PATIENT EDUCATION

Chordoma & 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?

Chordoma is a rare tumor that grows from leftover notochord tissue, usually in the skull base or sacrum (tailbone). It is locally aggressive. Surgery at a high-volume center is the main local treatment when it is possible. Radiation - often a highly conformal or proton plan - is added to the leftover bed or used when surgery is incomplete. This is not a routine 'short palliative bone' course unless the goal is comfort only.

What you may notice

- Headache, double vision, or a change in voice or swallow (skull base)
- Tailbone pain, bowel/bladder change, or a sacral mass
- A long delay to diagnosis - common with rare tumors; bring every disc
- Questions about proton versus standard machine radiation

Usual care — the big picture

A chordoma-experienced surgeon and radiation oncologist should share the plan. Pathology must be confirmed. Referral is appropriate and not a slight to local care.

Where CureRays may fit. CureRays will treat a selected chordoma bed or a metastasis when the indication and dose fit what we can deliver safely. If you need a proton or skull-base center, we will help you get there. Confirm the goal: leftover bed after surgery versus comfort.

What radiation treatment usually involves

- MRI/CT and operative-note review
- Highly immobilized simulation (mask for skull base; vac-bag for sacrum)
- A longer high-precision course in many curative-intent plans
- Swallow, bowel, or bladder supports matching the site

Immobilization — why it matters

Skull-base cases use a tight mask. Sacral cases use a pelvic mold. Accuracy is the point - nearby nerves and bowel sit close to these tumors.

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.

- **Site-specific** headache, swallow change, or bowel/bladder irritation.
- **Fatigue and skin.**
- **Rare / serious.** New weakness, vision loss, or inability to void.

What this means for you at CureRays

Ask whether local treatment here matches published chordoma practice or whether a referral is wiser. That question is in your interest.

Questions to ask

- Who is the chordoma surgeon?
- Is proton or another specialized center a better fit?
- What nerves or organs are we trying to spare?
- How long is MRI follow-up after we finish?

How to schedule or learn more

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