PATIENT EDUCATION

Brain tumors, metastases & radiation therapy

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is this cancer?

Radiation to the brain may treat a primary brain tumor (such as a glioma or meningioma) or cancer that spread from elsewhere (brain metastases). The plan may be a focused course to one or a few spots, or a wider course when many sites or the whole brain need coverage. Surgery, medicines, and radiation are combined differently for each diagnosis.

What you may notice

- Headache, seizure, weakness, speech or vision change — or a scan with no symptoms
- Steroid side effects (sleep, appetite, mood) if those pills are already started
- Fear of the mask — common and workable
- Family noticing personality change

Usual care — the big picture

Neurosurgery, neuro-oncology, and radiation oncology share care. Not every brain lesion needs immediate radiation. Some small metastases are watched or treated one-by-one; some primaries need a longer course after biopsy or resection.

Where CureRays may fit. CureRays offers image-guided brain radiation with a custom mask. We will state the goal (control a spot, treat the cavity, or a wider field) and the steroid plan. Confirm driving and seizure precautions.

What radiation treatment usually involves

- MRI review and a mask-making visit (practice if you are anxious)
- Daily or short-course treatments depending on the plan
- Hair change in the field; skin care on the scalp
- Weekly steroid, headache, and thinking checks

Immobilization — why it matters

The mask snaps to the table so the beam matches millimeters of planning. You can signal to stop. It is not worn home.

Side effects you should know about

Effects depend on the area treated, the dose, and other therapies. This list is typical, not a promise and not complete. Confirm your personal list with your clinician.

- **Fatigue, headache, hair thinning** in the field.
- **Steroid** sleep and appetite change.
- **Thinking and mood** — see the brain-focus handout.
- **Rare / serious.** Seizure, sudden weakness, worst headache, or fever on steroids.

What this means for you at CureRays

We will write activity rules (driving, heights, swimming) on your summary. Bring a support person to the consult if thinking is already affected.

Questions to ask

- Are we treating one spot, a cavity, or a wider field — and why?
- What is my steroid taper?
- When may I drive?
- How will MRI follow-up be timed so we do not mistake healing for growth?

How to schedule or learn more

CureRays Radiation Medicine® — 300 Sierra College Drive, Suite 150, Grass Valley, CA 95945

Toll free: (844) CURERAYS / (844) 287-3729 · Office: (530) 802-6400 · office@curerays.com · www.curerays.com