



Radiotherapy and its physics

Dealing with Patients

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Patients when they first hear they have prostate cancer generally don't hear anything else for the rest of the, the consultation. And so in actual fact, we now have set up a more streamlined pathway whereby, when patients come back for their results, they actually see one of our nurse specialists who tells them the diagnosis and what treatment tests we need to arrange for staging the tests, for staging the cancer. So, they would then know whether or not it was a low risk prostate cancer that did not need any staging or a higher risk prostate cancer that needed the CT scan or the bone scan, and they would arrange that within a very short period of time and come back and see me with the results.

They would give the patient a booklet so they could read up on some of the options and think of some questions that they could ask in advance and perhaps talk to them about some of the options they might wish to discuss.

So by the time the patient comes to see me they have usually written down questions they want on the advice of the nurse specialist, and have a good idea of the treatment options so it helps to make that interview process a lot more worthwhile.

The emotional side of things becomes apparent really during the, the interview process, where the patient may volunteer certain things that are very important to them. And those issues may then help them to make a decision between treatments, surgery versus radiotherapy for example, and there may be things that we can discuss and there's some flexibility about when they have their treatment or, which treatment we would recommend, or there may not.

Patients that are now coming to see me with for example prostate cancer are much younger than they used to be now that its being detected with the PSA test so many of them are at work and fitting in either continuing with their work is an issue or those sort of patients who cant afford to take time off work, those sort of issues can effect patients.

Equally there may be a family history of say patients who have died with a similar cancer that may effect their views on radiotherapy, surgery or chemotherapy and that can influence whether they would like to got through certain treatments or not, so, that all comes out and if there is any choice or options then we consider that.