Radiation therapy for breast and gynecologic cancers

If you have breast, ovarian, uterine, or another gynecologic cancer, there are a lot of decisions to make about your treatment. One common treatment is radiation therapy.

When it comes to radiation therapy, sometimes less is more. The advice below is from the American Society for Radiation Oncology (ASTRO). Use it to start a conversation with your doctor.

**What are the benefits and risks of radiation therapy?**
Radiation treatments and mammograms can save lives. They help find and treat cancer.

However, radiation also has risks. It may damage nearby organs. And it may increase the risk of other cancers in the future. You should only have the radiation you need. Avoid the risks and costs of unnecessary treatments.

**For breast cancer: How many weeks of radiation therapy do I need?**
Often, women choose to have a lumpectomy followed by radiation. A lumpectomy removes the parts of the breast where the tumors are, not the whole breast as in a mastectomy. A lumpectomy followed by radiation therapy is called breast conservation therapy. Many studies have shown that breast conservation therapy and mastectomy are equally effective.

Doctors routinely have recommended five to six weeks of radiation treatment. However, more recent studies show that a shorter period can work just as well for many patients. It gives a comparable amount of radiation in fewer treatments. This costs less. It is also more convenient.

**Should intensity modulated radiation therapy (IMRT) be a treatment option?**
IMRT is a form of radiation therapy. It is useful in some complex cases. It can help protect sensitive parts of the body from radiation.
You usually don’t need IMRT in breast conservation therapy. There are other ways to protect sensitive areas such as the heart. For example, you may be positioned on your stomach and the radiation may be timed to your breathing.

How often should I get mammograms after breast cancer treatment?
It is important to get follow-up tests to check for any return of the cancer. You need to get regular mammograms, as well as physical exams at your doctor’s office.
• Your first mammogram should be six to 12 months after treatment.
• Then have yearly mammograms.
• If your doctor finds something suspicious during a physical exam or mammogram, you may need to have mammograms more often.

Should I have radiation therapy for endometrial (uterine) cancer?
This cancer starts in the lining of the uterus—the endometrium.

Endometrial cancer is low-risk if:
• It’s only in the inner lining of the uterus.
• There’s no sign that it has spread to the cervix.
• A lab exam after surgery does not find high-risk features.
• You are under age 60.

Low-risk endometrial cancer is usually treated with a hysterectomy. This is surgery to remove the uterus.

In studies, radiation therapy has not improved survival, compared to surgery alone. Also, radiation to the pelvis and abdomen can have side effects, such as diarrhea and bladder problems. It can also increase the risk for fractures of the pelvis.

Advice from Consumer Reports

Breast cancer screening recommendations

Finding breast cancer early can save lives.

Women age 50 to 74
You should have a mammogram every two years, at least.

Women who have had breast cancer
You should have a mammogram once a year or as your doctor recommends.

Women with a high risk of breast or other gynecological cancer
If you have a family history of breast cancer or a gynecologic cancer such as ovarian, uterine, or cervical cancer:
• Ask your doctor if you should have mammograms more often.
• Ask if you should start getting mammograms at a younger age.
• Ask if there are other tests you should have.

Breast self-exams
The research shows that mammograms prevent more deaths, compared to breast exams done by hand.

Some cancers, however, do not show up on mammograms. Therefore, you should be familiar with the feel and appearance of your breasts. Let your doctor know if you notice any changes, such as an unfamiliar lump.