PATIENT EDUCATION

Neuroendocrine tumors & 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?

Neuroendocrine tumors (NETs) can start in the pancreas, bowel, lung, or other organs. Some make hormones (carcinoid syndrome: flushing, diarrhea). Grade and how they look on special scans (including DOTATATE PET when used) guide care. Surgery, hormone shots, targeted drugs, and peptide radionuclide therapy are the usual disease tools. External radiation is a local tool for a primary that cannot be removed or for a painful bone or other metastasis.

What you may notice

- Flushing, diarrhea, or wheezing that comes in spells
- Belly pain or a mass found on a scan
- A slowly rising tumor marker
- Confusion with 'neuroendocrine carcinoma' (higher grade) - ask us to write the exact name

Usual care — the big picture

A NET-experienced team should lead. Not every NET needs immediate treatment. Radiation is not a substitute for somatostatin analogs or PRRT when those are the right systemic path.

Where CureRays may fit. CureRays treats selected NET primaries or metastases with image guidance when your NET team agrees. We will state the goal (pain, a threatening bone, or a leftover bed). Confirm hormone crisis precautions if you have a functioning tumor.

What radiation treatment usually involves

- Review of pathology grade and recent functional scans
- Simulation of the agreed site
- A short course for many bone metastases; longer if a primary bed is treated
- A bowel and flushing plan if carcinoid syndrome is active

Immobilization — why it matters

Immobilization matches the site - mask, vac-bag, or limb rest. Tell us about octreotide or other shots so we do not schedule against them by accident.

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** skin, bowel, or bone-pain flare.
- **Fatigue.**
- **Rare / serious.** Heavy flushing with low blood pressure, fever, or new bone weakness.

What this means for you at CureRays

Ask us to write 'NET grade ___ starting in ___' on your summary so internet searches do not mix high-grade neuroendocrine carcinoma stories with yours.

Questions to ask

- What is my exact type and grade?
- Is radiation for a primary, a bone spot, or both?
- How does this fit with hormone shots or PRRT?
- What symptom means I should go to urgent care?

How to schedule or learn more

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