

Omission of radiotherapy in women who have had breast conserving surgery

Information for patients



Leeds Cancer
Centre

This leaflet is designed to give you information about omission of radiotherapy and the impact it may have for you in the future.

The information given below is to help you decide whether you would like to include radiotherapy as part of your breast cancer treatment. You may also find it helpful to look at the leaflet we have given you that talks about radiotherapy to the breast in more general terms.

Why have we given you this information?

We have reviewed your cancer in depth and your prognosis is very good. Instead of recommending that you have radiotherapy, our guidelines recommend that we discuss the pros and cons with you, and allow you to choose if you would like to include it as part of your treatment.

Omission of radiotherapy - some background information

For many years, patients undergoing breast conserving operations to remove a breast cancer ('lumpectomy') were routinely recommended to have radiotherapy afterwards. It was recognised that this reduced the risk of cancer coming back in the breast.

Recent research has shown that for some women, the risk of cancer coming back is very low. We can identify these women by looking at the tissue removed from the breast and from the armpit lymph nodes.

- These women have gone through the menopause and are at least 70 years old.
- Their breast cancer is hormone sensitive (oestrogen and/or progesterone receptor 'positive') and HER2 negative.
- Their lymph nodes are negative.
- The cancer was small (less than 2cm), grade 1 or 2 and had clear margins after surgery.

In patients with all of these low risk features, the risk of cancer coming back is very low. With such a low risk of recurrence, the benefit that radiotherapy adds is very minimal. Research has shown that by omitting radiotherapy (this means not having radiotherapy treatment at all), there is no difference in survival. Patients receiving radiotherapy will not live longer because of this treatment. It will reduce the risk of cancer coming back in the breast, but even if this does occur, it can often still be treated successfully with surgery.

What is the risk of cancer coming back?

Statistics show that for patients with these low risk features who have radiotherapy, 1% of women would be expected to see their cancer come back in the breast within five years (99% would not see a recurrence.)

For those not having radiotherapy, 5% of women would see a cancer return in the breast within five years (95% would not see a recurrence.) This relies on patients continuing to take the hormone tablets regardless of radiotherapy decision.

What are the risks of having radiotherapy treatment?

Radiotherapy treatment to the breast can cause early side-effects, such as skin reaction and breast pain.

There can also be longer term changes, such as breast fibrosis (hardening of the breast tissue), skin colour change, and a risk of heart or lung damage (this risk is very low). There is also a risk of radiotherapy causing future cancers to develop (this risk is also very low).

Who can help you make this decision?

Your surgeon and breast care nurse will discuss the recommendation with you.

If you would like a more detailed discussion, we can arrange for you to meet a member of the clinical oncology team (a doctor or radiographer that specialises in delivering radiotherapy treatment).

When do you need to make this decision?

Radiotherapy is most effective when given in the weeks after your breast cancer operation. Some women require more than one operation and that time starts from your final operation. We will give you this information once we have reviewed all of the pathology information, which is usually 2-3 weeks after surgery. If you would like to go ahead with radiotherapy, it can usually start within 3 months of your final operation.

What will happen if you do have radiotherapy?

You will be invited to meet the clinical oncology team in clinic, who will talk to you about what the treatment involves and arrange a scan of the area that will receive the radiotherapy treatment.

You will be booked in to start your treatment around 12 weeks from your operation.

You will also be given information and advice about endocrine therapy (tablets designed to block oestrogen and progesterone in the body) and we will prescribe this medicine for you to start taking. We recommend this is taken daily for five years. This treatment helps to reduce the risk of cancer coming back.

We will also arrange for you to have mammograms annually for **five** years.

What will happen if you do not have radiotherapy?

We will provide you with information and advice about endocrine therapy (tablets designed to block oestrogen and progesterone in the body) and we will prescribe this medicine for you to start taking. We recommend this is taken daily for five years. This treatment helps to reduce the risk of cancer coming back.

We will also arrange for you to have mammograms annually for **five** years. You can request to have mammograms for a further **five** years through your GP if you wish.

Questions / Notes

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