

# Life After Radiation Therapy

Your Guide to Recovery, Follow-Up & Long-Term Wellness

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Evidence-based guidance from NCCN, ASCO, ACS, ASTRO, and survivorship research

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## Section 1: Congratulations — What Happens Now

**Treatment is complete. This is a major milestone.** But for many patients, what comes next can feel surprisingly uncertain.

**About one in three cancer patients experience depression or anxiety during treatment** (2025 Cancer Nation Survivorship Survey). The "what now" phenomenon is real: loss of daily treatment structure, reduced contact with your care team, and surfacing of suppressed emotions. **This is NORMAL and incredibly common.**

***Core message:** Feeling anxious or lost after treatment ends is one of the most common experiences in cancer survivorship. You are not alone, and this guide is your roadmap for what comes next.*

## Section 2: Your Survivorship Care Plan

Your survivorship care plan is a written document from your care team that serves as your roadmap for follow-up, late effects monitoring, and lifestyle recommendations.

### What a Good Survivorship Care Plan Includes

- **Treatment summary:** What you received, doses, treatment dates, and areas treated
- **Follow-up surveillance schedule:** When to see your oncologist and what imaging/labs are recommended
- **Late effects to watch for:** Site-specific toxicities that may appear months to years after treatment
- **Screening for secondary cancers:** Cancer risk from RT and recommendations for preventive screening
- **Lifestyle recommendations:** Exercise, diet, smoking cessation, alcohol limits, sexual health
- **Mental health support:** Resources for anxiety, fear of recurrence, and emotional recovery
- **Financial hardship assessment:** Connection to resources if treatment caused financial strain

**ACTION:** If you haven't received a written survivorship care plan, ask your radiation oncologist at your final visit: "Can I get a written survivorship care plan?" You are entitled to one.

***You are entitled to a survivorship care plan.** If your team doesn't offer one, ask for it. This document is essential for your long-term health.*

## Section 3: Your Follow-Up Schedule

Surveillance is individualized based on your cancer site, stage, and treatment. However, general principles apply:

Timeframe	Surveillance Plan
2-4 weeks post-RT	First follow-up visit to assess acute side effect resolution
Every 3-6 months Years 1-2	Most intensive monitoring period (highest recurrence risk)
Every 6-12 months Years 3-5	Transitioning to less frequent surveillance
Annually Years 5+	Long-term follow-up (lifelong for some cancers)

## What Happens at Follow-Up Visits

- **Physical examination:** Your doctor checks the treatment area and performs a general physical exam
- **Symptom review:** Discussion of any new or persistent symptoms
- **Labs and imaging:** Site-specific blood work, CT scans, MRI, or other imaging based on your cancer type
- **Late effects screening:** Assessment for delayed side effects from radiation

## Late Effects Screening by Treatment Site

**After Chest/Thoracic Radiation:** Cardiac screening (echocardiogram, lipids, blood pressure), thyroid function (TSH), lung function tests (PFTs), breast cancer screening (for women)

**After Pelvic/GI Radiation:** Assessment of bowel and bladder function, sexual health evaluation, bone density screening, fertility assessment

**After Head & Neck Radiation:** Dental health assessment, thyroid screening, swallowing function, hearing tests, dry mouth management

**After Brain Radiation:** Cognitive function assessment, hormone levels (pituitary function), seizure monitoring, neurocognitive testing if available

*Keep ALL your follow-up appointments. Late effects can appear months to years after radiation. Early detection and intervention dramatically improve outcomes.*

## Section 4: Physical Recovery

### Understanding Cancer-Related Fatigue

30–60% of patients experience moderate-to-severe fatigue during treatment, and 20–30% continue experiencing significant fatigue after treatment ends. Fatigue is **NOT relieved by rest alone** — this is

counterintuitive, but research clearly shows **exercise is the #1 treatment**.

**Timeline:** Most fatigue improves by 3-6 months post-treatment, but some patients experience persistent fatigue for 1-2 years. According to ASCO-SIO 2024 guidelines, cognitive behavioral therapy (CBT) and mindfulness-based programs are recommended first-line before medications.

## Exercise — Your Most Powerful Medicine

**Target:** 150-300 minutes per week of moderate-intensity aerobic activity (walking, cycling, swimming, dancing) plus resistance training 2 days per week.

**Getting started:** If you're deconditioned, begin with 10-minute walks and build gradually. Any activity is better than none.

**Benefits:** Reduces fatigue, improves mood, decreases recurrence risk, protects heart health, strengthens bones, aids weight management. In the **CHALLENGE trial (NEJM 2025)**, a 3-year structured exercise program started after adjuvant chemotherapy for colon cancer improved 5-year disease-free survival from 73.9% to 80.3%. Exercise is real medicine.

**Precautions:** Avoid public gyms if your white blood cell count is low (ask your doctor). If you have skin irritation, avoid chlorinated pools temporarily.

## Return to Work/School

Timeline varies widely (weeks to months depending on treatment intensity and side effects). Many patients return to work gradually — part-time at first, building back to full-time over weeks.

**Self-assessed work ability at 6 months is a strong predictor of long-term return-to-work success.** Request reasonable accommodations: flexible hours, work-from-home options, reduced workload during recovery. You have legal protections under the Americans with Disabilities Act (ADA).

## Section 5: Emotional Recovery

**Fear of recurrence is the most common psychological challenge in survivorship.** A recent systematic review found that roughly half of survivors experience at least moderate worry, while a smaller subgroup (~7%) experiences severe fear that may benefit from structured therapy.

### Fear of Recurrence & "Scanxiety"

Fear peaks around follow-up appointments, scan dates, and anniversary dates. This is normal — you've survived something life-threatening.

**Evidence-based management:** iConquerFear (a digital fear-of-recurrence intervention; the therapist-guided version has the strongest efficacy signal), cognitive behavioral therapy (CBT), and

acceptance and commitment therapy (ACT) have strong evidence for reducing fear. Professional help speeds recovery.

## Identity Changes

Cancer changes how you see yourself. Some patients integrate "cancer survivor" into their identity; others prefer to leave it behind. **Both approaches are healthy.**

Body image changes are common, especially after breast, head & neck, or pelvic radiation. Relationship dynamics shift. This takes time to readjust. Consider couples counseling if relationship strain emerges.

## When to Get Professional Help

- Anxiety interfering with daily functioning or sleep for >2 weeks
- Depression symptoms (hopelessness, loss of interest, appetite/sleep changes) lasting >2 weeks
- Avoiding medical appointments due to anxiety
- Social withdrawal or inability to enjoy things you used to love

**Resources (all low-cost or free):** Oncology social worker at your cancer center (usually free), CancerCare counseling (1-800-813-4673, free), Cancer Support Community, local therapy (ask your doctor for referral or use your insurance provider directory).

## Section 6: Nutrition & Lifestyle

**The evidence is clear:** According to the American Cancer Society 2022 guidelines, lifestyle matters for recurrence risk, quality of life, and long-term health.

### Diet

**Plant-forward approach:** Fill half your plate with vegetables, fruits, and whole grains.

- Limit red and processed meat to <18 oz/week
- Choose whole grains over refined starches
- Anti-inflammatory foods: fatty fish (omega-3s), olive oil, nuts, berries, leafy greens, legumes
- Minimize alcohol ( $\leq 1$  drink/day for women,  $\leq 2$  for men — or avoid entirely)
- Minimize ultra-processed foods and added sugar

### Weight Management

Aim for BMI 18.5-24.9 if possible. If overweight, even 5-10% weight loss improves outcomes. Obesity is linked to higher recurrence risk, especially in breast cancer survivors.

## Smoking Cessation

**If you smoke: QUIT.** This is the single most impactful lifestyle change you can make. Smoking increases recurrence risk and secondary cancer risk. Free resources: 1-800-QUIT-NOW, SmokefreeTXT, nicotine replacement therapy (NRT).

## Alcohol

Limit strictly — alcohol is a Group 1 carcinogen. Higher intake increases risk of secondary cancers. No amount is "safe," but low-to-no intake is low-risk.

## Sleep

Emerging research (2025) identifies sleep as a **modifiable survivorship factor**. Circadian disruption impairs DNA repair, immune function, and hormonal regulation — all relevant to recurrence risk. Aim for **7–9 hours nightly**, consistent sleep/wake times, limited screens before bed, and a cool, dark room. If you have persistent insomnia, ask your doctor about cognitive behavioral therapy for insomnia (CBT-I) — it's more effective than sleeping pills long-term.

# Section 7: Sexual Health & Fertility

**Sexual health is an important part of recovery that is often overlooked in clinic.** These effects are real, common, and treatable. Bring this up with your care team.

## For Women After Pelvic/Gynecologic Radiation

**Vaginal changes:** Dryness, stenosis (narrowing), reduced elasticity. These can make intercourse painful and limit sexual function.

**Management:** Vaginal dilators (start 2-4 weeks after RT, continue for years), vaginal moisturizers 2-3x/week, and lubricants during intercourse. Pelvic floor physical therapy is highly effective — ask for a referral.

**Premature menopause:** 20-42% experience menopause after pelvic RT (depending on age). Symptoms include hot flashes, mood swings, bone density loss. Discuss hormone replacement therapy (HRT) options with your oncologist and gynecologist.

## For Men After Pelvic Radiation

**Erectile dysfunction:** Occurs in ~50% of pelvic radiation survivors. Onset is usually gradual (6-24 months post-RT). May worsen before improving.

**Management:** PDE5 inhibitors (sildenafil/Viagra, tadalafil/Cialis) are effective. Vacuum devices are a non-medication option. Pelvic floor physical therapy helps. Be patient — recovery can take time.

## Fertility

If you didn't bank sperm or eggs before treatment and fertility is important to you, discuss options with reproductive endocrinology. **Women:** Ovarian function may recover, especially if <30 years old at treatment. Monitor with AMH and FSH testing. **Men:** Semen analysis 12+ months post-treatment.

**Pregnancy after RT:** Generally safe (typically wait 2 years). No increased birth defect risk. Discuss with your oncologist and OB/GYN.

*If your care team hasn't asked about sexual health, bring it up yourself. These issues are treatable, and your quality of life matters.*

## Section 8: Financial Recovery

**60% of working-age cancer survivors report financial hardship.** You are not alone. Common challenges: ongoing follow-up costs, insurance gaps, lost wages during treatment, prescription costs.

### Financial Resources

- **CancerCare:** Grants \$200-\$5,000 for treatment-related costs. Call 1-800-813-4673
- **Family Reach:** Emergency financial assistance, sliding scale based on income
- **Triage Cancer:** Free legal and financial education for cancer patients
- **Hospital financial counselor:** Ask at your cancer center. They know about grants and programs you qualify for.
- **Pharmaceutical patient assistance programs:** Free or discounted medications from drug manufacturers

### Insurance & Employment

- **ADA (Americans with Disabilities Act):** Protects reasonable workplace accommodations. Request flexible hours, work-from-home, reduced workload.
- **FMLA (Family Medical Leave Act):** Up to 12 weeks unpaid leave for medical needs (job protected, health insurance continues)
- **State-specific programs:** Some states offer paid family/medical leave. Check your state labor board.
- **If uninsured:** Healthcare marketplace, Medicaid, hospital charity care programs

## Section 9: Late Effects — What to Watch For

**Some side effects appear months or even years after radiation is completed.** Knowing what to watch for helps you catch problems early, when they're most treatable.

Red Flag	What It May Mean
<b>New persistent pain in treatment area</b>	Could indicate late tissue changes, fibrosis, or secondary cancer. Contact your doctor.
<b>Cardiac symptoms (chest pain, shortness of breath, palpitations)</b>	Especially concerning after chest/breast RT. Cardiac screening may be needed.
<b>Persistent cough or breathing changes</b>	Possible lung fibrosis or radiation pneumonitis after chest RT. Get evaluated.
<b>New lump or mass in treatment field</b>	Needs urgent imaging. Could be secondary malignancy.
<b>Worsening fatigue + weight gain + cold intolerance</b>	Check thyroid function. Hypothyroidism is common and easily treatable.
<b>Bowel/bladder changes worsening over time</b>	Late GI/GU effects after pelvic RT. Early evaluation helps.
<b>Bone pain or fracture with minimal trauma</b>	Possible insufficiency fracture. Imaging and bone health assessment recommended.
<b>Progressive difficulty swallowing</b>	After H&N; RT. May indicate stricture formation. Speech pathology evaluation available.
<b>Cognitive changes or memory problems</b>	After brain RT. Neuropsychological assessment available.
<b>Swelling (arm, leg, face) (Lymphedema)</b>	Early intervention with physical therapy dramatically improves outcomes.

*Late effects are **MANAGEABLE** when caught early. This is why lifelong follow-up matters. Don't ignore new symptoms — contact your doctor.*

## Section 10: Recommended Resources & Products

Category	Resource/Product	Cost
Exercise	Walking shoes (supportive)	~\$80-120
Exercise	Resistance bands set	~\$20

Category	Resource/Product	Cost
Exercise	Yoga mat	~\$20
Nutrition	Mediterranean diet cookbook	~\$20
Nutrition	High-protein shakes (Boost VHC)	~\$30-55
Skin Care	SPF 50+ sunscreen	~\$12-15
Mental Health	CancerCare counseling	Free
Mental Health	Cancer Support Community	Free
Mental Health	iConquerFear online program	Free
Sexual Health	Vaginal dilator set	~\$30-50
Sexual Health	Vaginal moisturizer (Replens)	~\$15
Organization	Follow-up appointment tracker	~\$10
Financial	Hospital financial counselor	Free
Financial	Triage Cancer resources	Free

## Important Contact Information

### Main Line Health — Radiation Oncology

100 East Lancaster Ave · Rosengarten Bldg, Basement · Wynnewood, PA 19096

1078 West Baltimore Pike · Health Center 1, Ground Floor · Media, PA 19063

### Phone

**Appointment Line: 1.866.CALL.MLH (1.866.225.5654)**

**If you are experiencing a life-threatening emergency, call 911.**

### Survivorship & Support Resources (All Free or Low-Cost)

**CancerCare:** 1-800-813-4673 | Free counseling, financial assistance

**Cancer Support Community:** 1-888-793-9355 | Free support groups (virtual & in-person)

**American Cancer Society:** 1-800-227-2345 | Transportation, lodging, support programs

**National Association of Social Workers:** Find an oncology therapist near you

**iConquerFear:** Free online cognitive behavioral therapy for fear of recurrence

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**You have completed one of the most challenging experiences a person can face. Your treatment is behind you, but your care team is still here. Stay engaged with your follow-up, take care of your body and mind, and live fully.**

# My Treatment Journal

A place to notice patterns, remember questions, and track what helps.

*You do not need to fill this out perfectly. Even a few notes can help you see patterns, remember what worked, and tell your care team what is actually happening at home.*

## This Week

Week of / goals / anything I especially want help with

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## Daily Check-In

Day / Date	Energy (0-10)	Pain (0-10)	Eating / Drinking	Sleep	Main note
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

## Symptoms I Want to Watch

<input type="checkbox"/> Energy	<input type="checkbox"/> Mood / fear of recurrence	<input type="checkbox"/> Exercise
<input type="checkbox"/> Sleep	<input type="checkbox"/> Late effects	<input type="checkbox"/> Questions / goals
<input type="checkbox"/> Other: _____		

## What I Tried / What Helped

Use this page to test small changes and keep track of what helps, what does not, and what you want to ask about next.

Problem or symptom	What I tried	Did it help?	Next step / question

*Examples: taking pain medicine before meals, changing skin care timing, drinking earlier in the day, using a humidifier, adjusting fiber, walking after treatment, or asking for a refill.*

## Questions for My Care Team

Bring this page to visits. Small questions are worth writing down, especially when treatment days start to run together.

Symptoms or side effects I want to mention

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Medication, refill, or product questions

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Eating, drinking, bowel, bladder, skin, sleep, or activity questions

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Logistics: appointments, transportation, work, family, forms

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One thing I keep forgetting to ask

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