PATIENT EDUCATION

Gynecomastia & 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 gynecomastia?

Gynecomastia is enlargement of male breast gland tissue, often from a hormone imbalance, certain medicines, or other medical conditions. It can be one-sided or both sides, tender or painless. It is usually benign (not cancer), but new breast lumps in men still need proper evaluation to rule out other causes.

What you may notice

- A firm or rubbery disk of tissue under the nipple/areola
- Breast tenderness or sensitivity
- Visible enlargement that affects clothing fit or body image
- Onset after starting a new medicine, hormone therapy, or with a known endocrine condition

Usual care options

Evaluation looks for reversible causes (medicines, hormones, liver/thyroid issues). Observation, stopping an offending drug when possible, medical therapy in selected cases, and surgery (reduction) are options. **Preventive or early low-dose radiation** is sometimes used — especially when starting estrogen-related therapy for prostate cancer — to reduce the chance of painful enlargement.

Where CureRays may fit. For selected men (including those starting androgen-deprivation / estrogen-related therapy), CureRays may offer **low-dose breast radiation** aimed at preventing or treating symptomatic gynecomastia. Timing relative to hormone therapy matters. Your oncology and radiation team decide if it fits your plan.

What treatment usually involves

- Consultation to confirm the diagnosis and rule out other breast pathology when needed
- A short outpatient radiation course to the breast tissue — visits are typically brief
- Careful positioning and shielding as planned by the team
- No surgical scar from the radiation itself; same-day return home
- Coordination with your prescribing clinician if hormone therapy is involved

Timing with hormone therapy

When radiation is used to help **prevent** gynecomastia related to hormone therapy, it is often given around the time that therapy starts — before enlargement is established. Once firm glandular tissue has been present a long time, radiation may help symptoms less, and surgery may be discussed instead. Ask about the best window for your situation.

Side effects you should know about

Low-dose breast radiation in this setting is generally brief. Common themes to plan for:

- **Skin.** Mild redness or sensitivity of the treated breast/nipple area can occur and usually settles.
- **Tenderness.** Temporary breast tenderness is possible.
- **Fatigue.** Mild tiredness may occur during the short course.
- **Rare / serious.** Unexpected lumps, skin breakdown, or fever should be reported promptly. Long-term breast tissue effects are discussed individually.

Evidence in plain words

Low-dose prophylactic breast irradiation has a long clinical history for reducing gynecomastia risk in men starting certain hormone therapies. Exact benefit depends on timing, dose, and the hormone regimen. We do not invent a personal success percentage here — ask your team for expectations that match your case.

What this means for you at CureRays

If you are starting therapy that commonly causes painful breast enlargement, or you have early symptomatic gynecomastia, radiation may be one preventive or early treatment option. Established long-standing tissue may need a different approach. CureRays will explain timing and alternatives.

Questions to ask

- Is radiation meant to prevent gynecomastia, treat early symptoms, or is surgery a better fit?
- How should timing align with my hormone therapy or other medicines?
- What skin care and activity limits apply during the course?
- What follow-up will confirm the breast tissue is responding as expected?

How to schedule or learn more

CureRays Radiation Medicine® — 300 Sierra College Drive, Suite 150, Grass Valley, CA 95945
Toll free: **(844) CURERAYS** / (844) 287-3729 · Office: (530) 802-6400 · office@curerays.com · www.curerays.com
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