

Information for Patients Receiving Radiation Therapy: Breast Cancer or Ductal Carcinoma in Situ (DCIS) of the Breast



Why is radiation therapy used to treat breast cancer or DCIS?

Breast cancer or DCIS may be treated with a combination of treatments such as surgery, radiation therapy, chemotherapy and hormone therapy. Radiation therapy uses radiation from high-energy X-ray machines to kill cancer cells. Radiation is used to lower the chance of the cancer returning in the breast, chest wall (and lymph node areas).

What will happen on the day I come for my treatment planning?

Your first visit to the radiation therapy department is called your “treatment planning appointment”. This will take about 45 minutes.

You will be x-rayed, measurements will be taken and markings will be placed on your skin. Your x-rays for treatment planning may be done by an x-ray machine or a CAT scanner. The x-rays do not hurt and you do not have to hold your breath. It is important that you lie still.

Your Radiation Therapists will make every effort to make you comfortable during the x-rays. They will explain every step of what they are doing. The measurements from your x-rays will be used to plan your treatments.

Before you get up off of the x-ray bed, your Radiation Therapists will give you small tattoo marks. They are about the size of the tip of a pen and are permanent. You may have 4 to 6 tattoos on your chest or breast area. They will be used each treatment day to position you. After your treatment planning appointment, you may have some extra ink on your skin. It can be washed off when you get home.

At your treatment planning appointment, your Radiation Treatment Team members will answer any questions you may have. These may include questions about side effects, when your treatments will start, skin care, lodging, or other questions. Many people find it helpful to bring someone along to this appointment.

How long will it be until I start my radiation treatments?

After your treatment planning appointment, you will usually wait a few weeks before your treatments start. You will be notified of the start date for your radiation treatment as soon as your planning is completed and a time has been booked for the radiation treatment machine. Every reasonable effort will be made to start your treatments as soon as possible, and within recommended wait time.

How long will my treatments take?

Once your treatments begin you should expect to have 3 1/2 to 6 weeks of radiation treatments. The treatments are given 5 days a week, Monday to Friday (except holidays). You may not necessarily start your treatments on a Monday.

Your appointment each day will take about 15 minutes. This allows 5 to 10 minutes to get you into position and only a few minutes of actual radiation treatment. Your first treatment will be longer than 15 minutes, so expect to be at the clinic a little longer your first day. You will be asked to put on a hospital gown before treatment each day, so please come a few minutes early to get changed.

Once a week, you will see your Radiation Oncologist and/or Oncology Nurse for a checkup after your treatment. Be prepared to be here longer that day. You may also ask to be seen any other day if you have an urgent problem or question.

What side effects will I have during the radiation treatments (and the first few weeks after)?

In general, radiation therapy to the breast area causes mild side effects. In the first couple of weeks of treatment, there should be few side effects except for a little tiredness. For most people, side effects appear toward the end of the radiation treatments and may peak 1 or 2 weeks after they are finished. The side effects should go away over the next several weeks.

If you have any questions during your treatments, please ask a member of your Radiation Treatment Team – your Radiation Oncologist, Radiation Therapist, or Oncology Nurse.

Common side effects include:

- **Fatigue (Tiredness)**

Fatigue caused by radiation therapy is usually mild. You may be more tired after a usual activity or may need to rest more than usual. You will be given an **information sheet** with suggestions to help you cope with the fatigue.

- **Skin reaction**

Your skin in the treatment area may become dry and itchy, pink or even red. Some dark skinned patients may have increased darkening of the skin.

There may be small areas of dry or sometimes wet peeling of the skin. For those women who have not had a full mastectomy, there may be areas of tenderness, especially at the upper inner part of the breast, the nipple, or the crease underneath the breast.

We have listed some “Do’s and Don’ts” that will help you cope with the changes your skin may have, and even help prevent your skin reaction from worsening:

1. **You can wash and bathe:** It is best if you take short showers or baths with lukewarm water. Try not to have the stream of water hit your breast or chest wall directly. Use a gentle, non-perfumed soap. After bathing, dry your breast or chest wall with a soft towel and pat dry...**do not rub** or scrub with the towel.
2. **Do not shave under your arm:** While having your radiation treatments, and for a few weeks after, it is best not to shave under your arm on the side of your body that is being given treatment.
3. **You can use an unscented under arm product:** The product should be used minimally. It should not be put on just before your treatment each day. If your underarm becomes tender or reddened, it may be best to stop using the product until the reaction in your underarm goes away.
4. **Do not scratch or rub your skin** in the treatment area.

5. **Wear comfortable, soft clothing:** It is best to wear clothing that is not too tight. Loose clothing may reduce rubbing and friction against the skin that is being treated. Fabrics that touch the skin in the area being treated should be soft and gentle, like cotton.
6. **Do not use adhesive tape or sticky bandages** in the treatment area.
7. **Use the medications given to you by your doctor:** If your skin has started to become red and itchy, and the creams you are using are no longer helping, ask your Radiation Treatment Team about another cream to use. Hydrocortisone cream is often recommended, and should be used twice a day to help with the discomfort. If your skin has areas of moist peeling, you should stop using the hydrocortisone cream. Your Radiation Oncologist will prescribe another cream to use.

You will also be given a separate **information sheet** with suggestions for skin care during the radiation.

- **Changes to Your Breast**

If you have not had a mastectomy you may have changes to your breast that is being treated. The breast reacts by holding more fluid in the tissues and the breast may appear fuller or feel heavier. You may also have occasional mild, unusual sensations within the breast such as a tug, twinge or pull.

Could I get lymphedema (arm swelling) after my treatments?

Your treatment plan may include radiation treatment to the lymph node areas in your underarm (axilla). After surgery, the addition of radiation to the axilla can result in problems with the drainage of lymph fluid from the arm. This would be seen as swelling of the arm. Your Radiation Oncologist will advise you of your individual risk.

If appropriate you may be sent to a lymphedema specialist for education and advice. There is also an **information sheet** about lymphedema.

How will the treatments affect My Sexuality?

Most people with cancer (and their partners) experience a number of physical, emotional and practical changes through their treatment and recovery. These changes can happen during treatment and recovery and may affect your sexual health.

There may be changes in how you look, or how you think you look, that can affect how you feel. This may affect how you respond sexually. Reactions of a partner can also add to how you see yourself as a sexual being.

You may notice periods of time during treatment and recovery when you have little interest in sex. This may be upsetting to you and your partner. You may have worries (like concerns about your cancer, treatments and how the illness is affecting your life) and these can affect both your own and your partner's interest and enjoyment of sex.

If you are single, you may have different worries and challenges such as how to talk about sexuality and cancer with a new partner.

If you or your partner would like more information about how your treatment might affect sexual activity, or you would like to discuss concerns, please ask your nurse, radiation therapist, or radiation doctor. We can give you more information to read. If you would like to talk to someone, there are a number of health professionals available in our cancer program who can discuss concerns about sexuality with you (and your partner).

What is Supportive Care?

Cancer is a physical disease but it also can affect how you think and feel. Your emotional health and well-being are very important as you go through your treatments. It is normal for you and your family to have many feelings at this time. You may feel anxious, frightened, worried, angry, or depressed.

There is support available in the cancer program. A number of health care professionals may be available for you and/or your family: they can include a social worker, nurse, therapist, spiritual care counselor, psychologist, and psychiatrist. They can help you cope with cancer and the emotions you are experiencing, as well as help with stress management, lifestyle changes, financial concerns or medication coverage.

At any time you can ask your Radiation Oncologist, Nurse or Radiation Therapist to refer you to this support team. You will then receive a call from a member of the team to set up a separate appointment.

There are also Support and Wellness Groups available where you can talk with or listen to others who have a similar experience, or learn more about cancer and how to live well with it. Information about these groups is available at the reception desk at your Cancer Centre or through the Canadian Cancer Society – Nova Scotia Branch.

Questions you may want to ask your Health Care Team:

1. What will be the timing of my chemotherapy and radiation treatments?
2. Do I have to do anything to prepare for my radiation markings or treatment?
3. Can I bathe or wash?
4. What should I expect to happen during my treatments?
5. How will I cope with the side effects?
6. How will I know if the treatments are working?
7. What happens when the treatments end?
8. Do I need to come back for a checkup?
9. Will I have any long-term side effects from my treatments?
10. Who can I talk to if I have questions about supportive care; for example, medication costs, insurance, home care, transportation, emotional concerns, or any other questions?
11. Is there a research study for my cancer type that might be appropriate for me? (or that I could be involved in?)



Prepared by: Radiation Therapy Sub-committee of the Nova Scotia Cancer Patient Education Committee,
Cancer Care Nova Scotia (CDHA and CBDHA members)

Approved by: Nova Scotia Cancer Patient Education Committee, Cancer Care Nova Scotia
Department of Radiation Oncology, Capital District Health Authority, Halifax, NS
Department of Radiation Oncology, Cape Breton District Health Authority, Sydney, NS