PATIENT EDUCATION

Rheumatoid arthritis & low-dose radiation

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?

Rheumatoid arthritis (RA) is an autoimmune disease that inflames joints — often hands, wrists, and feet — and can affect other organs. It is different from osteoarthritis (wear-and-repair). Medicines that calm the immune system are the foundation. Low-dose radiation is sometimes considered for a joint that stays painful after good medical care, not as a replacement for DMARDs.

What you may notice

- Warm, swollen joints on both sides of the body
- Morning stiffness that lasts longer than osteoarthritis stiffness often does
- Fatigue and flares
- Worry that radiation will “replace” your rheumatologist — it will not

Usual care

Rheumatology leads diagnosis and medicines (methotrexate and many others). Physical therapy, joint protection, and sometimes injections or surgery are used. Radiation is an adjunct for selected joints.

Where CureRays may fit. CureRays may offer low-dose image-guided / DEEP-SRT™-style treatment to a selected painful joint when your rheumatologist and radiation oncologist agree. We will not stop your RA medicines unless that team says to. Confirm infection risk if you are on immunosuppression.

What treatment usually involves

- Joint exam and imaging review with your medicine list
- A short series of outpatient sessions to the chosen joint
- A mold or cushion so the joint stays still
- A plan for flares (ice, medicines you are already allowed)

Immobilization — why it matters

A soft mold or brace holds the joint in the planned position. You are not casted for weeks. Light activity is usually fine the same day unless we say otherwise.

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** — usually mild.
- **Possible flare** of joint pain for a few days.
- **Skin** redness over the joint.
- **Rare / serious.** Fever on immunosuppression, sudden one-sided swelling, or chest pain.

What this means for you at CureRays

If we treat a joint, the goal is comfort and function in that joint — not a cure of RA in the whole body. Keep every rheumatology appointment.

Questions to ask

- Have I had an adequate medicine trial for this joint?
- Which joint would you treat, and why not the others?
- How do we handle infection risk on my biologics?
- What would success look like in 8–12 weeks?

How to schedule or learn more

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