NHS
The Clatterbridge
Cancer Centre
NHS Foundation Trust

Chemo-radiotherapy to the oesophagus

Radiotherapy

Health & care information you can trust
The Information Standard
Certified Member

A guide for patients and carers

Contents

If you have any questions before starting your treatment, please contact the Information and Support Radiographer at Clatterbridge Cancer Centre - Wirral, Monday to Friday (9am - 5pm) on **0151 556 5314**.

The Clatterbridge Cancer Centre Hotline 0800 169 5555
If you are unwell during or up to 8 weeks following your cancer treatment, please call The Clatterbridge Cancer Centre Hotline.

Your call will be answered by a dedicated nurse advisor. This line is available 24 hours a day, 7 days a week.

This information is for patients who are going to receive chemo radiotherapy (a combination of drug and radiotherapy treatment) to their oesophagus, as an alternative to surgery.

You might find it helpful to read our booklets “Radiotherapy” and “Chemotherapy” which explain how each treatment works and what to expect when you attend.

A photograph of a treatment unit

About radiotherapy

Radiotherapy is treatment using radiation.

- External beam radiotherapy (radiation delivered from outside the body) given Monday-Friday over 5 weeks
- Some people may be offered an extra treatment called Brachytherapy. Brachytherapy is radiation treatment that is delivered via a specialised tube placed into the gullet. It is not suitable for all, but will be discussed with you if it is being considered as part of your treatment plan. We have a leaflet, called High Dose Rate (HDR) Brachytherapy for cancer of the Oesophagus (gullet), which describes this procedure

About chemotherapy

Chemotherapy is treatment using drugs. The usual combination is to have Cisplatin given with Capecitabine or Flourouracil (5FU). Some people may start treatment having Capecitabine but change to 5FU later on; this is nothing to worry about if this is the case for you.

Cisplatin and 5FU is liquid given by a PICC line (a long, thin tube that is put into a vein in your arm then threaded through the vein into a large vein in the central chest). Capecitabine is tablets taken as directed.

We will ask you to come to a chemotherapy assessment clinic a few days before the treatment start date. We will contact you by telephone with the appointment details.

Summary of treatment plan with chemo-radiotherapy-Cisplatin/5FU

Week 1	Week 2	Week 3	Week 4	Week 5
Radiotherapy on weekdays as Out-patient (OP)	Radiotherapy on weekdays as OP	Radiotherapy on weekdays as OP	Radiotherapy on weekdays as OP	Radiotherapy on weekdays as OP
AND			**AND**	
Cisplatin Chemotherapy and Continuous 5FU (see notes).			Cisplatin Chemotherapy and Continuous 5FU (see notes).	

Notes:

- PICC line is inserted 1 week before treatments starts at a clinic in CCC Wirral and stays in for the duration of your treatment
- First day of 1st and 4th week - Cisplatin chemotherapy is given via PICC line on a ward at CCC Wirral. All being well, you will be able to go home early evening
- 5FU starts on the 1st day then given continuously over the next 96 hours (4days). After the first day, you will be an outpatient
- Removal of the PICC line may occur at a clinic near to your home - nursing staff will discuss with you

Treatment details for chemo-radiotherapy; cisplatin and capecitabine.

1st Week	2nd Week	3rd Week	4th Week	5th Week	6th Week
Radiotherapy (RT) on Weekdays as an Out-Patient (OP)	RT on Weekdays as an OP	RT on Weekdays as an OP	RT on Weekdays as an OP	RT on Weekdays as an OP	
AND			**AND**		
Cisplatin Chemotherapy via PICC line see notes			Cisplatin Chemotherapy via PICC line see notes		
AND	**AND**	**AND**	**AND**	**AND**	**See below**
Monday-Sunday (for 6 weeks) take Capecitabine tablets twice daily (morning and evening) within 30 minutes of the end of a meal as directed.					

Notes on Cisplatin

- PICC line is inserted 1 week before treatments starts at a clinic in CCC and stays in for the duration of your treatment
- First day of 1st and 4th week - Cisplatin chemotherapy is given via PICC line on a ward at CCC. All being well, you will be able to go home early evening
- Removal of the PICC line may occur at a clinic near to your home - nursing staff will discuss with you

Notes about Capecitabine

a) Capecitabine chemotherapy will be issued to you at a clinic in the week before starting treatment

b) Take capecitabine so that the doses are about 10 hours apart

c) If you forget to take your tablet, take the next dose on time and do not double-up

d) Do not chew the tablets. Take with water OR dissolve in 200ml of warm water; stir the mixture with a spoon until the tablets are completely dissolved and drink immediately. The cup and spoon should be washed and kept separately. Do not dissolve the tablets in grape fruit juice as there may be an interaction

e) Store at room temperature and safe from children

Support Services during treatment

We have a number of support services that can help you during your treatment; we will discuss these with you and refer you, if needed. You may have had care from similar staff before coming to our hospital. If so, you should continue to follow any advice given by them. If you would like more information, please talk to your radiographer or nurse or visit our website. Our services include:

Upper G.I. Clinical Nurse Specialist

Our nurse is available to give additional information, advice and support to patients (and carers) who receive radiotherapy to their oesophagus especially during 2nd, 3rd and 5th week of treatment plan.

Dietetic Service

Difficulties with eating, reduced appetite and weight loss are common symptoms. Eating as well as you can to help you cope with, and recover from, the treatment. Our dieticians have written a leaflet "Eating Well Coping with Side Effects" which is available This provides lots of information on how to make your food more nourishing rather than using nutritional products. If you need further advice from a Dietician, this can be arranged. In spite of support etc. weight loss is common during treatment.

You may already be using nutritional supplements; if not, they are frequently prescribed as part of your care. They are made by a number of companies and come in a variety of flavours, try different types if you don't like the first ones you are prescribed. Many of the companies will have recipe ideas which are usually available from their websites.

Nutrition Nurse Practitioner

The Nutrition Nurse Practitioner works with the Dieticians and others to care for patients who are considered nutritionally at risk and especially those who have a feeding tube.

Specialised teams

If necessary, you can be referred to specialised teams for help, e.g. with symptoms control or psychological support.

Welfare Benefits Advisor

When you have been diagnosed with cancer, finances may not be the first thing you think about, but having cancer can be expensive because you may have to meet unexpected costs, for example travel expenses, additional heating costs or childcare. It is possible that you may not be able to work for a while or your partner may need to take time off to care for you and you may be entitled to government benefits to help at this time. The Macmillan Benefits Advisor at Clatterbridge Cancer Centre - Wirral offers confidential and comprehensive benefits advice. If you would like an appointment, please ask for a member of staff looking after you to make a referral; you will then be contacted with an appointment.

General information about side effects of treatment

Radiotherapy and chemotherapy have similar and different side effects. We will give medicines and advice to help you cope. You will be reviewed regularly; each time you come onto the ward and every week during your "radiotherapy only" weeks. One way of treating side effects is to reduce the dose of chemotherapy; this is not unusual and is still an effective anti-cancer treatment. With chemotherapy, some side effects are likely to develop within a few hours of having the drugs, while others may only be noticeable after a week or two, e.g. affecting the blood.

With radiotherapy, the usual pattern for the development of the temporary (short-term or acute) side effects is to gradually start 5-10 days after the first treatment. They usually persist and worsen, the effects being most troublesome about 10 days after the last radiotherapy treatment. After this the healing process begins. The side effects usually settle over the following 2-3 weeks and are likely to be more troublesome with a longer course of radiotherapy.

Eating Well and Coping with Side Effects booklet

This booklet offers advice on ways to alter your diet (normal eating pattern) at a time when you may be concerned about changes in your weight, loss of appetite, or eating difficulties. These changes could be due to your illness or the side effects of treatment. If it is not offered, please ask for a copy.

Short-term effects (during and 4-6 weeks after treatment)

The symbol ® is used if radiotherapy can cause this symptom. Similarly the symbol © is used for chemotherapy-related effects.

Difficulty swallowing ®

Most people experience this and the difficulty with swallowing may get worse before it improves.

You may have some chest discomfort, especially when you swallow. Some people say that it feels like heartburn or back pain. This is because radiotherapy causes your gullet to become dry and sore. You can help yourself by:

- Telling us if you have discomfort; you will be prescribed medicines to help with this. This often includes the use of pain relief medication
- Following the advice in the Eating Well and Coping with Side Effects leaflet which includes information on how to make your food more nourishing and eating softer foods that are easy to swallow
- Eating small meals and snacks often, even if you are not hungry
- Take care when eating things that are difficult to swallow unless chewed very well, e.g. meat
- Avoiding very hot spicy and sharp/tart foods and drinks or those that may "scratch" the oesophagus
- Drinking more fluid; 3-4 pints in addition to any tea or coffee you already take. Clear fluid is best, e.g. water or squash

- Avoiding alcoholic drinks, especially spirits, until any discomfort has settled
- Telling us if you find food “comes back up” after swallowing (regurgitation)
- Asking for medicines in liquid form if you have difficulty swallowing the tablets
- If you are a smoker, give up (or at least cut down). Advice and support to help you to do this is available

If you have a stent (device in the gullet to keep it open)

If you have a stent in your gullet, it is important to eat your normal foods, chop your food up into small pieces and chew your food well. Also have a warm drink, preferably after your meal. Doing so helps food to pass through the stent and helps to keep it clear after eating. Some people find taking a fizzy drink after eating is helpful too (though this advice is not evidence based). If you have a leaflet about this bring it with you, as others providing care may want to discuss it with you.

Nausea and vomiting (feeling and being sick) ® ©

Nausea and vomiting may start a few hours to 48 hours after chemotherapy unless you take your anti-emetics (anti-sickness) tablets as prescribed. If sickness lasts longer than this, contact the Clatterbridge Cancer Centre hotline and let your nurse or doctor know at the next clinic (or radiotherapy review) visit. A different anti-emetic may help. Some anti-emetics may cause drowsiness. If affected, it is important you do not drive or operate machinery.

These symptoms are common after Cisplatin so you may find nausea troublesome in the 1st and 4th week of treatment.

Nausea can occur 2-6 hours after radiotherapy but usually settles within a couple of hours.

Tiredness ® ©

It is quite common to feel weak and more tired than usual during and for several weeks after treatment. It is important to rest when you feel the need to do so. Ask your family and friends to help when they can. If you live alone, do only the things that are necessary until you recover. Planning ahead, doing only the things that are necessary and having plenty of rest breaks into your routine helps. Ensure you eat as well as you can. Gradually you will get back to normal activities.

Your skin ®

External beam radiotherapy may cause areas of the skin of the chest to become red, dry and itchy. The reaction is similar to mild sunburn. If your skin becomes uncomfortable, ask us for advice. You can help yourself by washing the area very gently in lukewarm water with a mild, unperfumed soap, e.g. baby soap. A shower is ideal, patting the area dry with a soft towel; do not rub. During treatment, and until any skin reaction has settled, not using lotions, aftershave or perfume on the skin of the treated area and only applying creams recommended by us.

Hand and foot syndrome ©

"Hand-and-foot syndrome" can occur in some patients; the palms of the hands and soles of the feet become dry, red and sore. You can help yourself by: avoiding tight-fitting shoes or repetitive rubbing/pressure to hands and feet and applying generous amounts of lanolin-containing creams frequently. If you develop any of these symptoms, please telephone The Clatterbridge Cancer Centre Hotline for advice.

Hair loss ® ©

Hair loss due to external beam radiotherapy may occur in areas around your chest; it usually re-grows. However, with chemotherapy it is different. Complete hair loss is not usual, though your hair becomes thinner or more brittle. Changes to the hair on your head may be noticeable and/or bother you. If so, we will give you information on how to get a wig. However, these changes are temporary and your hair will return when your treatment is complete.

Effect on the lung ®

Adequate treatment requires some radiation dose to lung tissue. However, we try to ensure that this dose is kept as low as possible. Temporary inflammation (soreness) of the lungs (called pneumonitis) can develop 1-3 months after finishing your radiotherapy. The symptoms are a dry cough, an increase in shortness of breath and possibly a fever. Should these symptoms occur, please contact oncology health care staff or GP. Treatment with steroids (rather than antibiotics) improves these symptoms.

Your bone marrow ©

Bone marrow produces blood cells in the hollow spaces of bones and chemotherapy may temporarily lower the main types of blood cells:

- White cells; leaving you more prone to infection. Infections can develop rapidly when this occurs and needs prompt treatment
- Red cells; causing anaemia
- Platelets which may leave you prone to bruising or bleeding

We will check your blood each time you attend for chemotherapy.

However, telephone The Clatterbridge Cancer Centre Hotline for advice at any time if:

- Your temperature rises above 37.5°C (100°F) which may indicate an infection
- You have any bruising or bleeding you cannot explain
- You feel tired or short of breath, which may indicate you are anaemic
- You feel generally unwell

The blood count is usually most affected (lowered) 2-3 weeks after having chemotherapy and usually recovers within 1 month after the last cycle.

Your bowels ©

You may experience diarrhoea (loose bowels); drinking more fluid is important. If it is severe, (more than 4-6 times in 24-hours) please telephone The Clatterbridge Cancer Centre Hotline for advice immediately.

Your heart ©

Capecitabine and 5 FU can affect your heart giving some people chest pain and tightening across the chest. This pain is called angina. If you experience this, stop taking the chemotherapy and contact The Clatterbridge Cancer Centre Hotline immediately.

Your mouth ©

Your mouth may become sore or develop small ulcers. Cleaning your teeth and gums after each meal is recommended to avoid infection. Mouthwashes can be used but avoid those that contain alcohol, because they will make your mouth dry. Salt water rinse is good (one teaspoon salt to one pint boiled, cooled water). If your mouth is very sore or becomes ulcerated, telephone for advice.

You may also find that you have a strange (often metallic) taste in your mouth. See our booklet Eating Well Coping with Side Effects for ideas and advice.

Your hearing ©

Sometimes, the chemotherapy can affect your hearing. If you notice a ringing or buzzing in your ears, or you become hard of hearing, let the nurse or doctor know at your next chemotherapy appointment.

Your fingers and toes ©

As chemotherapy progresses, you may experience pins and needles or numbness in your fingers and toes. Although harmless, let the doctor know at your next visit, he/she may want to change the dose or the type of drug. The sensation should disappear within four to six weeks of completing your chemotherapy. In the meantime, be careful with hot water/frozen foods and appliances.

Your kidneys ©

The kidneys filter the blood, which in turn produces urine (wee) and can be harmed by chemotherapy. To help to prevent this, we will give you plenty of fluid through the drip and check how well your kidneys are working using blood tests when you attend the ward. If the blood results show changes, the doctor may decide to change your chemotherapy.

About your eyes ©

In strong sunlight/wind, your eyes may water a lot and constant dabbing may make the skin sore. Applying petroleum jelly (Vaseline) and wearing sunglasses may be helpful. You may also find your eyes become dry or sore, please telephone for advice if this happens.

Your fertility ©

We advise you not to become pregnant or to father a child during, and for some time after, your treatment. You should discuss methods of contraception with your partner and, if necessary, a nurse or doctor before starting treatment. Be advised that a barrier method of contraception is safest because of the chemotherapy side effects.

If you have completed treatment and are considering having a child, please talk to your Oncologist first. Chemotherapy can cause infertility (inability to have children). If this is important to you, or if you have not completed your family, please discuss it in more detail with your doctor.

Longer term effects

These are effects that can develop from a few months to several years following treatment.

You may experience some ongoing difficulties with swallowing because of scarring of the gullet, though it varies from person to person. If you notice this, or it worsens, please tell us about this when you attend follow-up appointments as simple treatments are available. One such procedure stretches the gullet (dilation) and can be repeated on a few occasions as required. Some people find certain types of food, e.g. meat cause difficulty. Often changing the way they are eaten is helpful, e.g. ensuring food is soft after cooking, taken in small mouthfuls and chewed well.

Rarely, radiotherapy can cause scarring of lung tissue, which may cause shortness of breath. If this affects your daily activities, there are many simple ways of improving this. Please ask for advice from your GP or at follow-up appointments.

Rarely, a fistula (hole) between the gullet and airway can develop. This is serious and the sign for this is coughing soon after eating and/or drinking. In this event, you should preferably contact your GP or Oncologist urgently for advice. If that is not possible, then you could go to the nearest A&E department.

Risk of damage to spinal cord ®

This is a rare effect.

Other effects

The diagnosis of cancer together with the impact of treatment can often have a major impact on how you feel, which then affects how you behave. Symptoms may affect other areas of your life, e.g. sexual intimacy, enjoying eating socially and how you feel about your body. If you are able, talking about how you feel with your nurse (ward or specialist), radiographer or doctors can be a great help. Sometimes, more help is required to help you cope and overcome any negative feelings. Often, these feelings become more apparent once you have completed all your treatments. You should discuss these issues with your GP or your Oncologist at your follow-up appointments. Referrals to specialist staff, e.g. a Psychologist or Occupational Therapist can be beneficial.

Follow-up and recovery

As you complete your radiotherapy, your care needs will be assessed for additional support, i.e. District Nurse team. After treatment, your side effects will probably become more troublesome for a short time. This is usual and will settle over the next few weeks (see "Side Effects of Radiotherapy "section earlier).

Most people will be seen in the Oncology clinic a few weeks after finishing their radiotherapy. This appointment is likely to be at your local hospital.

Those patients known to our Upper GI Nurse Specialist will receive a telephone call within the first few weeks after finishing their radiotherapy. The purpose of the call is to discuss any side effects and how they are affecting you, give you advice etc. to help you cope and also give the contact details of your Specialist Nurse at your local hospital.

However, if you have any problems, especially if you have difficulty with eating and drinking, before this call please do not hesitate to make contact our Upper GI nurse on **0151 556 5841**.

Macmillan Cancer Care & Support Groups

Macmillan booklets about coping and living with cancer and treatment side effects are available free of charge. These can be ordered by telephoning 0808 808 0000 or by visiting a Macmillan Information and Support Centre (sited in the main entrances of Clatterbridge Cancer Centre – Wirral and Clatterbridge Cancer Centre - Aintree.

Some people and their carers find support groups are helpful; again contact the Macmillan Information Centre for details.

Alternatively, if you are familiar with using the internet, the major cancer charity websites have online communities.

Useful contact details

The Clatterbridge Cancer Centre NHS Foundation Trust

www.clatterbridgecc.nhs.uk
0151 556 5000

Upper G.I. Clinical Nurse Specialist

0151 556 5841

Macmillan Cancer Support

www.macmillan.org.uk telephone 0808 808 0000

Macmillan Cancer Information and Support at:

Clatterbridge Cancer Centre - Wirral 0151 556 5570

Clatterbridge Cancer Centre - Aintree 0151 556 5959

All Clatterbridge Cancer Centre leaflets are available to download from the Clatterbridge Cancer Centre website and you may find the following of interest:

- You and your PICC line
- Choosing a wig
- Eating Well and Coping with Side Effects
- Radiotherapy booklet
- Chemotherapy booklet
- About The Clatterbridge Cancer Centre

Notes

How we produce our information

All of our leaflets are produced by staff at The Clatterbridge Cancer Centre and this information is not sponsored or influenced in any way. Every effort is made to ensure that the information included in this leaflet is accurate and complete and we hope that it will add to any professional advice you have had. All our leaflets are evidence based where appropriate and they are regularly reviewed and updated. If you are concerned about your health in any way, you should consult your healthcare team.

We rely on a number of sources to gather evidence for our information. All of our information is in line with accepted national or international guidelines where possible. Where no guidelines exist, we rely on other reliable sources such as systematic reviews, published clinical trials data or a consensus review of experts. We also use medical textbooks, journals and government publications.

References for this leaflet can be obtained by telephoning 0151 556 5570.

If you need this leaflet in large print, Braille, audio or different language, please call 0151 556 5570.

If you have a comment, concern, compliment or complaint, please call 0151 556 5203.

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