



RADIATION THERAPY

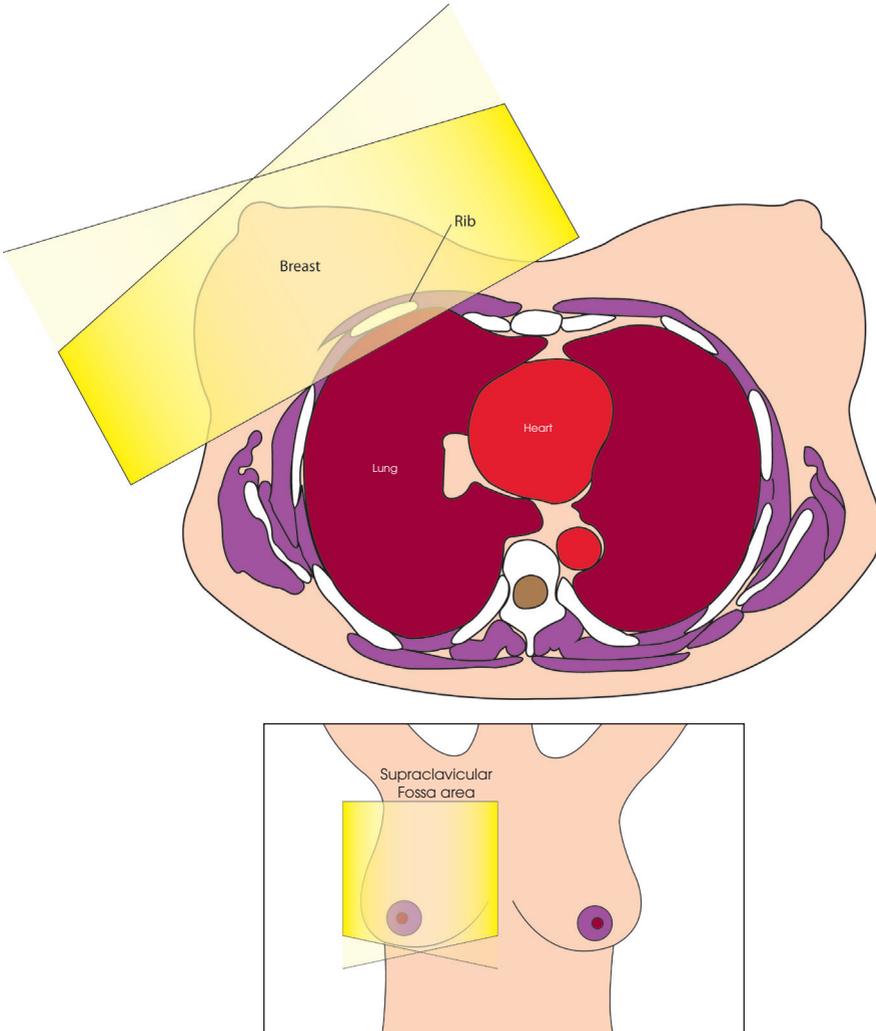
Breast/Chest Wall

Regional Cancer Treatment Service (RCTS)
Radiation Oncology Department



RADIATION THERAPY TO THE BREAST/CHEST WALL

A course of radiation treatment to your breast (and your lymph nodes if required) is usually for 3 weeks (15 treatments). If you have been advised that you also need a breast boost, then you will receive an extra 5 days of treatment to a smaller area of the breast.



Continue to take your usual medications, eat a normal diet and drink plenty of fluids.

SIDE EFFECTS

Radiation therapy can result in side effects that develop during treatment and may continue for several weeks after treatment finishes. These are known as acute side effects. You can also develop side effects many months to years after treatment. These are known as late side effects. The side effects and their severity will vary for each person. You will not necessarily experience all the side effects mentioned.

ACUTE SIDE EFFECTS

These commonly start in the 2nd - 3rd week of your treatment and continue for a few weeks after your treatment finishes.

SIDE EFFECTS	CARE
<p>FATIGUE:</p> <p>It is common to feel tired and have a reduction in energy levels because of the treatment. This may start a few days into treatment and it can vary in its severity. It is a very individual response.</p>	<ul style="list-style-type: none">• Get plenty of rest/sleep when possible. You may find light exercise helpful to increase your energy levels. However, understand that you may not be up to doing as much as usual.
<p>SWELLING AND TENDERNESS:</p> <p>You may be aware that your breast or chest wall feels inflamed during your radiation therapy and that it swells and becomes very tender</p>	<ul style="list-style-type: none">• This can sometimes be an indicator of an underlying infection and therefore, if you develop this side effect, let your treatment team know.
<p>SORE THROAT:</p> <p>If you need treatment to the lymph nodes around your collar bone (supraclavicular fossa) this may cause you to develop a sore throat towards the end of radiation treatment and for 2 – 3 weeks afterwards.</p>	<ul style="list-style-type: none">• This can be managed by eating a softer diet and if needed can be relieved by a local anaesthetic gel such as Mucosoothe which your treatment team can prescribe for you.

SKIN CARE AND SIDE EFFECTS

During a course of radiation therapy to the breast or chest wall, it is expected that a radiation skin reaction will develop. This reaction will usually be at its worst at the end of radiation therapy and in the 2 – 3 weeks after radiation treatment has finished.

General advice on skin care during radiation treatment to the breast or chest wall

- Wear natural fibres (e.g. cotton) against the skin.
- If possible avoid wearing a bra, but if this is not comfortable wear a non-wired bra or crop/camisole like top to reduce friction against the skin.
- You can wash gently with a simple soap (e.g. Dove) and water in the treated area – studies of skin reactions have not shown a worse skin reaction when patients use a simple soap (i.e not scented or coloured). Do not scrub the skin when washing or use a loofah in the treatment area.
- When drying after washing do not rub the skin in the treated area with a towel, gently pat dry instead or allow the skin to dry naturally.
- You can use a deodorant in the armpit of the side of the body that is receiving radiation treatment. Studies of skin reactions have not shown a worse skin reaction when patients used a deodorant compared to not using a deodorant.
- Do not use aqueous cream as a moisturiser or as skin care in the area receiving radiation treatment as this product has a drying effect on the skin and studies have indicated it can increase the severity of radiation skin reactions.
- Cetomacrogol cream can be applied as a gentle moisturiser of the skin in the radiation field during radiation treatment.
- Gentle cooling of the treated breast/chest wall can make it feel more comfortable during treatment. A bag of ice (or frozen peas) wrapped in a tea towel and applied to the skin for no more than 2 minutes at a time, can reduce the feeling of warmth often associated with radiation treatment.

Interventions that may reduce the intensity of the skin reaction

There is limited data on the best way to reduce the intensity of radiation skin reactions and there are many different approaches to manage the skin before and during the development of a radiation skin reaction.

1. Mepitel film

- Patients may wish to consider using this product as a clinical trial has suggested it may reduce the intensity of skin reactions during radiation therapy. There is still limited data on this product.
- Mepitel film does not increase the efficacy of radiation as a cancer treatment.
- It is thought Mepitel Film protects the skin in the radiation field from trauma and friction, therefore reducing the skin effect seen during radiation therapy, however skin reactions may still be experienced.
- Some patients may have a allergic reaction to Mepitel Film itself.
- Mepitel film is not funded by MidCentral DHB but is available for purchase by patients from Cook St Pharmacy, Palmerston North.
- Mepitel film is a thin, transparent dressing that remains on the skin throughout the course of radiation treatment and for another few weeks after radiation finishes until the skin reaction settles. It remains in place when showering or washing. It usually needs to be changed and reapplied to the skin every 1 – 2 weeks.
- Patients can shower with Mepitel Film in place.
- It may be visible in the exposed areas of skin when patients are dressed.
- It may cause irritation. If there is evidence the Mepitel Film is causing a local skin reaction the Mepitel Film should be removed and other ways of managing the radiation skin reaction considered.
- If you wish to use this film, let the Radiation Therapy team know and bring the film with you to your first appointment so that the Radiation Therapists can apply the film to your skin on the first day of treatment. They will change and reapply the film as needed during your treatment.

2. Hydrocortisone cream 1%

- An early skin reaction, especially in the breast/chest wall that is close to the centre of your chest, is a feeling of itchiness in the skin and a mild rash can develop in this area. Early intervention with hydrocortisone cream 1% will reduce the intensity of the itch and the rash and will reduce the chance you will break open the skin due to scratching.
- Hydrocortisone cream should be applied sparingly to the effected area twice a day. Wash your hands after applying the cream so no residue is left on your fingers.

- Do not use this cream on broken or open skin – at this point you should switch to silver sulphadiazine cream (see below).
- Continue to use this cream until the radiation reaction settles.
- You will receive a prescription for hydrocortisone cream 1% during your radiation treatment, so you have it available if it is needed.

3. Silver sulphadiazine cream (Flamazine)

- Towards the end of radiation treatment and in the week or two after radiation treatment, the skin in the radiation field becomes more red and tender and is more prone to breaking open or blistering.
- Silver sulphadiazine cream can be applied to the skin when it reaches this stage to soothe the skin and it reduces the risk of infection entering the skin. It may reduce the intensity of the skin reaction.
- As this cream contains sulphur, **DO NOT USE THIS CREAM IF YOU HAVE A SULPHUR ALLERGY.**
- This cream should be applied twice a day to the treated breast/ chest wall. Clothing can be worn over the breast/chest wall after the cream has been applied. Some patients prefer to place dressings over the breast/chest wall after the cream has been applied and these can be provided to you by the Radiation Oncology nursing staff.
- As this is a silver based cream, it can leave a dark residue on the skin after application and may leave a residue on your clothing.
- Continue to use this cream until the radiation reaction settles.
- You will receive a prescription for silver sulphadiazine cream during your radiation treatment, so you have it available if it is needed.

Support when suffering from a radiation skin reaction

- If you have any concerns during your treatment about your skin reaction or how to manage it, please discuss this with the Radiation Therapy staff treating you. They will be able to provide skin care advice and if necessary they will refer you to the Radiation Oncology nurses for an assessment.
- You will have at least one assessment with your Radiation Oncologist or their registrar during your radiation treatment and they will assess your skin and provide advice. Additional appointments can be made with the medical staff for review if needed.
- At treatment completion you should have been provided with or have prescriptions for hydrocortisone cream 1% and/or silver sulphadiazine cream if you have not already started using them.

- At treatment completion you will have an appointment with the Radiation Oncology nurses who can have a further discussion with you if needed regarding your skin reaction. They will provide you with contact details for the Radiation Oncology clinic in Palmerston North and the local oncology service if you live in Hawke's Bay, Taranaki, Whanganui or Wairarapa.
- In certain instances, it is necessary to ask your local district nursing service to provide support to you after treatment completion. This referral will be organized by the Radiation Oncology nurses or your local oncology service. If you feel you need the input of district nurses and this was not organized before your treatment finished, please contact either the Palmerston North Radiation Oncology clinic or your local oncology clinic on the telephone numbers you will have been provided with at treatment completion.

LATE SIDE EFFECTS

These can take many months to years to develop, and you may never develop these side effects. The benefit of receiving radiation therapy, as part of your cancer management, is felt to outweigh the potential longterm risks of this treatment. If you have any concerns in relation to these side effects, please discuss them with your radiation oncologist or breast care nurse.

POTENTIAL LATE SIDE EFFECTS INCLUDE

CHANGES IN THE SIZE OF YOUR BREAST:

You may already be aware of a change in the size of your breast after surgery. Following radiation therapy, your treated breast can sometimes slightly change in size due to the reaction of your breast tissue to radiation.

LYMPHOEDEMA:

Lymphoedema is the collection of lymphatic fluid in an area of the body when the natural lymphatic drainage has been damaged by treatment (surgery and/ or radiation). It is not common after radiation treatment but it can result in swelling of your breast or if your axilla or supraclavicular fossa lymph nodes (in the armpit and around the collarbone) are treated with radiation it can cause swelling of your arm on the treated side. This can be uncomfortable and you may require specialist massage techniques or compression bandages. If you develop this side effect, let your breast care nurse or radiation oncologist know so that they can advise appropriate management.

BREAST/CHEST WALL TEXTURE AND COLOURING:

You may be aware that following radiation therapy, your treated breast/ chest wall feels firmer and your skin may look slightly darker compared to your nontreated breast.

TELANGIECTASIA:

Telangiectasia describes thin dilated blood vessels that can become visible on the skin surface. This is now an uncommon side effect after radiation therapy. It can occur however, if you suffer a very severe skin reaction from radiation.

POTENTIAL LATE SIDE EFFECTS INCLUDE

LUNG FIBROSIS:

In order to adequately treat your whole breast/chest wall, the radiation beams need to travel through a small volume of your lung tissue underneath your treated breast/chest wall. This may result in this area of lung becoming scarred or fibrosed. This volume of lung is made as small as possible using our modern radiation therapy planning techniques. In most cases, it should not cause you any noticeable problem. Occasionally, some patients may develop a persistent cough or be aware of mild breathlessness on exertion in the years after their treatment.

RIB FRACTURE:

Rib fracture is unlikely with modern radiation techniques and doses. At high doses, radiation can weaken the ribs underlying the treated breast/chest wall and increase the possibility of a broken (fractured) rib.

HEART DAMAGE:

Modern radiation therapy planning techniques minimise the dose received by your heart when treating the left breast/chest wall. Studies have shown that the risk of developing heart disease after radiation treatment is dependant on the volume of heart that is exposed to radiation and the dose that it receives. The absolute risk of heart disease is therefore dependant on an individual patient's treatment plan and radiation plans are created to minimise this risk. Your radiation oncologist will be able to discuss this with you in more detail. As the heart is slightly offset to the left side of the chest, heart damage is even less of a concern when treating the right breast/chest wall.

SECOND CANCERS:

Radiation can very rarely (less than one percent) cause a second cancer to develop at the site of radiation treatment many years after treatment finishes.

FURTHER INFORMATION

CONTRACEPTION

We recommend that you do not get pregnant while receiving radiation therapy as radiation can be damaging to a developing baby. We advise you use contraception during sexual intercourse if there is a chance pregnancy could occur.

TRY TO STOP SMOKING

Smoking during radiation therapy may increase the severity of your radiation reaction. We strongly advise all patients to stop smoking. If you need help giving up smoking, we can put you in touch with support services.

AFTER TREATMENT IS FINISHED

At the end of your radiation therapy course, you will be advised regarding follow-up. If you have any concerns about side effects following treatment, please phone the contact number on your discharge form. If you do not have a contact number, phone the radiation therapy nurses on (06) 350 8438.

QUESTIONS AND CONCERNS

The radiation oncology team are here to help you through your cancer therapy. If you have any questions or concerns, please feel free to approach any one of our team members. You will see the radiation therapists at each of your treatment appointments, and nurses may be seen when necessary. Routinely during your treatment, you will see the radiation oncologist or registrar who will check how you are managing with treatment and its side effects.

CONTACT US

Radiation Oncology Reception (06) 350 8430

NOTES:

FEEDBACK

We encourage feedback and assurance is given that comments will not adversely affect your current or future care.

You can do this:

- through discussion with MidCentral Health staff providing your care
- by completing "Tell us what you think..." pamphlets available from all services
- by contacting our Customer Relations Co-ordinator, PO Box 2056, Palmerston North 4440, or phone (06) 350 8980
- by contacting a Health and Disability Commissioner Advocate, phone 0800 112 233.