PATIENT EDUCATION

Primary CNS lymphoma & 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?

Primary CNS lymphoma is a lymphoma that starts in the brain, spinal cord, or eye - not a spread from a body lymphoma (that is a different pattern). Diagnosis needs a good biopsy and a full work-up to be sure it is truly 'primary.' Methotrexate-based medicines are the usual backbone. Whole-brain or more limited radiation is used in selected people: after response, when medicines cannot be given, or for comfort. Eyes may need a special plan if they are involved.

What you may notice

- Personality change, confusion, weakness, or a seizure
- Blurry vision if the eye is involved
- Steroid pills that made a scan look better - tell us every dose; they can hide lymphoma
- HIV or immune suppression - say so; the plan changes

Usual care — the big picture

Hematology/neuro-oncology lead medicines. A spinal tap and eye exam are often part of staging. Radiation is not the first step for most fit patients in current practice.

Where CureRays may fit. CureRays delivers image-guided brain radiation when your lymphoma/neuro-oncology team asks for it. We will be clear if the field is whole brain or more limited, and what that means for thinking and hair. Confirm counts, infection risk, and steroids before day 1.

What radiation treatment usually involves

- MRI and systemic-staging review
- Mask-making; practice if you are anxious
- A course length matched to the agreed role of radiation
- Steroid, seizure, and thinking checks

Immobilization — why it matters

The mask holds the head still. You can signal to stop. It is not worn home. See the brain-focus and hair-loss handouts for daily life.

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, hair thinning, and headache.**
- **Thinking and memory change** - more likely with wider fields and older age.
- **Steroid** sleep and appetite change.
- **Rare / serious.** Seizure, sudden weakness, fever on steroids, or worst headache.

What this means for you at CureRays

Ask why radiation is being added now rather than later. The answer should name your fitness for more chemotherapy and the MRI response so far.

Questions to ask

- Is this truly primary CNS lymphoma, or spread from elsewhere?
- Is the field whole brain or more limited?
- What is my steroid taper?
- When may I drive, and who follows MRI after we finish?

How to schedule or learn more

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