PATIENT EDUCATION

Meningioma & 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 condition?

A meningioma grows from the covering of the brain or spinal cord. Most are benign (WHO grade 1). Some are atypical or malignant and need a different plan. Small, quiet meningiomas are often watched. Surgery is used when a tumor is large, growing, or causing symptoms. Focused radiation treats selected leftover tumors, unresectable spots (for example near the skull base), or growth in someone who cannot have surgery.

What you may notice

- Headache, a seizure, vision change, or a sound in one ear - or no symptoms and a scan surprise
- A prior surgery with leftover tumor on MRI
- Hormone or breast-cancer history - mention it; some meningiomas are hormone-sensitive
- Questions about watching versus treating - fair to ask twice

Usual care

Neurosurgery and radiation oncology share care. Not every meningioma needs treatment this year. Grade on pathology, if you had surgery, changes follow-up and the role of radiation.

Where CureRays may fit. CureRays offers image-guided, often focused, radiation for selected meningiomas after MRI review. We will say if watching is still safer. Confirm driving and seizure rules.

What treatment usually involves

- MRI review and, if you had surgery, the operative grade
- Mask-making for a highly conformal plan
- A single-session or short course for many small tumors; longer for some beds
- A written MRI follow-up calendar

Immobilization — why it matters

The mask is the immobilization. Signal if you need a pause. Hair change is only in the beam path.

Side effects you should know about

Low-dose or superficial courses use much less dose than most cancer plans. Effects are usually local. Confirm your list with your clinician — this is not a consent form.

- **Fatigue and headache** for a short time.
- **Hair thinning** in the field.
- **Site-specific** vision or hearing change if those nerves are near - we will name yours.
- **Rare / serious.** Seizure, sudden vision loss, or worst headache.

What this means for you at CureRays

Ask whether the aim is to stop growth of a leftover, to treat without surgery, or to watch. Those three paths are not the same.

Questions to ask

- What WHO grade do I have, if I had surgery?
- Is watching still safe for a year?
- Why radiation instead of (or after) surgery?
- When is the next MRI, and when may I drive?

How to schedule or learn more

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