NHS
East and North Hertfordshire
NHS Trust

a patient's guide

Chemoradiation for oesophageal (gullet) cancer

Patient Information Series PI 67

Mount Vernon
Cancer Centre

Contacts

Patient Label

Your oncologist is Dr: ....

Gastrointestinal clinical nurse specialists: ... 020 3826 2115
.... or 07900 405285
Mon–Fri, 8am–4pm

Cancer Treatment Suite: 020 3826 2236
Mon–Fri: 8.00am–6.00pm

Macmillan Oncology Dietitian 020 3826 2129

Contact Centre Hub 0333 332 5470
(General enquiries and appointment queries)

24 hour Acute Oncology Service
Mount Vernon Cancer Centre: 07825 028855

Your appointments

Date	Day	Time	Healthcare team member	Venue

Contents

Contacts 2
Your appointments 2
Introduction 4
What is chemoradiation? 4
When is chemoradiation used? 5
How does it work? 5
Why are chemotherapy and radiotherapy given together? 6
How is it given? 6
Will it hurt? 6
Will I always be admitted to a ward? 6
How long will my treatment last? 6
When will my treatment start? 7
How is my treatment planned? 7
What chemotherapy drugs will I receive? 8
What are the possible side-effects? 8
What are the side-effects of chemotherapy? 8
What are the less common side-effects? 11
What are the side-effects of radiotherapy? 11
What are the late effects of radiotherapy? 12
What happens after treatment ends? 13
Will chemoradiation affect my sex life/fertility? 13
What about my work and leisure activities? 13
Will my eating and drinking be affected? 14
What about my other medicines? 14
Am I allowed any alcohol during treatment? 15
What if I feel unwell during my treatment? 15
Medicine diary 16
Contacts with Mount Vernon Hospital 20
Other help and support 21

Please read all of this leaflet before starting your treatment

Introduction

Your specialist cancer doctor, also known as an oncologist[1] has recommended that your cancer is treated with a course of chemoradiation at Mount Vernon Cancer Centre.

This leaflet is a simple guide to chemoradiation. It does not deal with every issue, but we hope it will answer some of your questions.

We also recommend that you read our leaflets:

PI 01 - 'Radiotherapy at Mount Vernon Cancer Centre'

PI 02 - 'Systemic anti-cancer therapy (SACT)'

If you have any further questions before, during or after your treatment, please ask one of your team. There are some contact telephone numbers on page 2.

What is chemoradiation?

Chemoradiation involves giving two treatments together: chemotherapy and radiotherapy.

Chemotherapy is a form of drug treatment given to treat and control cancer cells.

Radiotherapy is the use of precise, accurately measured doses of radiation (x-ray beams) directed to a specific area to treat cancer cells.

You could be seen by both male and/or female radiographers when you have your radiotherapy planning and treatment.

---

[1] In this leaflet the term 'oncologist' will refer both to your cancer specialist and any doctors working within his/her team

When is chemoradiation used?

Chemoradiation can be used to treat all types of oesophageal cancer (and is often used for patients with squamous cell cancer). It can be used instead of surgery, or when the tumour cannot be surgically removed.

For some patients who respond well to chemotherapy for advanced oesophageal cancer (cancer that has spread to other areas of the body), chemoradiation can then be given. This is called 'consolidation' treatment.

How does it work?

Chemotherapy drugs are used to kill cancer cells and control the disease.

Individual drugs attack the cells in different ways by:

- breaking down parts of the cell or
- disrupting the cell's growth rate at different stages or
- by using up the energy needed by the cancer cells

Chemotherapy is most effective against rapidly dividing cells such as cancer cells. But the drugs may also affect some of the normal healthy cells.

The effect on normal cells is temporary, as they have the ability to repair at a faster rate than cancer cells.

The type of radiotherapy used to treat cancer is external beam radiotherapy. This means that a course of radiotherapy is given at regular intervals using an external radiation beam.

The radiation affects both cancer and normal cells but it has a greater effect on cancer cells.

Why are chemotherapy and radiotherapy given together?

The chemotherapy increases the activity of the radiotherapy against the cancer cells; it known as a ‘radiosensitiser’.

How is it given?

The chemotherapy is given by an injection directly into a vein, usually by an infusion (drip). The dates and frequency of your chemotherapy will depend on the chemotherapy you are prescribed.

The radiotherapy is given on a daily basis, Monday to Friday, on a linear accelerator, which is a special type of x-ray machine. The radiographers that operate these machines are specially trained professionals who are responsible for planning and delivering your treatment.

Will it hurt?

The most uncomfortable part of administering the chemotherapy is usually the insertion of a cannula (a plastic tube that sits inside a vein).

The delivery of radiotherapy is completely painless. The radiation cannot be seen or felt while it is being given.

Will I always be admitted to a ward?

This will depend on the type of chemotherapy that you are being given.

If you become unwell during or after the course of your treatment you may need another hospital admission.

How long will my treatment last?

Chemoradiation for oesophageal cancer lasts for five and a half weeks.

When will my treatment start?

Your treatment will take about three weeks to arrange. To ensure you receive the maximum benefit from the chemoradiation, it has to be carefully planned.

How is my treatment planned?

Chemotherapy

To calculate the correct dose of chemotherapy for you, we will need to take your height and weight. The doses are then calculated using your body surface area.

All chemotherapy drugs are made up for each patient and are made especially for you.

Radiotherapy

To plan your radiotherapy you will need to have a CT scan. This is a special x-ray taken with you lying on a couch. You will be asked to undress from the waist up. The radiographers will make sure your dignity is maintained by covering you whenever possible.

You may need to have an injection of a special dye.
If you are diabetic and are taking Metformin, please call 020 3826 2622 as soon as possible.

If you are having the top part of your oesophagus treated you may need to have a special mask made. This mask will hold you still and in the correct position for your radiotherapy.

Marks will be placed on your skin using a felt-tip pen. Permanent marks (tattoos) similar to a tiny dot will be applied so that when the pen marks fade your treatment can still be aligned accurately. This takes the form of a few pinpricks just into the skin.

What chemotherapy drugs will I receive?

The drugs used for chemoradiation to treat cancer of the oesophagus are:

- Carboplatin
- Cisplatin
- 5FU or Capecitabine
- Oxaliplatin
- Paclitaxel

You will receive a combination of these drugs. The doctor will discuss this with you.

What are the possible side-effects?

When given separately both chemotherapy and radiotherapy have some side-effects (see the following sections). When given together it is likely that the side-effects will increase.

Please note that everyone is individual and therefore everyone reacts differently to chemoradiation.

What are the side-effects of chemotherapy?

Chemotherapy can sometimes cause unpleasant side-effects, but it can also make you feel better by relieving the symptoms of the cancer.

You will have a pre-SACT (Systemic anti-cancer therapy) telephone appointment with a chemotherapy nurse before you start your treatment. She/he will discuss these side-effects in more detail. Most people have some side-effects, but not usually all of those listed below. Many side-effects can be controlled with medicine.

Lowered resistance to infection

Chemotherapy can reduce the production of white blood cells by the bone marrow, making you more prone to infection.

This effect can begin seven days after the start of your chemotherapy and it usually reaches its lowest point at 10 to 14 days. Your blood cells will then increase steadily and will have returned to normal before your next course is due.

Bruising or bleeding

The chemotherapy drugs can reduce the production of platelets. These help the blood to clot. Let your doctor know if you have any unexplained bruising or bleeding, such as nosebleeds, rashes on the skin or bleeding gums.

Anaemia (low number of red blood cells)

While having your treatment you may become anaemic. This may make you feel tired and breathless. In some cases, this may require a blood transfusion.

Feeling sick (nausea)

It is possible you could feel sick, or you may even be sick. This can often be helped by taking regular anti-sickness drugs (anti-emetics), which your doctor can prescribe.

If the sickness continues let your doctor, nurse or clinic radiographer know so they can try another drug that may be more effective.

Some anti-sickness drugs can cause constipation. Tell your doctor, nurse or clinic radiographer if this is a problem.

Mouth sores and ulcers

The chemotherapy drugs can make your mouth sore and cause small ulcers. It is important to use a regular mouthwash and to pay attention to your oral hygiene. The nurses will advise you.

Taste changes

You may notice that your food tastes different. Normal tastes will usually return after your treatment finishes.

Diarrhoea

You may have diarrhoea after having the chemotherapy drugs. This often starts several days after the chemotherapy.

If you are taking chemotherapy tablets at home it is important to tell your doctor if you have diarrhoea more than four times a day, as your treatment may need to be stopped for a short period.

Soreness of the hands and feet

Soreness of the hands and soles of the feet can occur when 5FU or Capecitabine is given. It is known as palmar-plantar syndrome. Using a moisturiser may help relieve this. Please ask your chemotherapy nurse for further advice.

In severe cases, a dose reduction of the drug may be needed.

Temporary tingling or numbness

If you are having Oxaliplatin you may experience some tingling or numbness in your hands, feet and throat. This can be made worse by cold temperatures. The nurse will advise you further when you come for your appointment.

Tiredness and feeling weak

Many people feel very tired during and after their treatment. This is a common side-effect and it is important to allow yourself plenty of time to rest. Let family and friends help you.

Hair loss

You may find that your hair thin during treatment. This is temporary and your hair will begin to grow again once your treatment is completed.

What are the less common side-effects?

Ringing in your ears (tinnitus)

Cisplatin can sometimes cause ringing in the ears and loss of ability to hear high-pitched sounds. Please inform your team if this occurs.

Loss of appetite

A dietitian or specialist nurse can give you advice on how to improve your appetite, cope with eating difficulties and maintain your weight.

Change in kidney function

Usually this does not cause any symptoms and the effect is generally mild. Before each treatment you will have a blood test to check your kidney function.

What are the side-effects of radiotherapy?

Radiotherapy can cause side-effects such as feeling sick (nausea) and tiredness, but it is also likely to make the inside of your oesophagus (gullet) inflamed, causing short-term soreness. It is not unusual to feel worse before feeling better.

Some people can find this a very difficult time and may feel depressed for a while. These side-effects can range from mild to more troublesome.

Most patients cope well with the first few weeks of treatment, but any side-effects will build up as the treatment continues. These can carry on for about two weeks after your radiotherapy has finished. Before things begin to improve you may have the following side effects:

Swallowing

Your throat will get very sore towards the end of treatment, and you may have problems swallowing for a while. If this happens, tell your doctors and nurses, as it is important you drink enough fluids and maintain an adequate diet through your treatment.

For some patients it may be necessary to insert a feeding tube into the stomach (known as a PEG or a RIG) before starting radiotherapy.

Heartburn and indigestion

This can develop a week or two into treatment. It tends to happen if you are having treatment to the lower part of the oesophagus (gullet). It is advisable to avoid highly spiced and fatty foods.

Skin

The skin in the treated area will be more sensitive and may become pink or red. It may also feel dry or itchy. This tends to happen a couple of weeks into treatment. It usually settles down after the treatment ends.

If it becomes a problem, the nurses and doctors looking after you will advise you to apply a mild moisturiser to the affected area.

What are the late effects of radiotherapy?

Breathlessness

Radiotherapy may leave the lungs with some scarring (fibrosis).

Every effort is made to minimise the radiation dose to the lungs, but sometimes you may notice a slight increase in shortness of breath. If this becomes a problem, tell your doctor or nurses treating you.

Narrowing of the oesophagus (gullet)

Scarring caused by radiotherapy might cause some narrowing in the gullet. Sometimes a minor procedure is needed to stretch the gullet.

Chest or rib pain

Rarely, radiotherapy can cause inflammation of the ribs. This can lead to thinning of the bones.

It is possible that a rib can break. This may happen after a bout of coughing or a mild injury.

What happens after treatment ends?

Most symptoms that develop due to the treatment will gradually settle down, although for many patients the tiredness can take many weeks to go away.

Your doctor will arrange to see you about six weeks after your treatment has finished.

Will chemoradiation affect my sex life/fertility?

Libido (sexual urge or desire)

As a result of the side-effects of chemoradiation, many patients find that their interest in sex goes down. This usually returns when the treatment has finished and the side-effects have resolved.

Fertility

Your ability to become pregnant or to father a child may be affected by this treatment. It is important to discuss this with your doctor before starting treatment, if it is an issue for you.

Contraception

You are advised not to become pregnant or to father a child while undergoing this treatment as it may harm the developing foetus.

It is important to use effective contraception during and for one year after treatment. We strongly suggest you discuss this with your doctor.

What about my work and leisure activities?

Some patients find that they can manage to do some work around their treatment schedule. It is important to plan your work and activities around how you feel.

It is likely you will be able to do some work early in your treatment. But as the course progresses you may find it harder to cope as you may become more tired. This can affect your ability to concentrate and stay alert for long periods of time.

Patients should continue leisure activities. This depends on how you are feeling. You are the best judge of what you can manage.

Will my eating and drinking be affected?

During your treatment you may find that you have a poor appetite. This is often due to the side effects previously mentioned. If you have any of these side effects, please discuss them with your clinic team.

Keeping your weight stable and your muscles strong can help you cope with your treatment better.

If you find you are eating less, try to increase your calorie intake by:

- eating small regular meals 5-6 times per day
- you may find it easier to eat soft or pureed foods
- adding foods such as cream, cheese and butter can add energy into your meals

It is a good idea to avoid spicy or acidic foods such as chilli, lemon or orange juice as they may cause soreness when you swallow. Your dietitian will advise you when you are seen in clinic.

What about my other medicines?

It is usually fine for you to continue taking your current medication.

Please bring a list of all your medications with you so that your doctor can review them and check that they are ok to take while on treatment.

Am I allowed any alcohol during treatment?

Usually it is quite safe for you to have a glass of alcohol, such as wine or beer (but avoid spirits), during your treatment.

There are some drugs that can interact with alcoholic drinks; your doctor will advise you about this.

What if I feel unwell during my treatment?

If you have any of the following please contact one of the numbers on page 2:

- any sign of infection such as serious cough, breathlessness, raised temperature (above 38º degrees Celsius)
- bruising easily or bleeding
- inability to swallow food or fluids

Medicine diary

Your specialist nurse will complete this table with you. It will help you to remember when you need to take each of your medicines. It is important to take the medicines as advised, so you feel comfortable and are able to carry on with daily activities.

Medicine and dose	Reason	AM	Mid AM	Mid Day	Mid PM	PM	Night

Medicine and dose	Reason	AM	Mid AM	Mid Day	Mid PM	PM	Night

Personal record of how I felt

Session number: ....

Starting date: ....

Fill in here the dates, starting with day 1 of session 1 of your chemotherapy

Side-effects as they happen to you																				

Please remember to bring this booklet with you to your next appointment

Personal record of how I felt

Session number: ....

Starting date: ....

Fill in here the dates, starting with day 1 of session 2 of your chemotherapy

Side-effects as they happen to you																				

Please remember to bring this booklet with you to your next appointment

Contacts with Mount Vernon Hospital

Please note below when you contact the hospital or GP and how you did this eg. by phone, email or in person.

Date	Phone/email or in person	Reason for contact

Other help and support

People who have cancer often say that, during their illness, they experience a range of emotions. Many find it to be a stressful, anxious and confusing time.

If you have any questions or concerns about cancer and your treatment, are struggling to cope or need some support, please visit the Lynda Jackson Macmillan Centre (LJMC). Please feel free to drop in before, during or after any of your visits to the Cancer Centre.

The team at the LJMC works as part of the overall team caring for you to provide help, support and information in a relaxed setting to help you better cope with cancer and its treatment. Your family and friends are also welcome to visit the centre or call the Helpline.

A range of support services are available at the centre. These include complementary therapy, relaxation sessions, counselling and financial advice. Please ask for more details.

You do not need an appointment to visit the LJMC which is located next to the Chemotherapy Suite by Gate 3. If you are unable to get to the LJMC, you can call the Helpline on 020 3826 2555.

Please see the back page of this leaflet for more information.

If you normally pay for NHS prescriptions...
People undergoing treatment for cancer do not have to pay NHS prescription charges if they have a valid medical exemption certificate. To get an exemption certificate, ask your GP for an application form.

Mount Vernon Cancer Centre is committed to ensuring that patients receive the best quality of care regardless of their gender identity or sexual orientation.

Consent

It is a legal requirement to have a signed consent form from you before the start of your treatment.

If you have already been given one of these forms, please bring the completed form with you when you come for your first appointment.

If you have not been given a form, this will be discussed with you at your first appointment.

Identification

Please note that it is a legal requirement for the staff to check your name and details against your treatment sheet every time you attend.

Pregnancy/fathering a child

Patients must not be pregnant or become pregnant, or father a child, during a course of treatment and for one year after treatment. **Please discuss this with your cancer specialist.**

If you are of child bearing capacity we ask that you inform a member of staff. It is our duty of care to enquire whether individuals may be pregnant or breastfeeding. This information will be kept in strict confidence.

If you think there is a chance, however small, of you or your partner being pregnant during treatment, it is extremely important that you discuss this with your oncologist, radiographer or nurse as soon as possible.

This publication has been produced by the Information team at Mount Vernon Cancer Centre. Contributors include health professionals, patients and carers who have expertise and experience in the topics covered by this publication. All our publications are reviewed and updated regularly. If you would like any details of the references used to write this information please contact the Information team on 020 3826 2555.

Notes:

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

....

Questions or concerns about cancer and treatment? Need some support? Need to talk?

Drop in to the Lynda Jackson Macmillan Centre
or call the support & information helpline

We will listen to your concerns, answer your questions
and guide you to further information
and services to help you

cancer treatment
side effects of treatment
day-to-day living with cancer
finance and benefits
counselling
someone to talk to
emotional support
complementary therapy
relaxation services

practical support
headwear workshops
exercise
diet and nutrition
health and wellbeing
talking to family and friends
Look Good Feel Better
self-help courses
life after cancer

The Lynda Jackson Macmillan Centre is situated between the
Cancer Centre and Gate 3 (White Hill)
Opening hours: Monday–Friday 9.30am–4.30pm
020 3826 2555
www.ljmc.org

Supporting people affected by cancer
from diagnosis, through treatment and beyond

QUALITY assured information
Lynda Jackson Macmillan Centre

PI67 [green] published 07/24
review date 07/27