After Your Breast Cancer Consultation in Radiation Oncology

You may feel overwhelmed, scared, confused, and a wide range of other emotions. We hope that your visit helped relieve some of those fears. You will now need to decide which type of breast radiation treatment is right for you.

Radiation Therapy
Radiation kills any cancer cells that remain after surgery. This lowers your risk of breast cancer coming back. There are many radiation methods we use to treat breast cancer. These methods are effective for women with certain types of early stage breast cancer and ductal carcinoma in situ (DCIS).

Whole Breast Therapy
This treatment uses high energy x-rays directed at the whole breast. Treating the whole breast may help women with high-risk features and has been used for many years. Side effects include skin reaction (like a sunburn), breast swelling, pain and fatigue. Treatment is done once a day (15 minutes sessions) for 3-6 weeks.

Partial Breast Therapy
Breast Brachy Therapy
Small plastic tubes are placed into the region of the breast where the tumor was. High energy x-rays are given with a radioactive source that travel into the tube for a short time. There is low risk for bleeding or infection. Less healthy tissue is exposed to radiation with very little skin reaction. You may have breast pain and fatigue. There is a faster recovery time and has been used for many years. Treatment is done 2 times a day (45-60 minutes sessions) for 2-5 weeks.

External Beam Partial Breast Therapy
This treatment uses high energy e-rays directed only at the region of the breast where the tumor was. There is less healthy tissue exposed to radiation and has a faster recovery time. Side effects include skin reaction (like a sunburn), breast swelling, pain and fatigue. Treatment is every other day (15-60 minute sessions) for 2 weeks.

CT Scan
All types of breast radiation require a CT scan before starting treatment. This scan tells us more about the size and shape of your breast and surgical site. It can help us figure out the best treatment option for you.

A CT scan is a type of x-ray imager. You must have a CT scan in Radiation Oncology to plan your treatment. This scan is only viewed by our department. This type of scan is not used to diagnose disease. You may also have an MRI scan in Radiation Oncology to help plan your treatment.

Before the Scan
If you are pregnant, or think you might be pregnant, tell us before your scan. Your doctor will order a urine pregnancy test if you are of childbearing age (10-55 years of age) or have not gone through menopause.

You may eat and drink liquids up until the scan. You will not have an IV placed or receive any type of contrast.

We will ask you to remove some of your clothing for the scan. For a CT, this includes clothing that covers the upper body (i.e. shirt and bra). We will give you a hospital gown, robe, towel, and/or blanket to use. We will take a photo of your face for your chart.
**During the Scan**
You will lie on a narrow table. The table will move in and out of the scanner. It takes about 30 minutes to complete the treatment planning set-up and scan. A lot of this time is spent getting you into the right position.

The scan itself takes only a few minutes. During the scan, you will be alone in the room. We will be able to see and hear you. If you need something, or have any problems let us know.

You will need to hold still during the scan. Most often, you will be on your back. Sometimes we ask you to lie on your stomach (called “prone” breast radiation). We may ask you to have your arms resting above your head. We may also ask you to “take a deep breath and hold” during part of the scan. In most cases there is no pain.

**Radiation Tattoos**
During your CT scan visit, the radiation therapist might make temporary ink marks or permanent tattoos on your skin. Please do not remove any marks at home, unless we tell you that you may do so.

**Permanent radiation tattoos** have been used for many years. These tattoos look like tiny black freckles. Many radiation patients today do not need tattoos. Women who will have breast brachytherapy do not need tattoos. We still advise them for women getting some types of breast radiation. They help get you in the correct position for each treatment. Women who will receive external beam radiotherapy may have 4 small tattoos done at the CT visit. Please tell your doctor or radiation therapist if you have questions or concerns about tattoos.

**Treatment Planning**

**Whole Breast Radiation Therapy** – After the CT scan, we will start working on your treatment plan. A radiation therapist will call you within the next few days to schedule your first treatment visit (often about 7-10 days after your CT scan).

**Partial Breast Radiation Therapy** – After the CT scan, you will talk to your doctor to figure out which type of partial breast radiation therapy is best for you. We will call you within the next few days to schedule your treatments. If you choose breast brachytherapy, a nurse will also give you more information about how to prepare for your procedure.

**When to Call**
If you have questions or concerns, call Radiation Oncology or send a message through MyChart.

**Who to Call**
Radiation Oncology
Monday – Friday, 8 am - 5 pm
(608) 263-8500

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©5/2021. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#6284.
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<th>How it is given</th>
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<tr>
<td><strong>Whole Breast Radiation Therapy</strong></td>
<td>High energy x-rays are directed at the whole breast, using a linear accelerator treatment machine.</td>
<td>Once a day (15-minute sessions) for 3 to 6 weeks.</td>
<td>Skin reaction (like a sunburn), breast swelling and discomfort. Fatigue.</td>
<td>Treating the whole breast may help women with some high-risk features. Used for many years.</td>
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<td><strong>Partial Breast Radiation Therapy</strong></td>
<td>Small plastic tube(s) are placed into the region of the breast where the tumor was. High energy x-rays are given with a radioactive source that travels into the tube(s) for a short time.</td>
<td>Twice a day (45 – 60-minute sessions) for 2-5 days.</td>
<td>Breast discomfort from the plastic tube(s). Fatigue. Low risk for bleeding or infection.</td>
<td>Less healthy tissue exposed to radiation. Minimal skin reaction. Faster recovery. Used for many years.</td>
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<td><strong>Breast Brachytherapy</strong></td>
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<td><strong>External beam partial breast radiation therapy</strong></td>
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