

Radiotherapy treatment for anal cancer

Your treatment decision

Your doctors have recommended that you have treatment using a combination of chemotherapy and radiotherapy.

This factsheet provides information about your radiotherapy treatment so that you know what the treatment involves and what the possible side effects are. We will ask you to sign a consent form that confirms that you wish to receive this treatment. You can change your mind at any time, however it is strongly recommended that you complete a course of treatment once you have started.

What is radiotherapy?

Radiotherapy is a type of radiation treatment using x-rays. The treatment is given using a machine called a linear accelerator and treatment delivery is completely painless. It takes approximately 10 minutes to deliver the treatment.

How does radiotherapy work?

Radiation damages cells that grow and divide rapidly. Only the cells in the area of the body receiving treatment are affected, and modern treatment methods mean that we can avoid treating normal cells as much as possible. The healthy, normal cells can repair themselves while it is hoped that abnormal cancer cells will not recover.

Planning your radiotherapy treatment (pre-treatment)

Before starting the radiotherapy, we will need to take a CT scan. You will lie in the treatment position so we can design the radiotherapy according to your individual needs. Please see The Royal Marsden factsheet *Having a CT scan for radiotherapy planning* for further information and to check what time you need to arrive before your scheduled appointment, so that we can make any preparations needed.

The treatment will be planned specifically for you, to make sure that the cancer is accurately targeted with the least amount of normal tissues affected. This planning can sometimes take up to four weeks to complete, and involves physicists, radiographers and doctors. Your treatment start date will be the earliest time that we can safely get the treatment ready.

You will need a full bladder for your scan and each day for treatment. When your bladder is full, it will push part of your small bowel out of the treatment area. This helps to reduce some of the side effects from the radiotherapy. Please see The Royal Marsden factsheet *Preparing your bladder before radiotherapy to your pelvis (anus/rectum)* for further information.



The CT planning session will usually take about 30 minutes.

After your planning session, a time and date to start the radiotherapy treatment will be confirmed.

Radiotherapy treatment

You will need to report to the receptionist in the Radiotherapy Department every day when you arrive. The receptionist will let the radiographers working on your machine know that you have arrived. On your first visit, the radiographers will set aside some time to talk you through the treatment and answer any extra questions you may have, so please arrive twenty minutes before your treatment time on that day.

Please remember that you will need to have a full bladder every day for your treatment.

You will be given radiotherapy treatment every day, Monday to Friday. At each visit, the radiographers will take you into the treatment room and position you on the treatment couch as you were for the planning scan. The radiographers will explain what they need to do and may ask you to make small movements so that the marks that were put on your skin during the planning stage line up with laser lights in the treatment room.

When they are happy with the position, the staff will leave the room to deliver the treatment. You will be alone in the room for a few minutes while the radiotherapy machine is switched on. The radiographers can see and hear you at all times when you are in the treatment room. If you have any problems, they will advise you to call out or raise your hand for attention and they will come in to help you. Some treatment machines have background music playing to help you feel more comfortable.

Please see our policy on monitoring in radiotherapy in The Royal Marsden booklet *Radiotherapy; your questions answered*.

The radiotherapy machine will move around you into different positions but it will not touch you. Although you can hear a buzzing noise when the treatment is being delivered, you will not be able to feel anything happening.

Care during your course of treatment

The radiographers who you see each day can give you advice if you have any problems. They can also contact someone from the radiotherapy team to come and see you for specialist advice. Other members of the team include the clinical nurse specialists for gastro-intestinal (GI) tumours, dietitians and the radiotherapy nurses.

Every week, you will have a blood test. We will see you in the clinic to make sure that you are managing your treatment well without too many side effects. Women receiving radiotherapy to their pelvis will be given feminine care advice. Please see The Royal Marsden factsheet *Feminine care for women having pelvic radiotherapy* for further information.

If your blood count shows that you have too few red blood cells (anaemia), then you may need a blood transfusion. This will usually take place during the day and you will not need to stay overnight.



Research has shown that radiotherapy is less effective if you smoke. Smoking will also increase the side effects of radiotherapy. Please ask if you want help to give up smoking during your treatment.

Side effects

Side effects can occur during the treatment or can appear several months and years after the treatment.

Early side effects (during and immediately after your course of treatment).

- **Tiredness** (fatigue) is common. The tiredness will slowly improve after your treatment has finished.
- **Diarrhoea** – Both the chemotherapy and the radiotherapy can affect your bowel habits, and you may experience diarrhoea. If you develop problems, you can take loperamide (Imodium) which can be bought from any chemist, or we can get a prescription for you.
- **Mucus or blood from the back passage** – During and after radiotherapy, you may pass mucus and/or blood with the bowel motion or at other times. We will advise you about this during your clinic visit.
- **Skin reaction** – Your skin in the treatment area may become pink or, if you have more pigmented skin, it may become darker. You may develop dry and itchy skin. During your treatment you can continue with your routine skin care and wash the area being treated. You can use a light moisturiser on the skin in the treatment area. Avoid using very thick or medicated creams.

Sometimes there is superficial blistering of the skin. One of the radiotherapy nurses will see you for advice on how to manage this type of skin reaction. Sometimes the skin in the treatment area becomes very sore and you will need to take painkillers.

- **Urinary frequency/cystitis** – You may notice discomfort as you pass urine or you may need to go more often. If it is more uncomfortable, we can take a sample of your urine to test for a bladder infection. You may need medication.
- **Nausea** – This is not common but you may feel nauseous (sick) if you are having chemotherapy as well.

Late side effects (from one month after treatment)

- **Infertility** in both men and women. Sperm banking and egg collection can be offered before treatment. You will not be able to carry a pregnancy after radiotherapy to the pelvis.
- **Menopause in women** - Your ovaries will stop producing hormones and you will experience menopause symptoms (you can be offered HRT if necessary).
- **Sexual difficulties** – Men may become impotent and women may experience vaginal dryness and tightening. Both men and women who develop sexual difficulties can be given help when they attend the follow up clinics.
- The **skin** that is irradiated may become darker with time. In addition, small dilated veins appearing as broken blood vessels (telangiectasia) may develop. These are not harmful but may cause bleeding from the back passage. It is important that you tell your doctor if you develop bleeding from your back passage.



- **Scarring** – The anal muscles (anal sphincter) can be affected in different ways. Over time, there may be some scarring and thickening of the skin around the anus which would tighten the anal canal and could make passing a motion difficult or painful. If necessary, the canal can be stretched.
- **Incontinence** – The anal muscles may be damaged by the tumour and/or treatment, resulting in a weakened anal canal. This can lead to some degree of incontinence with soiling. The bowel above the anal canal may also be affected which may result in your bowels being more sensitive to different foods. This may also mean you have more frequent and/or looser motions than before treatment.
- **Increased urinary frequency** is possible in the long term due to a smaller, shrunken bladder. This is not common.

Follow up after your treatment

Once your treatment has finished, we will arrange for you to come back to the clinic for an appointment one month later. We will examine you and arrange for further tests to be done (MRI and CT scans) in another two months. These will be used to assess how your cancer has responded to the treatment.

Please make sure you ask any questions you need to and that you feel comfortable with what you have been told.

Contact details

Your consultant is

If you have any questions or concerns about this treatment, you can contact your Clinical Nurse Specialist (CNS).

Your CNS is

Telephone

Alternatively, contact The Royal Marsden switchboard on **020 8642 6011** and ask to speak to your consultant’s secretary (Monday to Friday, 9am–5pm). We can then arrange for one of the team to speak with you.

Alternatively, please call:

The Royal Marsden Macmillan Hotline: 020 8915 6899

(available 24 hours a day, 7 days a week)

If you need to change your radiotherapy appointment, please phone the radiotherapy bookings team on **020 8915 6018** (Monday to Friday, 9am–5pm).

