PATIENT EDUCATION

Lung 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?

Lung cancer includes non-small-cell (NSCLC) and small-cell (SCLC) types. Smoking is a major risk, but never-smokers get lung cancer too. Stage, cell type, and molecular tests guide surgery, radiation, immunotherapy, and targeted drugs. Radiation may treat the chest for cure, ease a blocked airway or bone pain, or treat the brain if needed.

What you may notice

- Cough, coughing blood, chest pain, or shortness of breath
- Weight loss, hoarseness, or repeated “pneumonia”
- Some cancers are found on a screening CT while you feel well
- Anxiety about breathing during treatment — tell us; we coach breath-hold when used

Usual care — the big picture

Early NSCLC may be surgery or stereotactic radiation if you cannot have (or do not want) an operation. Locally advanced disease often uses chemoradiation. SCLC is usually chemotherapy plus radiation. Immunotherapy is common in modern care. Screening exists for people who meet criteria — ask if that is you or a family member.

Where CureRays may fit. CureRays offers image-guided external radiation, including focused courses when appropriate, for selected lung cancers and for metastases in the chest. We coordinate with medical oncology and pulmonology. Confirm whether your case is curative or comfort-focused — the daily plan differs.

What radiation treatment usually involves

- Review of CT/PET and breathing tests
- Simulation with arms positioned; breath-hold if you can do it safely
- Outpatient fractions — number depends on goal and size
- Weekly cough, oxygen, and energy checks

Immobilization — why it matters

Holding still and following breath cues keeps the tumor in the high-dose region and spare more lung when possible. Tell us about shoulder or oxygen limits before day 1.

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.

- **Fatigue and cough.** Common; report a sudden change.
- **Esophagus.** Painful swallow if the field includes the mid-chest.
- **Skin.** Mild redness on the chest or back.
- **Rare / serious.** Sudden air hunger, chest pain, fever, or coughing blood — call same day or 911.

What this means for you at CureRays

Radiation can be a primary treatment, a partner to chemotherapy, or a way to relieve symptoms. We will not invent a survival percentage for you. We will explain the goal of your course in one sentence you can repeat.

Questions to ask

- Is the goal cure, control, or comfort?
- How will you protect healthy lung and the heart?
- Do I need a breath-hold, and what if I am anxious?
- What symptoms mean I should go to the emergency department?

How to schedule or learn more

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