

Radiotherapy treatment for oesophageal cancer

Your treatment decision

Your doctors have recommended that you have treatment using a combination of chemotherapy and radiotherapy, and you may or may not have surgery later on. (Please note, some patients will be advised to have this treatment **after** they have had surgery).

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 the abnormal cancer cells cannot 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 that 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. You may be asked to repeat some of this preparation every day for your treatment. The radiographers will discuss this with you.

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 arranged to fit in with your chemotherapy schedule. If chemotherapy is not included, we will schedule the earliest time that we can safely get the treatment ready.



If your tumour is very high up in your oesophagus, you may need to have a mask made. A mask will support your shoulders and neck, to ensure that you are in the right position each time you come for treatment. If you need a mask for treatment delivery, then your doctor will explain the process in more detail. We will then make an appointment for you to attend the mould room before you have your scan, so that your mask can be made.

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.

You will be given radiotherapy treatment every day, Monday to Friday. 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. The radiotherapy machine will move around you into different positions but it will not touch you. You will hear a buzzing noise during treatment but you will not feel anything.

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

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 and you will be weighed. We will see you in the clinic to make sure that you are managing your treatment well without too many side effects. If your blood count shows that you have too few red blood cells (anaemia), then you may need a blood transfusion. If you are losing weight, you may see a dietitian who will advise you about appropriate supplements.



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.
- **Skin reaction** – The skin in the treatment area may become pink or, if you have more pigmented skin, it may become darker. It may also feel dry and itchy; this is common and nothing to be concerned about. You can use a light moisturiser on the skin in the treatment area. Avoid using very thick or medicated creams. During your treatment, you can continue with your routine skin care and wash the area being treated.
- **Soreness and pain** – The lining of your throat, oesophagus and stomach (the area depends on where the treatment is directed) will gradually become inflamed during the course of radiotherapy. This can feel sore and make swallowing more difficult. It can be controlled with medicines and painkillers. Do not be concerned, as it does not mean that the tumour is growing. Occasionally, eating and drinking may become very difficult due to pain. If this becomes a problem for you, we may need to put a small tube into your stomach so that you can receive nutrition directly (without needing to swallow), until the radiotherapy reaction settles. If you need a tube of this sort, we will discuss it with you in detail and give you written information.
- **Cough** – Your windpipe (trachea), which lies close to your oesophagus, can also become slightly irritated during radiotherapy, and this may cause a tickly cough.
- **Nausea and vomiting** – You may already suffer from nausea (feeling sick) or vomiting, or it can develop due to irritation of the oesophagus. Sometimes it can be a side effect of pain medication. Please tell us and we can prescribe you medication to help. If we think the radiotherapy might cause nausea, we will suggest you take anti-sickness medication before each treatment session.

All these symptoms will settle within a few weeks of completing the treatment.

Late side effects (from one month after treatment)

- **Pneumonitis** – Your lungs will always receive some radiation when treatment is given to the oesophagus, and you may develop a cough and breathlessness approximately four to six weeks after radiotherapy. This develops as a result of inflammation and is called pneumonitis. It is treated with steroids and sometimes requires admission to the ward for oxygen. This side effect is uncommon, with hospital treatment needed by less than one per 100 patients.
- **Fibrosis** – Rarely, more permanent scarring of the lungs (fibrosis) may occur.



- **Swallowing difficulties** – Occasionally the oesophagus becomes narrow following the radiotherapy, due to a build-up of scar tissue. This can lead to difficulty in swallowing. This can be treated by stretching the oesophagus during an endoscopy.
- Very rarely, scarring of the oesophagus can lead to **an ulcer** or even a tear (perforation). If this happens, you may require surgery. If the tear is severe, you may require insertion of a plastic tube (stent).

Remember these are possible side effects, and you may not experience any of them.

Follow up after your treatment

We will see you in clinic four weeks after the end of your treatment and then on a regular basis following your treatment. We will organise a CT scan and endoscopy to assess how the tumour has responded to treatment. This is usually done three months after the treatment has finished. If you are having radiotherapy before a planned operation, this may be done slightly earlier; your doctor will discuss this with you.

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 your 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. 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).

