The Beatson
West of Scotland Cancer Centre
1053 Great Western Road, Glasgow G12 0YN

Patient Information for:

Radiotherapy and Chemoradiation for Oesophageal Cancer
Information for patients receiving radiotherapy or chemoradiation for oesophageal cancer.

This leaflet is for patients receiving radiotherapy or combinations of radiotherapy and chemotherapy (chemoradiation) for a cancer arising within the oesophagus (gullet). It describes the radiotherapy planning and treatment. It also explains the effects that you may experience during and after treatment and how best to cope with them. The effects of treatment vary from one person to another; therefore the information is a general guide and does not mean you will experience all of the effects described. Your doctor, radiographer and nurse will explain this further if necessary.

Before agreeing to this treatment it is also important that you understand its nature and possible effects. If you are in doubt about anything or have any questions or problems, please let us know as soon as possible.

**Preparation for Treatment**

The radiotherapy booking office will send a letter detailing all your appointments before you attend. It is important to bear in mind that occasionally it is necessary to make adjustments to your treatment plan. This may mean that your appointments could be changed.

Before beginning radiotherapy, the treatment needs to be carefully planned. **This is done during your visit to the CT Simulator.** Radiotherapy can be given in a number of different ways and there are several options your doctor may choose to use to plan your treatment. Your doctor and the other staff planning your treatment will be able to explain this to you.
CT Simulator

The first step is a visit to the CT Simulator or Scanner. You may require more than one visit. This is a special x-ray taken with you lying on a couch in the position necessary for your treatment. You will be asked to undress to the waist. Depending on the exact area needing treatment, it may be possible to keep on underwear. Your radiographers will advise about this and will ensure your dignity is maintained by covering you up whenever possible.

We may use a special support called a posi-rest. This will help you stay in the same position for the scan and each day for your treatment. We will lie you down on the scanning couch on the posi rest before we scan you. For some patients a plastic mask may be made to cover the chin, neck and shoulders. These are made by the mould room staff a short time before the CT scan and may need extra visits to check the fitting of the device. Both of these are sometimes necessary to help you lie still and allow us to accurately plan your treatment.

The CT simulator is used to take X-ray images. Your doctor will use these images to create your treatment plan. At the time of your CT scan reference marks will be put on your skin with a felt tip pen.

Once your doctor is satisfied with your planned treatment, your radiographers will then replace the reference marks on your skin with little permanent marks (tattoos) which look like tiny freckles.

Your will have a second visit to the simulator. By this stage a computer plan of your treatment has been produced. The radiographers will take more images to check that your computer plan matches the area your doctor wants treated.

Your doctor may decide to shield a small part of the treatment area from the radiation. This will be done using the X-ray images taken during your scan.
Treatment

You will have your treatment on a linear accelerator, which is a special type of x-ray machine. The staff who operate these machines and the simulator are called therapy radiographers. They are specially trained professionals who are responsible for planning and delivering your treatment accurately. Your treatment radiographers will explain everything before treatment starts, and check you know what to expect and how many treatments you will have. This can vary, but as a guide it is usually between 4 and 6 weeks of treatment. Your radiotherapy will be given in small daily doses Monday to Friday but not at weekends.

You will lie just as you did in simulator and the lights in the room will dim for a few minutes while your radiographers position you. They have to leave the room while the machine is on but the whole procedure does not take long (not more than 10 to 15 minutes). After each part of your treatment the machine will be moved into the correct position for the next part. The machine will only be on for a minute or so each time. You are closely monitored on closed circuit TV while your treatment is being given. The treatment is painless and you will feel no differently afterwards. Do check with the radiographers if you have any questions or problems.
**Chemotherapy and radiotherapy (chemoradiation)**

Many patients having radiotherapy for cancer in the gullet will also be given drug treatment (chemotherapy) along with their radiotherapy. The chemotherapy increases the activity of the radiotherapy against the cancer cells and may be given in a number of ways. This may need to be given as a drip on the ward and may involve your admission to the hospital at the beginning and end of your radiotherapy. Sometimes patients may receive a couple of courses of chemotherapy before they begin any radiotherapy.

Your doctor will discuss these aspects of treatment with you in detail. He/she may also discuss the possibility of taking part in a clinical trial looking at new ways of giving chemotherapy in this situation. This will be fully explained and you will likely receive separate, specific written information about any study being considered. If you are concerned about anything please ask.

**General Advice During Treatment**

There is no reason to change your lifestyle during treatment, however:

- Try to get plenty of rest and sleep, especially when the treatment begins to make you tired, but it is important that you try to continue some of your normal daily activities and interests. A sensible balance between rest and activity may be best.

- When you are having radiotherapy it is important to eat well and choose from a wide variety of foods to help you feel stronger and more able to cope with the treatment. Small, frequent meals may be easier than large meals. Take small snacks of softer foods and chew well. Avoid highly spiced, fatty or rough foods. Your doctor may ask the dietitian to meet with you during treatment to help you make the right choices of foods. They may also provide you with additional liquid food supplements that are easier to swallow if you find solids difficult.

- Try to avoid alcohol and smoking while you are having your treatment. These can often worsen the effects of the treatment. Cutting back will help if you cannot cut them out completely.

- Accept offers of help from family and friends if you need help around the house. As well as supporting you it allows them to feel involved in caring for you during this time.
Early Effects of Radiotherapy Treatment

Each patient is individual and may experience the effects to differing degrees. However, most people find the side effects of the treatment become more noticeable as the treatment progresses. They may last for several weeks after it has ended.

- **Skin:** The skin in the treated area will be more sensitive and may become pink or red. It may also feel a little dry or itchy. This tends to be a couple of weeks into treatment. This usually settles down after treatment ends. If it becomes a problem the radiographers can arrange to get you some aqueous cream. Advice on skin care can be found in the next section of this leaflet.

- **Tiredness:** You will begin to feel quite tired during your treatment. It tends to start 2-3 weeks into your course of treatment and will last for a number of weeks afterwards.

- **Swallowing:** You may develop some soreness when swallowing or feel as if there is a lump there. This usually happens if you are having treatment to the upper part of the gullet (oesophagus). If you are having treatment to the lower part of the gullet (oesophagus) it may feel more like heartburn or indigestion. Your doctor can prescribe medicine to help this. You must tell the radiographers or your doctor if you are not able to eat properly or if you notice a feeling of food sticking. If you are having problems we will arrange for you to see the dietitian and other tests may be needed.

- **Heartburn and indigestion:** This can develop a week or two into treatment and may happen particularly if you are having treatment to the lower part of the gullet (oesophagus). Avoid highly spiced, fatty and rough foods. Drink plenty of liquid (not too hot). Even small sips as often as you can will help. If this becomes a problem your doctor can prescribe medicine to help.

- **Nausea:** This may be a problem if the lower part of the gullet (oesophagus) is being treated and any chemotherapy you receive may also add to it. Nausea can usually be treated effectively by anti-sickness medication, which your doctor can prescribe for you.

- **Hair:** There will be a loss of hair only in the treatment area. This is usually temporary, although in some patients it may not regrow.
**Skin Care During Treatment**

- You may bath or shower during treatment, but don’t have the water too hot (lukewarm).
- You may use a mild baby soap or the brand called Simple soap and pat your skin dry with a soft towel. Avoid adding anything to the bath water, for example oils, dettol, savlon etc. as they may irritate your skin.
- You will find that you may be more comfortable if you wear loose fitting clothes, preferably with cotton next to your skin.

**Late Effects of Treatment**

We believe the benefits of your treatment outweigh any longer term risks involved. It is important to remember that radiotherapy is often given either to allow your surgeon to remove an otherwise inoperable cancer or when your doctor has concerns of a risk of your cancer coming back.

However you need to be aware that in addition to the side effects which occur whilst you are receiving treatment other potential longer-term side-effects can occasionally occur. It is important to emphasise the likelihood of these effects is small and varies from one person to the next. Your doctor will explain specific individual issues to you personally; therefore the following is a general guide.

- It is possible the area of the gullet that is treated may become narrowed after your treatment is finished. This may cause a change in your swallowing. Like the problems with swallowing during treatment it is important you tell your GP, our clinical nurse specialist or one of your hospital doctors about this. Often this narrowing is a result of scarring produced by the treatment and this part of your gullet may need to be stretched. This is done at endoscopy (an examination of the inside of your oesophagus using a special camera) and it may need to be done more than once. It is important to tell your doctor or nurse about such difficulties, as sometimes changes in swallowing can be a sign of re-activation of the cancer.
• Small numbers of patients notice a dry cough and some shortness of breath coming on a few months after their treatment is complete. This is an effect of the radiotherapy on the lungs, which produces some temporary inflammation within the lung tissue. This is usually lasts a short time and often does not need any specific treatment but it is important to report it to your doctor. Occasionally you may need a short course of steroid tablets. Very occasionally the breathlessness may last longer and may not fully settle with time. This happens when the radiotherapy produces some scarring within the lung tissue.

• A very rare, but potential effect is that radiation can cause tumours. Although this is a serious possible consequence of your treatment, it is important to bear in mind that it is extremely rare. If it does happen it is likely to be many years after the treatment has been completed.

After Treatment Ends
As we have said above, most symptoms that develop because of treatment will gradually settle down. The tiredness can take a good few weeks to leave you so please don’t worry and think things are going wrong. It’s also important to remember that the full benefits of your treatment may take a number of weeks to be felt, and it may be a little while before you feel better. Our hope is that you will notice a gradual improvement in the days and weeks after your treatment has finished.

Your doctor will arrange to see you about 6 weeks after your treatment is completed. Continue to try to eat and drink plenty of fluids and do as much as you feel able.

Where can I Get Help?
Many people already have had a lot of information and support with their own Upper GI Cancer or Macmillan Nurse Specialist at another hospital or in the community. Remember that they can also help you with any worries or concerns at this time, and because you know them already, they can provide invaluable help and support during and after your treatment. So please remember to give them a call if you need to.
**Information and Support in the Beatson**

All our staff are here to make sure your treatment goes as smoothly as possible and will try to help with any questions or problems you may have. Further specialist help and information in the Beatson Cancer Centre is available from:

- Clinical Nurse Specialist in Upper Gastro-Intestinal Cancer  
  Tel: 0141-301-7638
- Macmillan Information Radiographer Tel: 0141-301-7423
- Information and Support Radiographer Tel: 0141 301 7427

The Beatson West of Scotland Cancer Centre has a Radiotherapy Advice Line available for patients who have completed treatment. It is an answerphone service and if you leave your name and telephone number with a short message a Radiographer will contact you:

Tel: 0141 301 7432
Counselling and Clinical Psychology
This leaflet deals with the physical aspects of your treatment, but your emotional wellbeing is just as important to us. Being diagnosed with cancer can be a deeply distressing time for you and those closest to you. Within the department we have a counselling and clinical psychology service that can help with worries and difficulties you might be having. There is also a service for children and young people who are having difficulty coping with their relative’s illness. If you think this may be helpful to you, please ask staff to put you in touch.

There are also voluntary organisations providing information and support. These include:

**Oesophageal Patients Association:** 0121 704 9860, Website www.opa.org.uk offers leaflets providing guidance during and after treatment as well as telephone support and information from former patients.

**OCHRE:** (Oesophageal Cancer has Reached Everywhere) Website www.ochre-charity.co.uk e-mail mailbox@ochre-charity.co.uk

**Cancerbackup:** 0808 800 1234 offers telephone information and advice and provides free information booklets about particular cancers and also about how to cope.

**Macmillan Cancer Support:** 0808 808 2020 Develops services to provide specialist care at every stage of illness. Provide an information line and financial help through grants.

**Tak Tent:** 0141-211-0122 providing information and support groups.

**Benefits Enquiry Line:** 0800 882200 Provides information on benefits and social security.

**Smokeline:** 0800 84 88 48

Reviewed by L. Brown
Review date : November 2008