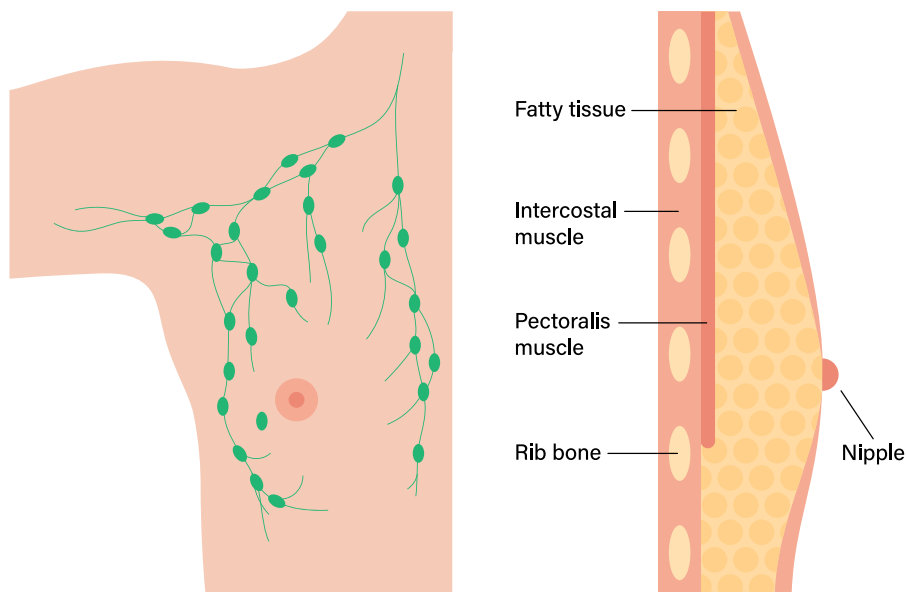


Information for Patients Receiving Radiation Therapy: Breast Cancer or Ductal Carcinoma in Situ (DCIS) of the Breast

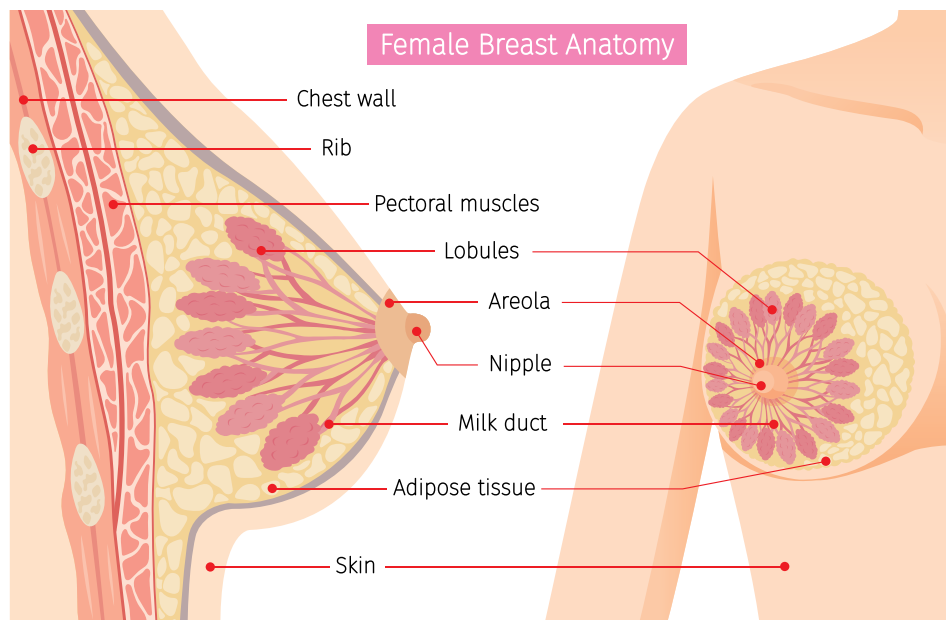
Information for Patients Receiving Radiation Therapy: Breast Cancer or Ductal Carcinoma in Situ (DCIS) of the Breast

Everyone has a layer of fat that lies between the skin and underlying muscles on the front of your chest. This fatty layer contains lobes and ducts that lead to the nipple. Benign and cancerous lumps can develop in this tissue and are most commonly seen in individuals assigned female at birth, regardless of gender identity. Although rare, individuals assigned male at birth, regardless of gender identity can also develop both benign and malignant lumps. The process of radiation therapy—including treatment and side effect management—is not gender-specific and will be discussed in the following sections.

Male Breast Anatomy



Female Breast Anatomy



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 simulation markings appointment?

Your first visit to the radiation therapy department is called your simulation markings appointment. This may take about 45 minutes.

A CT scan will be done with you lying on your back with your arms above your head. It is important that you lie still. Your radiation therapists will make every effort to make you comfortable during the CT scan. They will explain every step of what they are doing. Your CT scan will be used to plan your treatments.

As the last step, your radiation therapists may give you small tattoo markings. They will be used each treatment day to position you. After your simulation markings appointment, you may have some extra ink on your skin. It can be washed off when you get home.

At your simulation markings appointment, your radiation treatment team members will answer any questions you may have. 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 simulation markings appointment, you will usually wait a few weeks before your treatments start as it takes time to create your individual treatment plan. You will be notified of the start date for your radiation treatment as soon as your treatment plan is completed, and a time has been booked for the radiation treatment machine. Every effort will be made to start your treatments as soon as possible.

How long will my treatments take?

You should expect to have 1-5 weeks of radiation treatments. The treatments are usually given 5 days a week, Monday to Friday, except for holidays but this may vary. Each treatment appointment will take about 15-30 minutes. If you are booked to see your radiation oncologist and/or oncology nurse, be prepared to be here longer that day.

What side effects will I have during the radiation treatments?

In general, radiation to the breast area causes mild to moderate side effects.

For most people, side effects tend to appear midway through the course of your radiation treatments and peak 1 or 2 weeks after the treatments are finished. Usually these side effects go away over the next 4-8 weeks. If you have questions during your treatments, please ask a member of your radiation treatment team.

Common side effects include:

- **Fatigue (Tiredness)**

- › Levels of fatigue can vary from patient to patient. You may be more tired than normal after usual activity and may need a nap or rest after each treatment. For more information on how to manage this side effect, please read the Nova Scotia Health patient education pamphlet, Managing Cancer-Related Fatigue:
<https://www.nshealth.ca/patient-education-resources/nshccp4030>

- **Difficulty swallowing**

- › If your radiation plan includes treatment of your lymph nodes you may experience irritation of your esophagus (the tube food goes down when you swallow). When your esophagus is irritated, it may feel like you have a “lump in your throat”. Some foods may be more difficult to swallow. You will be given an information sheet with suggestions to help you cope with swallowing problems.

- **Skin reaction**

- › Your skin in the treatment area may become dry and itchy or pink. Some patients may have increased darkening of the skin (hyperpigmentation).
- › A skin reaction may happen on the front, back or sides of your body. You are allowed to wash and bathe. Your tattoo marks will not wash off. Try not to scratch or rub the affected area. For more information on how to manage this side effect, please read the Nova Scotia Health patient education pamphlet, Skin Care During Radiation Therapy:
<https://www.nshealth.ca/patient-education-resources/NSCCP1237>

- **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.

- **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.
<https://www.nshealth.ca/patient-education-resources/NSHCCP4091>

Will radiation treatments affect my sexuality?

Most people with cancer (and their partners) experience a number of physical, emotional, and practical changes. These changes can happen during treatment and recovery and may affect your sexual health. There may be changes in how you feel that 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 sexual activity. This may be upsetting to you and your partner. You may have worries (about your cancer, treatments, and how the illness is affecting your life) and these can affect both your own and your partner's interest in and enjoyment of sexual activity.

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 would like to talk to someone about sexuality, please discuss with your radiation therapy team. Your radiation therapy team has copies of a resource available from the Canadian Cancer Society titled: Sex, Intimacy and Cancer, please ask for a copy at your next appointment if interested or visit <https://cancer.ca/en/> to view it online.

Throughout this resource there are links to other helpful documents that will give you more information about specific topics. Please visit <https://nscancercare.ca> to visit our patient education library.

If you have any questions or concerns regarding the information in this educational pamphlet, please discuss them with your radiation treatment team at your next appointment.

Patient and family feedback is very important to us.

We would like to invite you to send any comments or suggestions on how to improve this booklet to education.cancercare@nshealth.ca or feel free to call us at 1-866-599-2267.

Looking for more health information?

Find this brochure and all our patient resources here: <http://library.nshealth.ca/cancer>

Contact your local public library for books, videos, magazines, and other resources.

For more information, go to <http://library.novascotia.ca>

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This pamphlet is for educational purposes only.

It is not intended to replace the advice or professional judgment of a health care provider.

If you have any questions, please ask your health care provider.