PATIENT EDUCATION

Soft-tissue sarcoma & 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?

Soft-tissue sarcomas are uncommon cancers of muscle, fat, or connective tissue. They can grow as a painless deep lump. Care is best at a team that sees sarcoma often: surgery with wide margins, radiation before or after, and medicines for some subtypes. A “lumpectomy” in a general clinic without imaging can complicate later care — say if that already happened.

What you may notice

- A growing mass in a limb or the trunk
- Pain if it presses on a nerve
- A scan that shows a deep, solid tumor
- A prior “benign lipoma” surgery that turned out to be sarcoma — tell us the whole story

Usual care — the big picture

Biopsy should be planned so the tract can be removed later. MRI maps the tumor. Radiation before surgery can shrink and “sterilize” margins; after surgery it treats the bed. Some types (for example, GIST) are medicine-led.

Where CureRays may fit. CureRays provides image-guided pre- or post-operative radiation for selected sarcomas, with limb-sparing intent when possible. We coordinate with sarcoma surgery. Confirm the sequence before anyone books an unplanned excision.

What radiation treatment usually involves

- MRI and pathology review (grade, subtype, margins)
- Simulation of the tumor or the surgical bed with a generous but thoughtful field
- Daily treatments; skin care on a limb can be tricky — we teach it
- Therapy for stiffness (PT) during and after

Immobilization — why it matters

A custom mold, cast-like cushion, or bolus (a tissue-equivalent layer) may be used so the dose reaches the scar or skin when needed. Immobilization is for the beam, not a multi-week cast.

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** — often the main day-to-day effect on a limb.
- **Stiffness and swelling.** Move as PT allows.
- **Fatigue.**
- **Rare / serious.** Wound breakdown after pre-op radiation, fever, or a cold pulseless foot/hand.

What this means for you at CureRays

The aim is usually to help you keep the limb and lower local return. We will not promise a percent. We will show the scar and the field on a picture.

Questions to ask

- Should radiation be before or after surgery?
- Who is the sarcoma surgeon?
- How will we protect joints and the wound?
- What surveillance MRI schedule do you use?

How to schedule or learn more

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