PATIENT EDUCATION

Late toxicity after lung and chest radiation

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

Why late effects can appear

Lung tissue can inflame 1 to 6 months after a course (pneumonitis) and later stiffen (fibrosis). The esophagus can narrow. Heart muscle, arteries, or the sac around the heart can show strain years later after some mediastinal or left-chest plans. Immunotherapy can overlap with pneumonitis — your teams should know both calendars.

What this sheet is for

Keep it with your CT-scan schedule. Named conditions help pulmonary, cardio-oncology, and primary care watch the same list. Your imaging interval is set by the cancer plan, not this handout.

Confirm with your care team. A dry cough and fever a month after finishing is not 'just a cold' until someone on your cancer team hears it. Confirm whether steroids, inhalers, or a cardiology visit are already on your plan.

Who usually follows you

- Medical and radiation oncology with chest imaging as written.
- Pulmonary clinic if breathing does not return to your baseline.
- Cardio-oncology if the heart was in a meaningful dose region or you had cardiotoxic chemo.

Monitor for (named conditions)

- **Radiation pneumonitis** — dry cough, low-grade fever, or new oxygen need 1 to 6 months after RT.
- **Pulmonary fibrosis** — lasting shortness of breath or a drop in walking distance.
- **Recurrent pneumonia** in the old field.
- **Esophageal stricture** — food sticks, you vomit undigested food, or you move to softer textures without meaning to.
- **Coronary artery disease, pericardial disease, or valve strain** — chest pain, swelling, or breathlessness years later.
- **Brachial plexopathy** after an apex or high-chest field — arm pain, weakness, or numbness.
- **Rib fracture or chest-wall pain. Skin telangiectasia** in the old field.
- **Secondary malignancy** (uncommon) in the irradiated chest — a new mass or changing skin lesion.

Usual surveillance cadence (your letter wins)

- Chest CT or PET/CT on the oncology calendar they wrote.
- Ask about pulmonary function tests if you had a large lung volume treated or you are more short of breath.
- Heart-risk care (blood pressure, lipids, smoking stop) matters more after chest RT — ask who owns it.
- A swallow clinic visit if food sticks more than a few weeks after the course.

When to call

- Clinic: a dry cough that is new after finishing, food that sticks, or walking distances that shrink.
- ER or 911: severe breathlessness, coughing blood, or crushing chest pain.

How to schedule or learn more

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