

Frequently Asked Patient and Caregiver Questions about Radiation Fibrosis Syndrome

1. What is Radiation Fibrosis Syndrome (RFS)?

RFS is collective term for specific side effects that cancer patients may experience because of radiation damage during cancer treatment. Symptoms may include red or hardened skin and tissue, a greater susceptibility to bone fractures, a decline in muscle function, and/or nerve pain.

2. Who gets RFS?

Patients who receive radiotherapy for cancer treatment experience RFS at some point in their recovery.

3. When does RFS begin?

It begins immediately due to repetitive DNA damage from radiation, but functional decline may not be seen or experienced until 3-12 months after radiotherapy. RFS is progressive in nature, which means it worsens over time.

4. Can RFS be prevented?

Unfortunately, if a patient receives radiotherapy, RFS in some form, at some point is inevitable. Currently, oncologists are working toward improving radiotherapy techniques to minimize the negative side effects of radiation. At this point in time, the only way to escape RFS is to not receive potentially life-saving radiotherapy.

5. Why do some patients have more severe RFS than other patients?

Certain cancer patients are more susceptible to the side effects of RFS than others. It depends on the patient's age, medical history, whether the patient also underwent surgery and/or chemotherapy, and the intensity and frequency of radiation dosage he or she has received. Research also shows that genetics plays a role in our body's response to radiation damage.

6. How can the effects of RFS be minimized?

Research shows that daily, frequent exercises that stretch and strengthen the skin tissue and muscle fibers targeted by radiotherapy can make a difference in improving and/or fighting against further functional decline.

7. Is there a cure for RFS?

There is no cure for RFS at this time, but it is a condition that can be managed with therapeutic exercises prescribed by rehabilitation specialists.