PATIENT EDUCATION

Liver cancer, 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?

Cancers in the liver may start there (hepatocellular carcinoma, bile-duct cancers) or spread from another organ (colon, breast, and others). Surgery, ablation, embolization, transplant evaluation, and medicines are the usual first tools. Focused radiation can treat selected liver tumors that cannot be ablated or resected, or ease pain.

What you may notice

- Right-upper abdominal pain, fullness, or a mass on scan
- Jaundice or itching
- Known cirrhosis or hepatitis — tell us; liver reserve changes the plan
- A rising CEA or other marker after a colon cancer — mention it

Usual care — the big picture

Hepatology and surgical oncology judge liver function (Child-Pugh and similar scores). Not every liver spot should be radiated. Some should be ablated or operated. Some need only systemic therapy.

Where CureRays may fit. CureRays uses image-guided, often focused, radiation for selected liver tumors when a liver-directed conference agrees. We respect remaining liver function. Confirm whether this is a primary liver cancer or a metastasis — the medicines differ.

What radiation treatment usually involves

- Liver-function labs and imaging review
- Simulation with breath motion managed (breath-hold or gating when used)
- A compact focused course or a longer plan, depending on the case
- Nausea and liver-lab follow-up

Immobilization — why it matters

Breath coaching and a vac-bag keep the liver target reproducible. Practice the breath-hold if you have one.

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 and nausea.**
- **Temporary rise in liver tests** — we watch labs.
- **Rare / serious.** Jaundice, swelling of the belly, fever, or confusion (encephalopathy).

What this means for you at CureRays

Leave with the goal written: treat one spot, bridge to another therapy, or comfort. Ask how much healthy liver will remain.

Questions to ask

- Is this a primary liver cancer or a metastasis?
- Why radiation instead of ablation or surgery?
- How do we protect remaining liver?
- What lab or symptom change should I report this week?

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