

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 will help to explain:

- What is radiotherapy?
- The radiotherapy planning and treatment.
- The effects that you may experience during and after treatment and how best to cope with them.
- Who to contact if you have any questions or concerns.

Your Doctor, Radiographer and Clinical Nurse Specialist (CNS) are able to explain the specific aspects of your treatment in more detail during your outpatient appointments.

What is Radiotherapy?

Radiotherapy is the use of carefully measured doses of radiation to treat cancer. It damages the cells and stops them dividing and growing. Most patients having radiotherapy are treated using a high energy beam of X-rays. The X-rays are delivered to a precise area, by a machine called a linear accelerator.

Your radiotherapy will be given in small daily doses, Monday to Friday but not at the weekends.

Therapy radiographers operate the radiotherapy planning and treatment machines and will be able to answer any questions or concerns that you may have.

You will receive a list of appointments prior to starting. This will include planning and treatment dates and times.

If you are in doubt about anything or have any questions or problems, please let us know as soon as possible. There are appropriate contact details at the end of this leaflet.

Preparation for Treatment

Radiotherapy can be given in a number of different ways and there are several options your doctor may choose. Your doctor and radiographers planning your treatment will explain this to you.

Planning your treatment

Before you begin your radiotherapy, the treatment must be carefully planned. This is done by using a special X-ray machine called a CT Simulator to take a CT scan. This is not a diagnostic scan and is only used by your doctor to plan your radiotherapy treatment. There are no results from it.

CT Simulator



The images from this scan will be used to produce a unique treatment plan for you. This is a complicated process and takes time; therefore you may not start your treatment until a few weeks after your scan.

It will be necessary for you to remove your clothes from the waist up for the scan and treatment. Your radiographers will keep you covered as much as possible.

You may need to have an injection of contrast (dye) that will help us to see the area we want to treat more clearly. Your doctor or radiographer will put a small needle (cannula) into a vein, usually on the back of your hand or arm. The needle is removed leaving a small hollow plastic tube in your vein. This will be taped in place and will stay in position during the scan. We will inject the dye through this tube. It may feel a little cold but you should not feel any discomfort. You may need this dye for the CT planning process, but not for your treatment appointments.

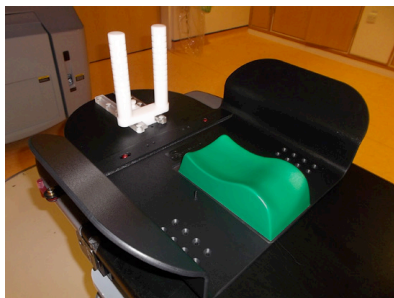
Your doctor may request to monitor your breathing during your scan. This allows us to see how much the tumour moves with your breathing. Your radiographers will explain this to you. They will place a very small box on your chest. This is linked to the CT scanner and records your breathing. It is important that you are comfortable and breathing normally.

Positioning and scanning

There are two ways which we can position you for your planning and treatment. Your doctor will decide which is best for you and your type of treatment.

Option 1

Your radiographers will help you to lie on the CT Simulator table. It is flat and very hard, but you won't have to lie on it for very long. They will ask you to lie on your back with your arms raised above your head. You are supported by a special headrest and arm supports (see image below). If you have difficulty with this, your radiographers will help you.



Once you are in the correct position, your radiographers will draw 3 marks onto your skin with felt tip pens. These will be on the front, left and right sides of your chest. They will then place some small sticky markers on top of the pen marks.

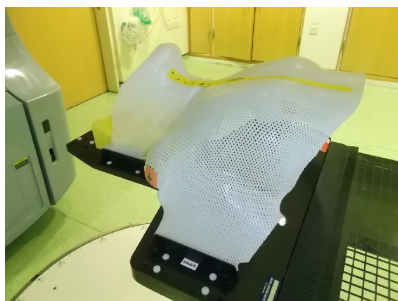
Your radiographers will move the couch into the correct position to start the scan. They will then leave the room to carry out the scan. They will be watching you all the time through a window. It is important that you remain as still and relaxed as possible. You can breathe normally.

Once the scan is finished, your radiographers will need to make the pen marks on your skin permanent. They do this by giving you small tattoos, which look like tiny freckles on your skin. These tattoos will be used every day to make sure you are in the correct position for your treatment.

The whole process will last approximately 30 minutes.

Option 2

Before you go to the CT simulator, you will visit the Mould Room to have a beam directional shell (BDS) or mask made (see image below). The shell keeps your head and shoulders still during the treatment.



The process of making the shell will be explained to you in detail by the Mould Room team at the start of this appointment.

On your following appointment you will attend the CT Simulator. Your radiographers will help you to lie on the CT Simulator table and they will fit your shell. Please let your radiographers know if you have any problems as they will help to make you more comfortable.

Once you are in the correct position, your radiographers will draw 3 marks onto your mask with felt tip pens. These will be on the front, left and right sides of your shell. Your radiographers will leave the room to begin your scan. It is very important that you remain as still and relaxed as you possibly can during your scan.

As the marks are on your shell there is no need to give you any permanent marks on your skin.

Treatment

Your treatment radiographers will explain everything before treatment starts. They will check you know what to expect and how many treatments you will have. This can vary, but as a guide it is usually between 1 and 5 weeks of treatment. **It is important that you attend every day for treatment.** Please let your radiographers know if you have any problems.

If you are feeling unwell please let us know when you arrive for treatment, rather than wait until you come into the treatment room. This allows us some time to try to sort out whatever is necessary while you are waiting.

Each day you come for treatment your radiographers will position you just as you were in the CT scanner. The radiographers leave the room while the machine is on but they are monitoring you closely on closed circuit TV while your treatment is being delivered. You will not feel anything during treatment or immediately afterwards. Your treatment usually takes around 10 minutes. It is important that you stay as still as you can during treatment and breathe normally.



Linear Accelerator

When you come for treatment, your radiographers will take images or a scan while you are in position on the treatment table. These are done to make sure you are lying in exactly the right position. You will not get any results from these images or scans.

You will be reviewed by your CNS once a week while you are on treatment, this is usually on a Monday, and will coincide with your treatment.

Chemotherapy and radiotherapy (chemoradiation)

Many people having radiotherapy for cancer in the oesophagus (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 usually means you will come into our ward or day unit at the beginning and end of your radiotherapy. Some people may have a couple of courses of chemotherapy before they start their radiotherapy.

Your doctor will discuss these aspects of treatment with you in detail. They may also discuss the possibility of taking part in a

clinical trial looking at new ways of giving chemotherapy. This will be fully explained and you will receive separate, specific written information about any study being considered. If you are concerned about anything please ask.

General advice during treatment

- Although you may be feeling off your food, it is important to eat to maintain your strength. Facing three large meals a day can be very difficult if you feel this way. Try having smaller meals or snacks more often. It can also help to serve your food on smaller plates – it's less off-putting and you can feel pleased with yourself if you manage to finish it. Please let us know if you are having problems. You can get food supplements from your GP if you have completed treatment and are still having trouble eating properly.
- Keep drinking plenty of fluids as it is important you don't become dehydrated. You might find thicker fluids such as milk and tomato juice easier to swallow than water.
- It also helps to avoid very hot drinks, rough foods, strong spices and alcohol until things settle down after treatment has ended.
- If your swallowing gets worse then your team may wish to look at other ways to help you to swallow more normally. If you notice any changes that make swallowing more difficult, especially swallowing liquids, then you should tell your radiographers or CNS. If you have finished treatment, please tell your own doctor (GP) or call your nurse specialist at your local hospital or at the Beatson.
- Try to get enough rest and sleep, especially when the treatment begins to make you feel tired. It is also important that you try to continue with some of your normal daily activities. A sensible balance between rest and activity may be most beneficial. Research has shown that gentle exercise is also beneficial for people who have had a cancer diagnosis both in the short and longer term. There are

programmes available that can help with this. Please let us know if you are interested in finding out more or see the 'Where to get help' section at the end of this leaflet.

- Radiotherapy does not make you radioactive so you can be around your friends and family as normal.

Skin care during treatment

- You may bath or shower during treatment, but don't have the water too hot (lukewarm). Pat your skin dry with a soft towel.
- You may use your usual soap. If your skin becomes irritated we may advise you to stop.
- You will find that you may be more comfortable if you wear loose fitting clothes, preferably with cotton next to your skin.

You should follow these instructions during treatment and for 2-3 weeks after radiotherapy.

Early effects of radiotherapy treatment

We treat each person as an individual and the effects of treatment may vary from person to another. 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 we can give you some cream to help. Please follow the advice above when bathing or showering until any skin reaction has settled down.

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. 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, it may feel more like heartburn or indigestion. Your doctor or CNS can prescribe medicine to help this. It is very important that you contact us straight away if you are not able to eat properly or if you notice a feeling of food sticking.

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. Avoid highly spiced, fatty and rough foods. Drink plenty of liquid (not too hot). 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 is being treated. If you are on chemotherapy this may also add to it. Nausea can usually be treated effectively by anti-sickness medication, which your doctor or CNS can prescribe for you.

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

Late effects of treatment

We believe the benefits of your treatment outweigh any longer-term risks involved. However, you need to be aware that in addition to the side-effects which occur whilst you are having treatment, other possible 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 another.

Your doctor will explain specific individual issues with 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. If this happens it is important you tell your GP, CNS or one of your hospital doctors. This narrowing can be the result of scarring

produced by the treatment. 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.

- Small numbers of patients notice a dry cough and some shortness of breath a few months after their treatment is complete. This is an effect of the radiotherapy on the lungs, which produces some temporary inflammation of the lung tissue. This 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 improve. It is 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.

Your doctor will arrange to see you about 4-6 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 will have already received a lot of information and support from their local Upper GI CNS or Community CNS. 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

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 is available from:

- Clinical Nurse Specialist in Upper Gastro-Intestinal Cancer
☎ 0141 301 9919
- Information and Support Radiographer
☎ 0141 301 7427
- Macmillan Information Radiographer & Counsellor
☎ 0141 301 7423

The Beatson Cancer Centre has a **Radiotherapy Advice Line** available for patients who have completed treatment. It is an answer phone service manned from Monday to Friday only. Please leave your name, DOB/CHI, telephone number and a short message. We will phone you back as soon as possible.

☎ 0141 301 7432

There is also a **Cancer Treatment Helpline for urgent calls**. This is for patients on or within 6 weeks of treatment who have urgent or severe symptoms such as:

- Shivering or flu-like symptoms.
- Temperature greater than 37.5°C.
- Gum/nose bleeds or unusual bruising.

- Worsening or sudden breathlessness.
- Leg weakness/difficulty walking.
- Severe nausea/vomiting/diarrhoea/constipation.
- Sudden increased or uncontrolled pain.
- Other concerning symptoms associated with your cancer treatment.

The line is available 24 hours for emergencies. Please call as soon as issues arise.

For Urgent Calls:

Beatson 8am-8pm ☎ 0141 301 7990

National 8pm-8am ☎ 0800 917 7711

The Macmillan Information & Support Centre is on Level 1 at the main entrance of the Beatson. They offer emotional support, information and signposting to services within and near to The Beatson and in your own local area. Open Monday to Friday 8:15am to 4:15pm.

Please visit or phone on ☎ **0141 301 7390**.

If you are interested in finding out about becoming more active, please visit: 🌐 **www.nhs.uk/ggc.org.uk/getactive**

Counselling and Clinical Psychology

This leaflet deals with the physical aspects of your treatment, but your emotional well being 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. 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:

Macmillan Cancer Support	☎ 0808 808 0000
Provides practical, medical, emotional and financial advice for those affected by cancer.	
🌐 www.macmillan.org.uk	

Maggie's Glasgow (Gartnavel Hospitals)	☎ 0141 357 2269
Maggie's Lanarkshire (Monklands Hospital)	☎ 01236 771 199
Maggie's Forth Valley	☎ 01324 868 069
Maggie's Centre provides a comprehensive cancer support programme for people and their families affected by cancer.	
🌐 www.maggies.org	

Cancer Support Scotland, The Calman Centre, Gartnavel Complex	Freephone ☎ 0800 652 4531
Provides emotional and practical support on a one-to-one basis and through community based groups. Complementary therapies are available.	
🌐 www.cancersupportscotland.org	

Beatson Cancer Charity	☎ 0141 301 7667
Provides support for patients and families within the Beatson Cancer Centre. Services available for in-patients. Open every day, 9am–9pm.	
Smokeline	☎ 0800 84 84 84
Provides support and guidance to help you stop smoking.	
ochre (Oesophageal Cancer Has Reached Everywhere).	☎ 0800 822 3370
Promotes awareness of oesophageal cancer.	
🌐 www.ochrecharity.org.uk	
Oesophageal Patients Association	☎ 0121 704 9860
Offers leaflets providing guidance during and after treatment as well as telephone support and information from former patients.	
www.opa.org.uk	
Macmillan Benefits Team (within the Beatson)	☎ 0141 301 7374
Provides free and confidential advice for people affected by cancer and their carers.	
Beatson Cancer Centre	
If you want to find out more about our Centre please visit:	
🌐 www.beatson.scot.nhs.uk	

If you are interested in finding out about becoming more active, please visit:

 www.nhsggc.org.uk/getactive

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You may find some useful information on the websites listed above. However, it is important to note that The Beatson West of Scotland Cancer Centre cannot accept responsibility for the quality and content of any information provided by other organisations.

Care Opinion

We welcome your comments and feedback about our Service. If you would like to give us feedback please go to:

 www.careopinion.org.uk or telephone

 **0900 122 3135** or scan the QR code:

