PATIENT EDUCATION

Breast cancer & 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?

Breast cancer starts in the ducts or lobules of the breast. Types include DCIS (non-invasive), invasive ductal or lobular cancer, and less common forms. Care is built around the stage, receptors (ER, PR, HER2), your overall health, and your goals. Radiation is often used after lumpectomy, and sometimes after mastectomy, to lower the chance of cancer returning in the breast or chest wall.

What you may notice

- A lump, skin dimpling, nipple change, or a finding on a mammogram or MRI — many people feel well
- Swelling in the arm or chest if nodes are involved (see the lymphedema handout)
- Tiredness during a radiation course even when the skin looks only pink
- Worry about reconstruction, appearance, and family risk — all fair to raise in clinic

Usual care — the big picture

Typical paths include surgery (lumpectomy or mastectomy), medicines (hormone therapy, chemotherapy, or HER2-targeted drugs when indicated), and radiation when it adds local control. Not every person needs every piece. Screening and survivorship continue after treatment.

Where CureRays may fit. CureRays offers image-guided external radiation for selected patients after breast surgery, and coordinates with your surgeon and medical oncologist. Superficial techniques are for skin cancers, not a substitute for whole-breast or chest-wall planning. Your team decides if radiation is part of your plan. Confirm details at your visit.

What radiation treatment usually involves

- Consultation and review of surgery, pathology, and imaging
- A planning session (simulation) with arm position that you can hold each day
- A series of outpatient treatments — each visit is usually brief
- Skin checks and a written skin-care plan

Immobilization — why it matters

The arm position and any breast board or mold keep the same tissue in the beam each day. You go home after each visit. Tell us about shoulder limits before simulation.

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.

- **Skin.** Pinkness, tan, or tenderness in the field — see the skin-care handout.
- **Fatigue.** Common in the last weeks; pacing helps.
- **Breast or chest tightness.** Usually eases; report new swelling.
- **Rare / serious.** Trouble breathing, fever, or a red hot swollen arm need a same-day call.

What this means for you at CureRays

Radiation after breast-conserving surgery is a standard option for many people. Your stage, margins, nodes, and reconstruction change the field and timing. We will explain expected benefit in plain language without invented percentages for your exact case.

Questions to ask

- Is radiation recommended after my surgery — and why or why not?
- How will you protect the heart and lung if the left breast is treated?
- What skin care should I use, and when can I wear a prosthesis or underwire?
- Who follows me for mammograms and survivorship after this course?

How to schedule or learn more

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