cancer on **0808 808 00 00** or **www.macmillan.org.uk**

## Student training

The Christie is a training hospital for postgraduate and undergraduate trainees so you may meet students in all areas of the hospital. We train doctors, nurses, radiographers and other therapists in the treatment and care of cancer patients.

Placements at The Christie are an important part of student training, so by allowing them to assist in your care, you will be making a valuable contribution to student education.

Students are always supervised by fully qualified staff. However, you have the right to decide if students can take part in your care. If you prefer them not to, please tell the doctor, nurse, radiographer or other therapist in charge as soon as possible. You have a right to do this and your treatment will not be affected in any way.

We also try to respect the concerns of patients in relation to the gender of their doctor and other health professionals.

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard.

If you would like to have details about the sources used please contact [the-christie.patient.information@nhs.net](mailto:the-christie.patient.information@nhs.net)

Contact The Christie Hotline for  
urgent support and specialist advice

**The Christie Hotline: 0161 446 3658**

Open 24 hours a day, 7 days a week

### Visit the Cancer Information Centre

The Christie at Withington **0161 446 8100**

The Christie at Oldham **0161 918 7745**

The Christie at Salford **0161 918 7804**

Open Monday to Friday, 10am – 4pm.

Opening times can vary, please ring to check  
before making a special journey.

### The Christie NHS Foundation Trust

Wilmslow Road  
Manchester M20 4BX

**0161 446 3000**

**[www.christie.nhs.uk](http://www.christie.nhs.uk)**



The Christie Patient Information Service  
March 2020 – Review March 2023

CHR/XRT/105/11.11.02 Version 5