PATIENT EDUCATION

Peyronie's disease & 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 Peyronie's disease?

Peyronie's disease is a benign condition in which scar-like plaque forms in the tunica of the penis, causing curvature, indentation, shortening, or pain with erection. It can affect sexual function and emotional well-being. It is not cancer and it is not caused by something you did "wrong."

What you may notice

- New curvature, narrowing, or hinge effect with erection
- A firm plaque you can feel under the skin
- Pain in the acute (inflammatory) phase
- Difficulty with intercourse or distress about appearance/function

Usual care options

Urology-led care may include observation during early change, oral or injectable medicines in selected cases, traction devices, and surgery or other procedures for stable deformity. **Low-dose radiation** has been used in some centers for pain and early inflammatory plaque — it is not the most common U.S. first-line therapy and is considered selectively.

Where CureRays may fit. For selected patients — especially in an early painful phase — CureRays may discuss **low-dose radiation** as part of a urology-coordinated plan. Your urologist and radiation oncologist decide whether medicines, injections, observation, or procedures are more appropriate first.

What treatment usually involves

- Urology confirmation of diagnosis and disease phase (acute vs stable)
- If appropriate, a short outpatient radiation course targeting the plaque region
- Privacy, careful positioning, and shielding as planned
- Continued urologic follow-up for curvature, pain, and function
- Clear goals (often pain relief in the acute phase) agreed up front

Acute vs stable disease

In the **acute** phase, pain and changing curvature are common; anti-inflammatory strategies (sometimes including radiation in specialized practice) aim to calm symptoms. In the **stable** phase, deformity that limits function is more often addressed with urologic procedures. Radiation does not reliably "straighten" a long-stable bend by itself.

Side effects you should know about

When used, doses are low. Discuss personal risks; themes include:

- **Skin.** Temporary redness or sensitivity in the field can occur.
- **Fatigue.** Mild tiredness is possible.
- **Urinary / sexual symptoms.** Report new problems promptly; most men continue urology-directed care for function.
- **Rare / serious.** Fever, severe pain, or unexpected swelling need prompt evaluation.

Evidence in plain words

Evidence for radiation in Peyronie's is limited (largely single-group series). It is not universally guideline-first therapy. We therefore do **not** quote improvement rates here. Any recommendation will be individualized with your urologist, with honest goals (often pain in early disease).

What this means for you at CureRays

Radiation is one specialized option among several. CureRays will only proceed when urology collaboration and your goals align — and will say so plainly if another path is better.

Questions to ask

- Am I still in the acute painful phase, or is my deformity stable?
- What are the pros/cons of radiation versus injections, traction, or surgery for me?
- What functional outcome should I realistically expect?
- How will we protect privacy and coordinate follow-up with urology?

How to schedule or learn more

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