NHS
East and North Hertfordshire
NHS Trust

a patient's guide

Chemoradiation for rectal cancer

Patient Information Series PI 68

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

Chemotherapy 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

Contents

Please read all of this leaflet before starting treatment

Introduction

Your specialist cancer doctor (oncologist[1]), has recommended that your cancer is treated with a course of chemoradiation at Mount Vernon Cancer Centre (MVCC).

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

We also recommend that you read our leaflets:

PI01 - Radiotherapy at MVCC

PI02 - Systemic anti-cancer therapy (SACT)

If you have any further questions, please ask one of the team treating you. There are some contact telephone numbers on page 2 of this booklet.

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 destroy cancer cells.

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

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[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?

Prior to surgery, chemoradiation for rectal cancer is usually given to shrink the cancer. Recent research also suggests that it reduces the risk of the cancer coming back in the future.

For some patients where a curative operation is not possible, chemoradiation can be offered to manage the symptoms from the cancer.

How does it work?

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

Individual drugs attack the cells in different ways: some break down parts of the cell and some disrupt the cell's growth cycle at different stages.

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

The effect on normal cells is usually 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.

Although radiation affects both cancer and normal cells, 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 is known as a 'radiosensitiser'.

How long will my treatment last?

Chemotherapy and radiotherapy when given at the same time lasts for five weeks. However, sometimes radiotherapy is given for one week, followed by intravenous chemotherapy. Your oncologist will discuss which is the most suitable treatment for you with you.

How is it given?

If the chemotherapy and radiotherapy are given at the same time, the chemotherapy will be in the form of an oral tablet which you would take twice a day for the duration of your radiotherapy. This would be as an outpatient and would not require a hospital admission.

If the chemotherapy and radiotherapy are given separately, the chemotherapy is given by an injection directly into a vein, usually via a special line called a PICC line. It would be given every two weeks over three days.

The radiotherapy is given on a daily basis, Monday to Friday, on a special type of x-ray machine called a linear accelerator. The radiographers who 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 the PICC line. The delivery of radiotherapy is completely painless. The radiation cannot be seen or felt while it is being given.

Where will I have my chemotherapy?

This depends on whether you are receiving the oral chemotherapy or the intravenous chemotherapy. The oral chemotherapy is given as tablets and does not require an inpatient stay.

Patients receiving the intravenous chemotherapy are admitted for either one day to the Chemotherapy Suite or for three days to a Ward.

It is possible that if you become unwell during or after the course of your chemoradiation you may need another hospital admission.

When will my treatment start?

Your treatment will take about three weeks to arrange. It is planned carefully to ensure you receive the maximum benefit from the chemoradiation.

How is my treatment planned?

Chemotherapy

When you attend the clinic the nurses will measure your weight and height. This is to calculate the correct dose of chemotherapy for you. All chemotherapy drugs are made up individually and the dose is tailored for you.

Radiotherapy

The first step for the radiotherapy is a planning CT scan. This is a special x-ray taken with you lying on your tummy, face down on a couch. Sometimes people are positioned lying on their back. The radiographers will discuss with you which is the best position for your treatment. About 20 minutes before the scan, you will be asked to drink up to six cups of water, to ensure you have a full bladder during the scan.

You will be asked to undress from the waist down. Depending on the exact area that needs treating, you may be able to keep your underwear on. The radiographers will advise you about this and will ensure your dignity is maintained by covering you up whenever possible.

You may be given an injection of some contrast into a vein during your scan.

If you are diabetic and taking Metformin, please call 020 3826 2622 as soon as possible. We may need to arrange for you to have a blood test before your planning appointment.

Marks will be placed on your skin using a felt-tip pen, but these will wash off. With your permission, the radiographers will make a few tiny permanent dots (tattoos) on your skin. These are very small and are done by pinpricking the skin with some special dye. The permanent dots are important as they enable accurate positioning and treatment delivery each day.

Before you leave the department you will be given a list of your treatment appointments.

What chemotherapy drugs will I receive?

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

- Oxaliplatin
- Irinotecan
- 5FU
- Capecitabine

You will receive one or more of these drugs.
The oncologist 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 as they add together.

All of these side-effects are possible, but not all patients have them all. Some patients do not have any.

Please note that everyone is individual and therefore everyone reacts differently to chemoradiation. Please tell one of your treatment team if you are experiencing any side-effects.

What are the possible 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 likely to get an 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.

If you feel unwell or have a temperature above 38°C please call the 24 hour Acute Oncology Service (see page 2) **as soon as possible.**

Bruising or bleeding

The chemotherapy drugs can reduce the production of platelets, which 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)

Whilst having your treatment you may become anaemic. This may make you feel tired and breathless. In some cases, you may need to have a blood transfusion.

Hair loss

If you are having Irinotecan you will experience hair loss, and your scalp may be a little tender or sore.

If you do experience hair loss, remember that for most patients this is only temporary and your hair should grow again when the drugs are stopped. During this time some patients like to wear a wig, hat or headscarf.

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 one of the team treating you know, so they can try another drug that may be more effective.

Some anti-sickness drugs can cause constipation; please let one of the team treating you know if this is a problem for you.

Mouth sores and ulcers

The chemotherapy drugs can make your mouth dry and sore, and cause small ulcers. If you have these side-effects please let your treatment team know so that they can prescribe the correct mouthwash for you. It is important to use the mouthwash regularly and to pay attention to your oral hygiene.

Taste changes

You may notice that your food and water taste different. Normal tastes will usually return after your treatment has finished.

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 treatment team 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 the 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.

Tiredness and feeling weak

Many people feel extremely tired during and after their treatment. This is a very common side-effect and it is important to allow yourself plenty of time to rest. Do accept any help offered by family and friends. For more information about how to cope with tiredness ask at the Lynda Jackson Macmillan Centre (details are at the end of this leaflet).

What are the possible side-effects of radiotherapy?

Each patient is individual and reacts differently to radiotherapy.

Most people find that the side-effects become more noticeable as the treatment progresses.

Skin

The skin in the treated area will be more sensitive and may become pink or red. This is most likely to happen in the folds of skin between the buttocks and in the groin. This tends to start a couple of weeks into treatment.

Some people develop an irritation or itch around the back passage (anus) and also for women around the front passage (vagina) especially towards the end of treatment. Your doctor or clinic radiographer can prescribe cream if you experience this problem.

Tiredness

You will begin to feel tired about two to three weeks into your course of treatment and this will last for several weeks after your treatment has finished. This is a very common side-effect and it is important to allow yourself plenty of time to rest. Let family and friends help you.

Bowels

It is likely that you will experience an increase in frequency/urgency with diarrhoea after three to four weeks of treatment. This may be with colicky or wind pains. You will have medication given to you (for the diarrhoea) at the start of your treatment, to take as and when you need it.

If you have pain from the diarrhoea, please let the radiographers know so they can ask your doctor to prescribe some medication for you. Some people notice a discharge of mucous from the back passage and there might be a little blood.

If you have had a colostomy you may find that, because the bowel moves more frequently, you may need to change your bag more often.

Rectum (back passage)

You may develop the urge to go to the toilet frequently. You may already have had this sensation as a result of your tumour. However, as the treatment progresses, the back passage will become inflamed and you may feel the urge to go to the toilet more. You may feel like this even if you have a colostomy.

Passing water

Sometimes the bladder becomes irritated and you may feel that you need to pass water more often and more urgently than usual. It is important to continue to drink plenty of fluids.

You may also have a burning sensation when passing urine. Drinking plenty of fluids will help, but let the radiographer know so we can check you do not have an infection.

Hair

There will only be a loss of hair in the treated area. This is usually temporary, although in some patients hair may not re-grow.

Women

The tissues of the vagina (front passage) will become inflamed by the treatment. You may develop a mild clear discharge. If you have a heavy or creamy coloured discharge (yellow, green or brown) you should let your doctor know. The vagina can also become dry, sore or irritated during the treatment; if this is the case please let the radiographers know.

During your treatment you will be reviewed by the clinic radiographer who will be able to give you advice and also discuss the use of dilators (these are used to help keep the vagina open after treatment).

All women receiving chemoradiation should read another patient information leaflet in conjunction with this called ‘Using vaginal dilators after pelvic radiotherapy’ PI30. Please ask the doctor, nurse or clinic radiographer looking after you if you have not yet received one.

How should I look after my skin?

You may bath and shower during your treatment using your normal skin care products. Ensure the water is lukewarm and not hot and pat your skin dry with a soft towel. Deodorant may be used unless you find it irritates your skin. Don’t use talcum powder on the treatment area.

You may find that you will be more comfortable if you wear loose fitting clothes, preferably with cotton next to your skin.

If your skin does become red and sore during the chemoradiation, we can prescribe some creams that will help soothe it. Please ask a member of the team treating you. Only use the creams that have been prescribed. However soothing other creams may seem, they may interact with your treatment and cause the skin to become worse.

What are the late effects of treatment?

If you have an operation after the chemoradiation, the treatment may slow down the healing process of any surgical wound in the treated area. However, it should heal fully with time.

Your bowel habit may not return to normal after treatment. If you have an operation after your chemoradiation, it will add to this effect. Sometimes medication may be needed to regulate your bowels on a longer-term basis.

Serious problems are very rare. Some scar tissue may develop in several areas. Sometimes it can affect the wall of the bladder and very rarely this can cause shrinkage of the bladder. This can cause irritation on passing water and make it difficult to ‘hold on’, leading to an urgent need to get to the toilet.

If such scar tissue affects the bowels it can add to the problems of diarrhoea. Very rarely this can lead to a narrowing or even a blockage in the bowel. An operation may be needed to remove this narrowed area. This is a very rare problem.

What happens after the treatment has finished?

Most symptoms that develop due to the treatment will gradually settle down. However, 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 settled down.

Sexual function

After your treatment there is a chance of a loss of sexual function. This may occur as a result of radiotherapy or surgery, or as a combined effect of both.

Women who are still having periods before radiotherapy will go through the menopause due to the effects the radiotherapy has on their ovaries.

Women may also initially notice some vaginal dryness. If this continues to be a long-term problem you should discuss this with your doctor or nurse, as help and advice is available.

Men may find it difficult to get an erection due to damage to some of the pelvic nerves. Help and advice is available so please let your doctor or nurse know if this becomes an issue.

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.

- Men

  It is likely you will become infertile as a result of the radiotherapy. If this is a concern we can refer you to specialists who offer the facility to store sperm before treatment starts.
- Women

  It is likely you will become infertile as a result of the effects of radiotherapy on your ovaries. Please speak with your doctor if you have any concerns before you start your treatment.

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 in further detail with your doctor.

How can this treatment affect my relationships?

It is important to recognise that your emotions and worries may also affect any difficulties you may have in your intimate relationships. This is quite common for many patients having this treatment.

Staff are available who can help you talk through any issues. Please let us know if you would like further support.

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 you go through your treatment you will probably find it harder to concentrate and stay alert for long periods of time.

You should continue with any leisure activities depending on how you are feeling. You are the best judge of what you can manage.

What about nutrition and diet?

It is important that your body gets proper nourishment so that you can cope with the demands of the treatment. You are advised to eat a well-balanced, sensible diet.

If you need more information, ask your specialist nurse or doctor. They may refer you to a dietitian.

The Lynda Jackson Macmillan Centre has information on nutrition and diet.

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 when you come to clinic, so that your doctor can review them and check that they are ok to take while on treatment. This includes any vitamins, herbal medicines and 'over the counter' preparations as they may interact with your 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 either of the following please contact one of the numbers on page 2 as soon as possible:

- any sign of infection such as serious cough, breathlessness, raised temperature (above 38° degrees Celsius)
- bruising easily or bleeding

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 or for some months afterwards. **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.

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**
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