PATIENT EDUCATION

# Late toxicity after brain and CNS radiation

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

## Why late effects can appear

Thinking speed, memory, and stamina can shift months after brain radiation. Rarely, a treated area can break down (radiation necrosis) and look like tumor on a scan — your team sorts that with imaging and exam, not this sheet. If the pituitary or hypothalamus was in the field, hormone glands need lab checks. Blood vessels can narrow years later. This is adult monitoring, not a pediatric late-effects clinic sheet.

## What this sheet is for

Bring it to MRI visits and to primary care so fatigue is not written off as 'just age' when thyroid or cortisol should be checked. Follow the scan interval they wrote.

**Confirm with your care team.** A new seizure, a sudden personality change, or a stroke-like spell is same-day care. Confirm who orders endocrine labs and whether you need a neuropsychology baseline.

## Who usually follows you

- Neuro-oncology or radiation oncology with MRI as scheduled.
- Endocrinology if the pituitary region was treated or labs are off.
- Rehab, speech, or neuropsychology if work, driving, or memory is not returning.

## Monitor for (named conditions)

- **Neurocognitive change** — slower thinking, new memory trouble, or you cannot return to complex work.
- **Radiation necrosis** — new focal weakness, speech change, or a growing MRI abnormality in the old field.
- **Leukoencephalopathy** after some whole-brain or chemo-radiation plans — gait or thinking change.
- **Somnolence syndrome** (subacute, usually weeks after) — extreme sleepiness that needs a call, not a silent wait.
- **Hypopituitarism** — low cortisol, thyroid, sex hormones, or growth-hormone effects (fatigue, fainting, low libido).
- **Hearing or vision change** if the ear or optic pathway was near the field.
- **Cerebrovascular disease** — TIA or stroke years later.
- **Secondary brain tumor** (uncommon, years later) — a new mass on surveillance imaging.
- **Chronic fatigue, mood change, and endocrine-related weight change.**

## Usual surveillance cadence (your letter wins)

- MRI on the interval they wrote (often every 2 to 3 months at first for many tumors, then less often).
- Ask whether morning cortisol, TSH, and sex-hormone labs are due if the sella was in the field.
- Medication review for seizure drugs and steroids at every visit until you are off them.
- A formal thinking test if you or your family notice a lasting change.

## When to call

- Clinic: thinking that is worse than last month, a hormone symptom, or a scan question you want explained in plain words.
- ER or 911: seizure, sudden weakness, the worst headache of your life, or collapse.

## How to schedule or learn more

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