



External beam radiotherapy (EBRT) for the treatment of breast cancer



Radiotherapy



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A guide for patients and carers

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This information is for patients who are going to receive EBRT to the breast/chest wall for the treatment of breast cancer.

This leaflet will explain:

- Why you need radiotherapy
- What to expect when you attend
- General information about side effects of treatment and ways to help yourself cope
- Who to contact when you need advice

You may find it helpful to read our patient information booklet called 'Radiotherapy', which explains how radiotherapy works.

Why you need radiotherapy

Radiotherapy is given to reduce the risk of your breast cancer returning after surgery.

It is given:

- To the whole breast/chest wall after the cancer has been removed (lumpectomy, wide local excision or mastectomy).
- To the lymph gland areas, i.e. lower neck/collarbone area and sometimes the armpit (axilla). Whether or not you need lymph gland radiotherapy depends on the results of the lymph gland surgery.

- Following a wide local excision (WLE) or lumpectomy as an extra treatment (called a 'boost') after the whole breast radiotherapy. The boost is targeted at the area where the cancer used to be (the tumour bed). The decision to give a boost depends on your age and the results of your surgery.

Arm exercises after your operation

Your arm and shoulder on the affected side may be stiff and sore for a few weeks and is more likely to occur following a mastectomy. You will be asked to do exercises to help you regain a full range of movement.



It is usual to have a CT scan on your first appointment: the scanner is shown above. The preferred position for the scan (called planning) and treatment is shown; the arm of the affected side (left in this case) is supported throughout. For planning you will be in this position for approximately 10 minutes. The total time for a treatment appointment is approximately 10 minutes - with the treatment machine being 'on' for just a few minutes.

If you have had a mastectomy and think you would have difficulty doing this when you come for your first radiotherapy appointment, contact the breast care nurse at the hospital where you had your operation for advice. If you have a limited range of movement due to another health problem, e.g. arthritis, please tell the radiographer who deals with you on your first appointment.

The CT scan images allow us to design an individual treatment map and take a number of days for the process to be completed. The majority of people then start their radiotherapy as arranged at the planning appointment. However, some people are asked to return to planning for another scan in order to evaluate if an alternative but similar way of delivering the radiotherapy would be beneficial. In this case, we would contact you by telephone within a few days following the planning scan.

Chemotherapy

Depending on the results of the surgery, some patients require chemotherapy (drug treatment) in addition to radiotherapy. Radiotherapy is usually given towards the end of, or after, the final chemotherapy treatment. Some chemotherapy drugs, e.g. epirubicin, docetaxel (Taxotere) and paclitaxel (Taxol), may increase the side effects of radiotherapy. A gap of approximately three weeks is left between finishing these chemotherapy drugs and starting radiotherapy. It is quite safe to start the radiotherapy planning process before the chemotherapy is finished.

Some chemotherapy drugs, e.g. 'CMF', do not seem to increase the radiotherapy side effects too much and can be given quite safely with the radiotherapy.

Breast clinical nurse specialist service

The Macmillan Clinical Nurse Specialist (CNS) is available to support patients attending the Centre for treatment and their families. If you think this service may help you, please talk to a member of staff involved in your care who can arrange a referral.

Breast cancer in men

Although it is rare, men do develop breast cancer. Breast Cancer Care and Macmillan have information written especially for men. See later – list of contacts.



Information classes

We run two information classes (Breast Care and Lymphoedema). You will automatically be booked into the Breast Care class. You do not need an extra visit here as we book the appointment(s) to be close to one of your treatment appointments. We will tell you more about them when you come for your first radiotherapy appointment.

General information about side effects of treatment

Many patients have few or no side effects during their treatment and are able to carry on their normal activities. Every patient is different and you may not have the same side effects as somebody else. Your doctor will discuss with you any side effects you may experience.

During your treatment, a radiographer or nurse will be able to answer any questions and deal with most of your problems. However, your doctor is also available to see you during your treatment.



An example of a treatment machine

Side effects during and immediately after completion of radiotherapy

Side effects commonly start about 10 days after the first treatment and are usually most troublesome about 10 days after the last treatment. After that, the healing process begins. The side effects usually settle quickly over the following 2-3 weeks.

The skin in the treated area may become dry, red and itchy, a reaction similar to mild sun burn. Some patients have a more severe skin reaction when the skin may break down and become moist and painful. If you are having, or have had, chemotherapy, the severity of your skin reaction may be increased. Please ask your radiographer or nurse for advice if your skin becomes uncomfortable.

If you have radiotherapy to the area around the collarbone/lower neck, a small area of skin on the back as well as the front may be affected.

If you have had a wide local excision or lumpectomy, the treated breast may feel heavier and swollen during radiotherapy (this is more likely to occur if you have larger breasts) and it may take many weeks for these symptoms to settle.

You can help yourself by:

- Attending the information class(es).
- Applying an unscented moisturiser to your skin on the treated area. We will supply you with a suitable product. Ideally, start



applying the cream to your skin a few days before your first treatment. If you experience any discomfort or allergic reaction (a rare event), you should stop using the cream and tell your treatment radiographer. At the beginning of your treatment, apply the cream twice a day and then apply more frequently as your skin becomes drier as it is important to keep your skin well moisturised.

- During treatment, only applying creams recommended by your radiographer, nurse or doctor.
- Washing the treated area very gently with lukewarm water and/or a mild unperfumed soap, e.g. baby soap using your hand instead of a flannel. Pat the area dry using a soft towel and do not rub the area. Those who have had a WLE or lumpectomy should pay particular attention to drying the area under your breast. A shower is preferable to a bath, if possible. If you prefer to have a bath, do not soak the skin of the treated area.
- If you are having radiotherapy to your breast, chest wall or armpit area, you must not use an ordinary deodorant in or around the treatment area. You may use a deodorant that does not contain metals, for example Pitrock Natural, Alra, Naturally Fresh deodorant Crystal roll-on, Forever Living Aloe Ever-Shield, Crystal Body deodorant stick, Bionsen (these are available via supermarkets, health food shops, larger chemists or the Internet). STOP using the deodorant if your skin becomes red or sore.

- Not shaving or using creams under your arm on the treated side to remove hair during your treatment, and afterwards, until any skin reaction has settled.
- For those not also receiving chemotherapy, should your skin reaction cause you discomfort, you can use an over the counter painkiller that you know suits you, e.g. paracetamol. Report the use of painkillers to your treatment staff and ask for more advice if necessary.
- Report the use of painkillers to your treatment staff and ask for more advice if necessary.
- Wearing loose fitting clothes that do not rub the skin of the treated area. For women this includes the bra. (See later - information on bra, lingerie and swimwear).
- If you have had a mastectomy, using your breast prosthesis as little as possible until after any skin reaction has settled. If this is necessary, try to limit use to short periods and use the softie rather than the silicon type.
- (For female patients) thinking about the type of bra you wear as the straps of a bra can rub the skin. If you have a smaller cup size, you may find that wearing a crop or camisole top would still give you enough support/be comfortable without causing rubbing on the skin. However, if you have a larger cup size, these types of garments may not be comfortable. Wearing a looser fitting bra during treatment may be more comfortable. Return to using your normal bra type once any skin reaction has settled.



- Not exposing the treated area to bright sunlight (natural or from a sunbed) during radiotherapy and for several months after your treatment has finished. Protect the skin in the treated area by using a high factor or total block sun cream and covering the area with your clothes. Clothes made of material that blocks sunlight are now available, but tend to be more expensive.

Tiredness

Weeks after your treatment has finished (tiredness can be worse if you have had recent chemotherapy). It is important to rest when you feel the need to do so and ask your family and friends to help when they can. If you live alone, do only the things that are necessary. Gradually, you will get back to normal activities.

Feeling sick (nausea)

Radiotherapy to your breast/chest wall very rarely makes you feel sickly. It can happen when the lower end of the treatment field has to include a small area of the upper abdomen (tummy) to ensure the breast/chest wall is treated properly. If you do feel sickly, let the radiographer or nurse know so that they can give you advice and/or any medication, if necessary.

Later and permanent side effects of radiotherapy

These can happen and may develop months or many years after treatment.

Common effects

- Some people may have breast/chest wall pain and tenderness, tiredness and fatigue for several months after completion of treatment.

Permanent effects

- May include a change in the colour of the treated skin, usually becoming darker. Following a WLE or lumpectomy, sometimes the treated breast feels slightly firmer and may also shrink, though this may only be noticeable to you.

Uncommon effects

- Some shoulder stiffness on the affected side.
- Your surgeon will have explained that lymphoedema (swelling of the arm of the affected side) may occur after surgery to the axilla (armpit). Radiotherapy may increase the likelihood of developing lymphoedema, particularly when the lymph gland area is treated.
- Following a WLE or lumpectomy, more noticeable breast shrinkage can occur.
- Some damage to the lungs causing shortness of breath. Changes to your lung may be detected on a chest X-ray or a chest CT scan, but you may never experience any breathlessness. You should mention that you have had radiotherapy if you have a chest X-ray or CT scan in the future.



Rare effects

- Tiny red streaks in the skin may develop, caused by changes in the tiny blood vessels in the skin. This is called telangiectasia; it affects the appearance of your skin but does not usually cause other problems.
- Possible damage to a small area of the heart (after treatment to the left breast). We produce an individual treatment map and great care is taken to treat as little (if any) of your heart as possible.
- Some damage to the ribs making them fragile and painful.

Very rare effects:

- Damage to the nerves (brachial plexus neuropathy) which can cause numbness, pain and weakness in the arm and hand of the treated side.

Completion of radiotherapy and follow-up

If your skin is very sore at the end of treatment, staff at the Centre will arrange for a District Nurse to attend to you. Sometimes, your skin reaction may worsen after your treatment has finished.

You will receive a follow-up appointment to attend your local hospital. The appointment will be made for you as you complete your radiotherapy (unless you are continuing to receive chemotherapy). It is usually 4-6 weeks later.

Continue to follow the advice given in the information class(es).

Continue to be "Breast Aware" by examining your breast/chest wall regularly. People who have had a WLE or lumpectomy should

examine both breasts. Those who have had a mastectomy should examine both their chest wall and the other breast.

Leaflets on how to do a breast examination are available from The Clatterbridge Cancer Centre, or from the Practice Nurse at your GP surgery. Contact your GP if you have any concerns.

Following a diagnosis of breast cancer it is usual to have regular mammograms and these will be arranged by your breast surgeon or oncology doctor. The first one is usually done a year after your operation.

It may take many months before you feel that you have recovered fully and are able to do all the things you did before your diagnosis and treatment. If you are feeling low or experience mood swings, it may be useful to talk your GP or oncology doctor. Some patients find it useful to have the support of others who have experience of breast cancer by attending a local support group. Contact the local Macmillan Information & Support Centre for more details. Alternatively if you are familiar with using the internet, the major cancer charity websites have online communities.

Information on bra, lingerie and swimwear

Following surgery (and particularly for those having a mastectomy), some women need/want to try different styles of bras etc. Your Breast Care Nurse, the local Macmillan Cancer Information Centre or Breast Cancer Care have details of suppliers and events. If possible, wait until any skin reaction has settled before attending appointments etc.



Contact details

If you have any general enquiries prior to starting your treatment, please contact the Information and support radiographer at Clatterbridge Cancer Centre - Wirral, Monday to Friday during office hours (9am-3pm) on 0151 482 7889 ext 4908.

If you have any concerns during or after treatment contact the Triage help line (24 hours) on 0151 334 1155 and ask for Triage.

If you are unsure of the telephone number or name of your Breast Care Nurse and need to contact them, ring the local hospital where you had your investigations and ask for the Breast Care Nurse Service.

To contact The Clatterbridge Cancer Centre Breast Clinical Nurse Specialist, please ring 0151 334 1155 and ask for their office.

Macmillan booklets about coping and living with cancer and treatment side effects are available free of charge. These can be ordered by telephoning 0808 808 00 00 or by visiting a Macmillan Information Centre (sited in the main entrances of Clatterbridge Cancer Centres - Wirral and Clatterbridge Cancer Centre - Aintree)

Macmillan Cancer Support

tel 0808 808 0000 and / or 0151 482 7722

www.macmillan.org.uk

Breast Cancer Care

tel 0808 800 6000

www.breastcancercare.org.uk

How we produce our information

All of our leaflets are produced by staff at The Clatterbridge Cancer Centre and this information is not sponsored or influenced in any way. Every effort is made to ensure that the information included in this leaflet is accurate and complete and we hope that it will add to any professional advice you have had. All our leaflets are evidence based where appropriate and they are regularly reviewed and updated. If you are concerned about your health in any way, you should consult your healthcare team.

We rely on a number of sources to gather evidence for our information. All of our information is in line with accepted national or international guidelines where possible. Where no guidelines exist, we rely on other reliable sources such as systematic reviews, published clinical trials data or a consensus review of experts. We also use medical textbooks, journals and government publications.

References for this leaflet can be obtained by telephoning 0151 482 7722.

If you need this leaflet in large print, Braille, audio or different language, please call 0151 482 7722.

If you have a comment, concern, compliment or complaint, please call 0151 482 7927.

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