



PATIENT EDUCATION

Multiple myeloma & 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?

Multiple myeloma is a plasma-cell cancer in the marrow. It can cause holes in bone, high calcium, kidney strain, and anemia. Medicines (and sometimes transplant) control the disease in the marrow. Radiation is a local tool for a painful bone, a mass pressing on the spinal cord, or a lesion at risk of breaking — not a replacement for systemic therapy.

What you may notice

- Bone pain (back, ribs, hips) or a fracture after a minor movement
- Fatigue, thirst, confusion from high calcium
- Frequent infections
- Numbness or weakness in the legs — urgent

Usual care — the big picture

Hematology leads drugs and transplant decisions. Orthopedics may stabilize a bone. Radiation is added for local control or pain.

Where CureRays may fit. CureRays treats painful or threatening myeloma bone sites with image guidance, in step with your hematologist. A short course is common. Confirm whether the goal is pain, cord protection, or both.

What radiation treatment usually involves

- Urgent review if there is weakness or loss of bowel/bladder control
- Simulation of the painful vertebra or bone
- A compact fraction schedule when appropriate
- Pain-medicine and bowel-plan review (opioids constipate)

Immobilization — why it matters

A mold or vac-bag keeps the bone still. After a spine treatment, ask what activity is safe — some bones still need surgical help.



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.

- **Pain flare** for a few days after bone radiation can occur; we will plan for it.
- **Fatigue.**
- **Skin** over the site.
- **Rare / serious.** New leg weakness, inability to void, or fever on active chemo.

What this means for you at CureRays

Radiation can quiet a painful bone while medicines treat the marrow. You should know which team owns fevers and which owns the treated bone.

Questions to ask

- Which bone are you treating, and why now?
- Do I also need a surgeon or a brace?
- How does this sit with my next chemo or transplant?
- What activity is safe this week?

How to schedule or learn more

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