Radiation Fibrosis Fact Sheet

**What is Radiation Fibrosis Syndrome (RFS), and when can it occur?**

Radiation Fibrosis Syndrome (RFS) is a term used to describe the multiple clinical symptoms associated with the progressive fibrotic tissue sclerosis resulting from radiation exposure. Effects have been described as acute (occurring during/immediately after treatment, early delayed (up to 3 months after completion of treatment), or late delayed (occurring more than 3 months after completion of treatment). RFS is generally a late complication of radiation treatment, and tissue continues to change for months to years following radiation treatment. As people age, and health status changes, tissue remodels. Effects from radiation treatment can also change throughout this time period.

Common Types of Radiation Treatment (Table 1)

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| --- | --- | --- | --- |
| **Type of treatment** | **How it works** | **Examples** | **Cancers Treated** |
| External Beam radiation therapy (EBRT) | Utilizes computer algorithm to create multiple small external “beamlets” to generate highly conformal plans. | **3D conformal**: RT-3D-CRT **Intensity Modulated:** IMRT **Stereotactic:** Cyberknife/Gmmaknife  **Proton beam** | Breast  Brain (stereotactic)  Head and Neck  Lymphomas |
| Internal radiation | Uses radioactive material (seeds) placed in, or near a tumor to deliver highly conformal radiation internally. | **Brachytherapy MammoSite** | Prostate  Uterine/Vaginal/Cervical  Thyroid  Breast |
| Systemic | Uses radioactive substances given IV, or PO that travels via the bloodstream, and are taken up in the target area. | **Radioactive Iodine:** usually admitted to limit exposure to others as patients are considered radioactive. | Thyroid |

**Radiation Terms and Quick Facts**

* Radiation is measured in gray (Gy), or centigray (cGy).
* Radiation can be delivered in standard fractionation, received daily; hyperfractionation received daily/twice daily in smaller doses than standard; or hypofractionation received daily in larger doses than standard.
* Mantle field describes an area above the diaphragm that contains disease. Mantle field radiation is directed at cervical, mediastinal, and axillary lymph nodes. Patients with Hodgkin’s Lymphoma often receive radiation treatment in this area.
* Inverted-Y describes an area below the diaphragm that contains disease. Inverted-Y radiation is directed at periaortic, and ilioinguinal lymph nodes. Patients with Hodgkin’s Lymphoma, and other lymphomas often receive radiation treatment in this area.

**Choices of Radiation Treatment**

* No single type of radiation is perfect for every situation.
* Factors taken into account by Radiation Oncologists: individual patient, location of tumor, type of tumor, and clinical evidence.
* It is important to note that while certain treatments may be indicated, and the ‘best choice’ for a particular diagnosis, they are not always available. Example: Proton beam radiation therapy is still considered experimental in certain populations for some insurance companies. In the United States, there are only 14 centers with this technology that are operating, and 10 more in development.

Affected Systems, Impairments, and Physical Therapy Interventions (Table 2)

|  |  |  |
| --- | --- | --- |
| **Affected Systems** | **Impairments** | **Physical Therapy Interventions** |
| Musculoskeletal and Soft Tissue Impairments | Shortened muscles  Pain  Inflammation  Weakness  Severe spasms  Myelopathy  Cervical Dystonia  Fatigue  Axillary Web Syndrome | Multi-planar stretching/soft tissue techniques.  Soft tissue mobilization, such as skin rolling, and gentle myofascial release.  Use of wedges for sleep, and lumbar rolls while sitting to correct poor posture  Stretches combined with strengthening to correct muscle imbalance. |
| Neurological Impairments | Neuropathic pain  Sensory loss  Radiculopathy/Plexopathy  Autonomic Dysfunction  Acute spinal cord compression (a medical emergency)  L’hermitte’s sign (after radiation to cervical spinal cord) | Teaching joint protection if plexopathy is present.  Sensory integration if neuropathic pain, or neuropathy is present. |
| Bone Impairments | Osteoradionecrosis  Osteopenia/Osteoporosis  Higher risk for fracture  Brittle bones | Weight bearing exercises.  Joint protection strategies. |
| Cardiopulmonary Impairments | Stenosis of blood vessels  Pericarditis  Myocardial Fibrosis  Dysrhythmias  Valvular Disease  Pulmonary Fibrosis | Aerobic exercise.  Education on RPE scale (Borg). |
| Integumentary Impairments | Radiation-Induced dermatitis  Progressive fibrosis  Sclerosis  Adherence to underlying tissue  Telangiectasia  Alopecia  Mucositis | Skin care education.  Multi-planar stretching.  Soft tissue techniques.  Gentle Myofascial Release.  **Techniques should be used over intact skin only.** |

\*The above are suggestions for treatment as the research is very limited.

**Contraindications**: Conventional techniques used by physical therapists in the orthopedic setting are very tempting to use to address the soft tissue, and musculoskeletal impairments often associated with tissue that has received radiation. The use of heat over the radiation field is contraindicated. Radiated tissue has a compromised blood supply decreasing the ability to dissipate heat, and may have altered sensation increasing the risk for burns. In addition, ultrasound is potentially carcinogenic in the area of the tumor. Deep tissue techniques are not indicated for this population as the skin is fragile, and lacking an adequate blood supply. Techniques that utilize metallic instruments are too intense, and are contraindicated.

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