

# Chemoradiation for gynaecological cancer

Patient Information Series PI 74



## Contacts

Your oncologist is Dr: .....

Your oncologist's secretary: .....

Your hospital number: .....

Your named nurse on the ward: .....

Gynaecological Clinical Nurse Specialists: .. 020 3826 2091

Radiotherapy Clinic Nurses..... 020 3826 2186

Mon - Fri: 9am - 5pm

Radiotherapy Clinic Radiographers..... 020 3826 2612

Mon - Fri: 9am - 5pm

John Bush Supportive Care Unit: ..... 020 3826 2176

Mon - Fri: 8.00am - 8.00pm

Chemotherapy suite: ..... 020 3826 2236

Mon - Fri: 8.00am - 8.00pm

Ward 11: ..... 020 3826 2041

24 hr cover 7 days / week

**24 hour Acute Oncology Service**

**Mount Vernon Cancer Centre: 07825 028855**

# Chemoradiation for gynaecological cancer

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## Contents

Contacts	2
Introduction	4
What is chemoradiation?	4
When is chemoradiation used?	5
How does it work?	5
Why are chemotherapy and radiotherapy given together?	5
How is it given?	6
Will it hurt?	6
Where will I have my chemotherapy?	6
How long will my treatment last?	6
When will my treatment start?	6
How is my treatment planned?	7
What chemotherapy drug will I receive?	8
What are the possible side-effects?	8
What are the possible side-effects of chemotherapy?	8
What are the possible side-effects of radiotherapy?	10
How should I look after my skin?	12
What are the late effects of treatment?	13
What happens after the treatment has finished?	13
Will chemoradiation affect my sex life/fertility?	14
How can this treatment affect my relationships?	15
What about my work and leisure activities?	15
What about nutrition and diet?	15
What about my other medicines?	16
Am I allowed any alcohol during treatment?	16
What if I feel unwell during my treatment?	16
Other help and support	17
If you normally pay for NHS prescriptions	17
Consent	18
Identification	18
Pregnancy/fathering a child	18

Please read all of this leaflet before you start treatment

## Introduction

Your specialist cancer doctor (oncologist<sup>1</sup>) 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 - Chemotherapy at MVCC

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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<sup>1</sup> The term 'oncologist' refers to both your cancer specialist and any doctors working within his/her team.

## **When is chemoradiation used?**

Chemoradiation is used as a main treatment for some gynaecological cancers. It can also be given after surgery.

## **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 main 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. This treatment may be followed by some internal radiotherapy. Your oncologist will discuss this with you if you require this treatment.

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 is it given?**

The chemotherapy is given by an injection directly into a vein, usually by an infusion (drip). The chemotherapy will be given once a week during the radiotherapy.

You will have a blood test one to two days before you are due to have each chemotherapy.

The radiotherapy is given on a daily basis, Monday to Friday.

## **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.

## **Where will I have my chemotherapy?**

You will be admitted to the John Bush Supportive Care Unit or the Chemotherapy Suite for the day to receive your chemotherapy.

## **How long will my treatment last?**

Chemoradiation for gynaecological cancer lasts for five to six weeks. Radiotherapy is given Monday to Friday, and will also include any bank holidays that may fall during the treatment period.

## **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.

You will need to have a kidney function test before you start your treatment. Your oncologist will explain this to you.

### Radiotherapy

To plan your radiotherapy you will need to have an MRI and a CT planning scan. These are special scans taken with you lying in the same position that you will be in for your treatment. They may involve an injection of a special dye.

**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 prior to your planning.

Before you have your scans you will be asked to try to empty your bowels and bladder and then to drink a measured amount of water. You will be asked to undress from the waist down. The radiographers will ensure your dignity is maintained by covering you up whenever possible.

Marks will be placed on your skin using a felt-tip pen. However, these marks 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 drug will I receive?

The drug used will be Cisplatin.

## What are the possible side-effects?

When given separately, both chemotherapy and radiotherapy have some side-effects (see the following sections). When these treatments are given together it is likely that some 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 be given an appointment to come to a pre-chemotherapy group consultation. At this appointment a chemotherapy nurse will give you all the information you will need about the chemotherapy you will be having.

Most people have some side-effects, but not usually all of those described here. They can usually be controlled with medication.

### 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 37.5°C please call the 24 hour Acute Oncology Service (see page 2) **as soon as possible**.

### **Bruising or bleeding**

The chemotherapy drug can reduce the production of platelets. These help the blood to clot. Let your treatment team 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.

### **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.

For more information about how to cope with nausea ask at the Lynda Jackson Macmillan Centre (LJMC) (see page 17).

### **Mouth sores and ulcers**

The chemotherapy drug can make your mouth dry, 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 tastes different. Normal tastes will usually return after your treatment has finished. For more information about how to cope with taste changes ask at the LJMC (see page 17).

### **Diarrhoea**

You may get diarrhoea after having the chemotherapy drug. This often starts several days after the chemotherapy. Please let your treatment team know so they can advise you on medication and fluid intake.

### **Tiredness and feeling weak**

Many women feel very 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 LJMC (see page 17).

### **Nerve damage**

Some women may get a buzzing in their ears called tinnitus. Very rarely this could be a high pitched hearing loss.

Another rare side-effect may be numbness in fingers and toes.

## **What are the possible side-effects of radiotherapy?**

Each patient is individual and reacts differently to radiotherapy. Most women 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 may start a couple of weeks into treatment.

Some women develop an irritation or itch around the back passage (anus) or front passage (vagina) especially towards the end of treatment. Your doctor can prescribe cream if you get this problem. If your skin breaks down, please talk to one of the team treating you, who can supply creams and dressings.

### **Soreness internally**

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 one of the team treating you 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 'Advice for women following radiotherapy to the pelvis' PI 30. Please tell one of the team treating you if you have not yet received one.

### **Tiredness**

You will begin to feel tired 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 possible that you may develop diarrhoea after three to four weeks of treatment. You may also get colicky or wind pains. Please tell one of the team treating you as they can give you some medication for the diarrhoea and also for the pain if necessary.

Some women notice a discharge of mucus from the back passage and there might be a little blood.

### **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 get a burning sensation when passing urine. Drinking plenty of fluids will help, but let one of the team treating you 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 regrow.

## **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. Do not use perfumes or 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 treatment, 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?**

It is possible your bowel habit may not return to normal after treatment. If you had an operation before your chemoradiation, this is more likely. Sometimes medication may be needed to regulate your bowel for the longer-term.

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 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 bowel it can add to the problems of diarrhoea, and may also cause some bleeding. Very rarely the scar tissue can lead to a narrowing or even a blockage in the bowel, and an operation may be required to remove this narrowed area. This is a very rare problem indeed.

Very rarely the radiotherapy can cause thinning of, or minor cracks in, the pelvic bones, especially in patients prone to osteoporosis. This can lead to bone pain.

These may be specific to your treatment, and will have been explained to you by your oncologist before starting radiotherapy.

If you have any concerns please ask for advice.

### **What happens after the treatment has finished?**

Most symptoms that develop because of treatment will gradually settle down, although the tiredness can take several weeks to fully go away. Your doctor will arrange to see you about six weeks after your treatment has finished.

### **Will chemoradiation affect my sex life/fertility?**

Not all women get all these side-effects. It is important to remember there are many benefits to having the treatment.

#### **Libido (sexual urge or desire)**

As a result of the side-effects of chemoradiation, many women find 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 possibility of a loss of sexual function. This may occur as a result of radiotherapy or surgery or as a combined effect of both.

If you are still having periods before radiotherapy you will go through the menopause due to the effects the radiotherapy has on your ovaries.

You may get vaginal stenosis, which is the narrowing of the vagina. The clinic radiographer will be able to give you advice and discuss the use of dilators.

You 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.

#### **Fertility**

After this treatment you will not be able to become pregnant. If it is an issue for you, it is important to discuss this with your doctor before starting treatment.

#### **Contraception**

It is important not to become pregnant while undergoing this treatment, as it may harm the developing foetus. You must 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 can also play a part in difficulties in your intimate relationships, especially at this time.

Staff are available who can help you talk through any issues, so 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 for prolonged periods.

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?**

It is usually quite safe for you to have alcohol during your chemoradiation treatment. There are some drugs that can interact with alcoholic drinks; your doctor will advise you if this is the case for you.

## **What if I feel unwell during my treatment?**

If at any time during your treatment you feel unwell, contact one of the numbers on page 2 as soon as possible:

Please check for:

- Any sign of infection such as serious cough, breathlessness, raised temperature (above 37.5° degrees Celsius)
- Easy bruising or bleeding



## Other help and support

The Lynda Jackson Macmillan Centre (LJMC) offers information and support to patients and their families and is located next to Chemotherapy Suite by Gate 3. The staff at the LJMC work as part of the overall team caring for you.

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. Please feel free to drop in before, during or after any of your visits to Mount Vernon Cancer Centre to find out more about the LJMC services that you may find helpful.

The volunteers and healthcare professionals at the LJMC provide help, support and information in a relaxed setting to help patients cope with cancer and its treatment.

LJMC services include a range of complementary therapies, counselling, relaxation sessions and financial advice. You can drop in without an appointment or call the LJMC helpline on 020 3826 2555. More information is on the back of this leaflet.

### 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.

## 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

Female patients must not be pregnant or become pregnant and male patients must not father a child during a course of radiotherapy or for some months afterwards. **Please discuss this with your cancer specialist.**

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.

Female patients will be asked to confirm their pregnancy status prior to radiotherapy. This applies to all women between the ages of 12 - 55 years. This is a legal requirement.

This publication has been produced by the Information team at the Lynda Jackson Macmillan Centre. Contributors include professionals, patients and carers from Mount Vernon Cancer Centre 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 LJMC on 020 3826 2555.

Lynda Jackson  
Macmillan Centre 

Notes:

Dotted lines for taking notes.



# Lynda Jackson Macmillan Centre

... supporting people affected by cancer...

- ① Drop-in centre for support and information
- ① Telephone helpline
- ① Complementary therapies\*
- ① Counselling\*
- ① Benefits advice\*
- ① Relaxation classes
- ① Look Good...Feel Better™ beauty workshops
- ① The Way Ahead headwear workshops
- ① Self-help courses

The **Lynda Jackson Macmillan Centre** is situated between the Cancer Centre and Gate 3 (White Hill)

Please drop in or call to find out how we may be able to help you

Opening hours: **Monday–Friday: 9.30am–4.30pm**

Mount Vernon Cancer Centre, Northwood, Middlesex HA6 2RN  
 Telephone Helpline: **020 3826 2555**  
 Website: [www.ljmc.org](http://www.ljmc.org)

\* Service only available to NHS patients under the care of an oncologist based at Mount Vernon Cancer Centre