

Bringing hope of beating cancer with radiation therapy

April 1, 2000

The Report: April / May 2000 vol.21 num.2

by YUKIE KURAHASHI

<p>Wendy Webb Radiation Therapist BC Cancer Agency - Cancer Centre for the Southern Interior</p>

People often ask Wendy Webb why she chose radiation therapy as a career. "I work with cancer patients every day, so people ask me if I find it really depressing," she says. "But its not at all. People are tremendously resilient and resourceful, and you get a real feeling of satisfaction in helping them to get better, or in relieving their pain."

Webbs open enthusiasm is heartening, as is the compassion with which she speaks about her daily work. "Our patients are wonderful, for the most part. Theyre surprisingly cheerful and upbeat, and the relationships that you develop are really special."

Radiation therapy is the treatment of cancer ... and occasionally, benign conditions ... with ionizing radiation. "The radiation interacts with and damages all cells. The diseased cells are damaged beyond repair, but the normal cells, being stronger, can recover and repair themselves," Webb explains.

Radiation therapists use different energies of radiation to treat different conditions. "Radiation at the kilovoltage level would be used to treat surface skin legions, such as seen in skin cancer," Webb says, "whereas megavoltage is used to treat deep-seated tumours."

This treatment, Webb explains, is one of three main treatment modalities for most cancers, along with chemotherapy and surgery. The two largest groups of patients she sees are breast cancer and prostate cancer patients.

"Most of the time, patients referred for radiation therapy are newly diagnosed, so theyre still seeming quite well," she says. "Theyre working and living normal lives. The majority of our patients dont look remarkably ill." The exception, Webb notes, are palliative care patients. "When the cancer metastasizes, and the disease is no longer deemed curable, some patients are given radiation therapy to alleviate their pain," she says. "The radiation works to shrink the tumours, which is able to relieve pain in some patients ... for example, in those

whose cancer has spread to the bone."

Webb says despite her 25 years of experience in radiation therapy, seeing the more gravely ill patients doesn't get any easier emotionally. "Sometimes it seems so unfair," she says. "But you have to keep things in perspective, and remind yourself that you're doing the best that you can to help them."

Wendy Webb currently works in the Cancer Centre for the Southern Interior in Kelowna, where she is the Assistant Planning Module Leader. "There's a planning aspect to radiation therapy, as well as the treatment aspect," she explains. "Most therapists work in either the planning or the delivery. For the last 19 years, I've been involved with planning radiation therapy."

"Unlike other technologies where you can redo the treatment, with radiation therapy you can't go back. The radiation has to be planned very accurately. Until last year, I worked in what's called the Mould Room, where we make immobilization devices. These are used to help patients lie perfectly still during treatment."

"We make an individualized mask or shell that the person wears for each treatment session. This holds them in the correct position, and also holds all the marks that the therapists use to set patients up for treatment. Patients come for anywhere between a single treatment to a series of 35 treatments, so it's important to be able to tell exactly which area is treated each time."

After being fitted for a mould, each patient is sent through a simulation to finalize treatment areas. "We use fluoroscopy and x-rays to define the exact area for treatment, or for some patients we use a CT scan," Webb says. "After the simulation, individual treatment plans are made, and the information is then used to develop the dosimetry, which determines the amount and rate of radiation per treatment."

As Assistant Planning Module Leader, Webb is responsible for the day-to-day supervision of approximately 10 staff in the planning area. "I do trouble-shooting and try to make their lives easier if I can," she says. "I try to make sure everyone has enough coverage, but this is difficult because we have diverse areas and the skills are so specialized. We're all professionals, and we have highly skilled therapists who work independently. I encourage everyone to work as a team. Everybody's input is important."

Type:

[The Report](#)

- [Print](#)
- [PDF](#)

180 East Columbia
New Westminster, BC V3L 0G7

Website
www.hsabc.org

Telephone 604-517-0994
1-800-663-2017