

Central Coast Cancer Centre

Radiation Oncology Service

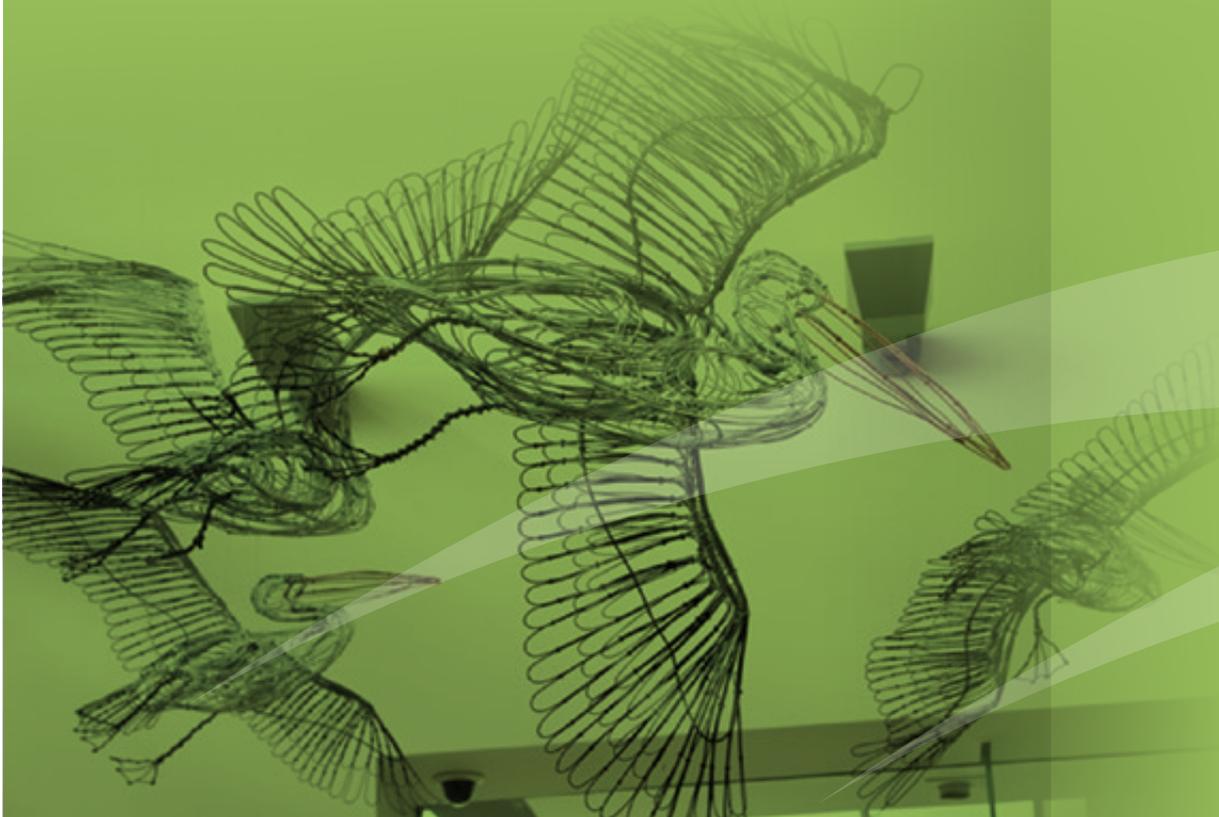
Information about radiotherapy
for oesophageal cancer

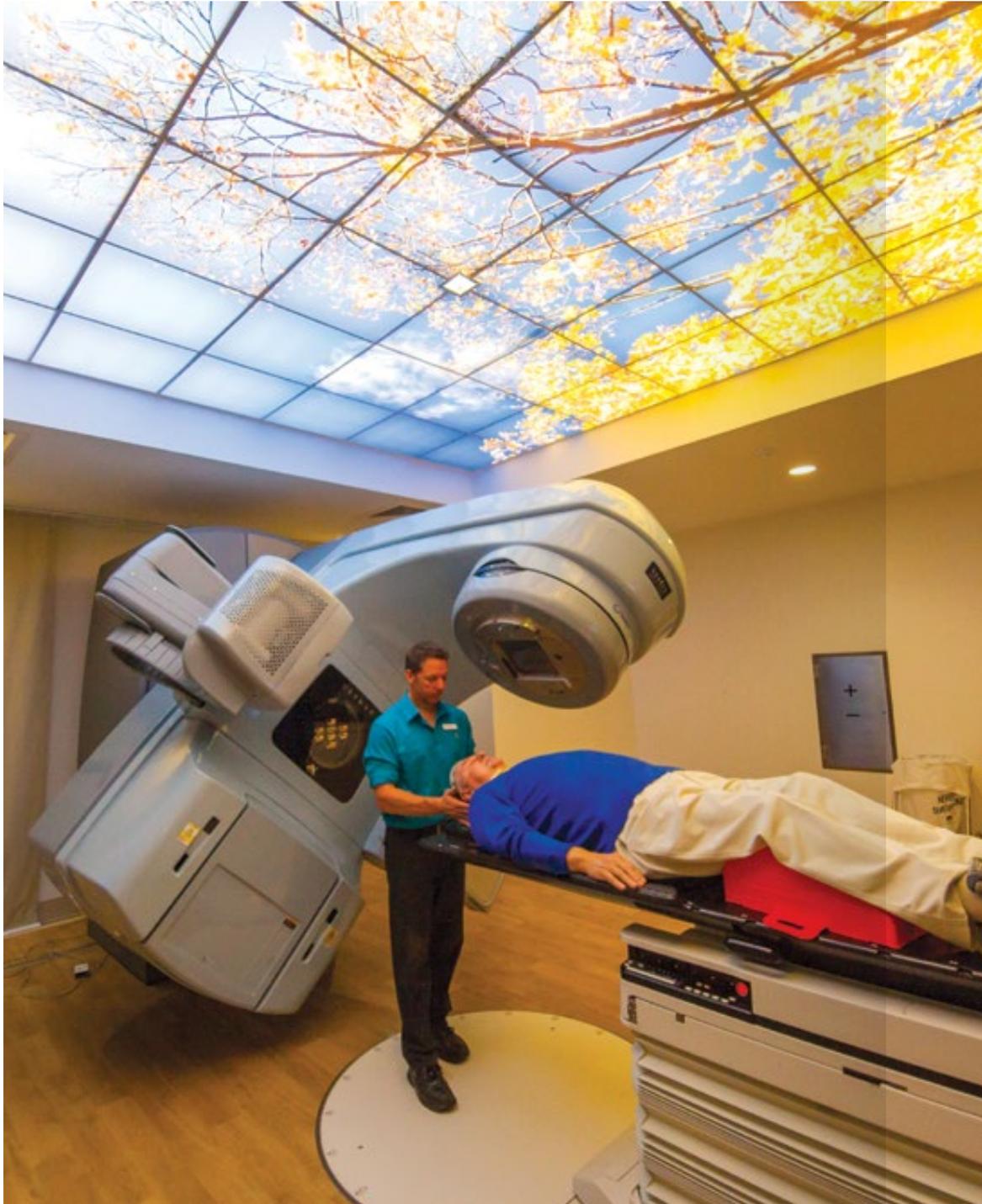


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Introduction

The Central Coast Cancer Centre offers the latest technological advancements combined with a comprehensive supportive care service for patients undergoing radiotherapy treatment for oesophageal cancer.

This booklet should be read along with the 'Radiotherapy information for patients, families and carers' booklet, which contains information about the services and staff available at the Central Coast Cancer Centre. It also includes information on transport and parking.

Specialist Appointment Information

Date:.....

Time:.....

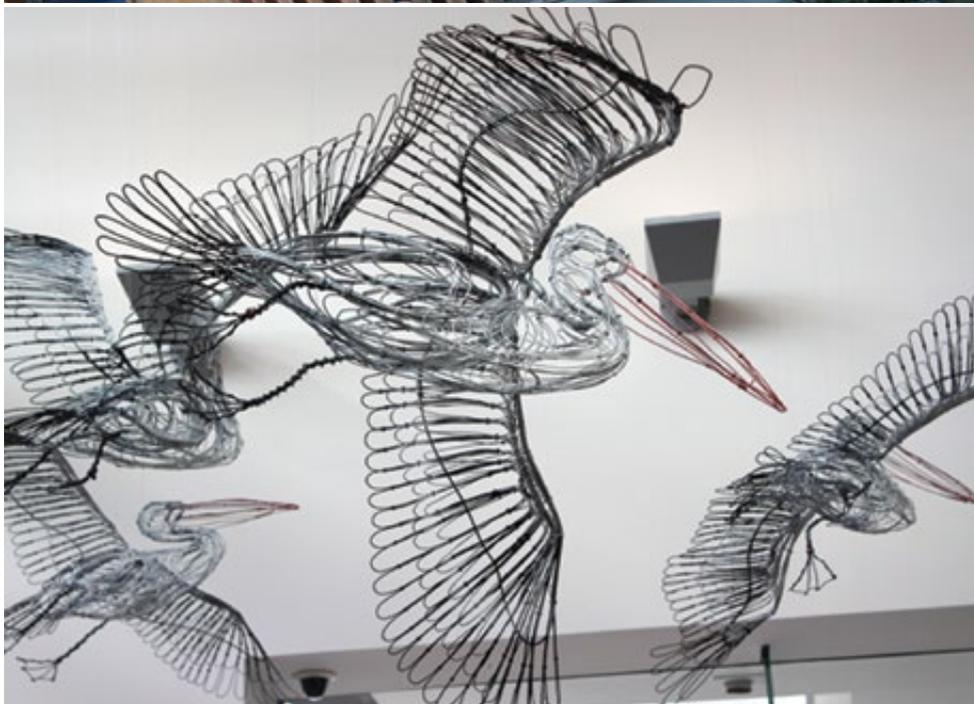
Location: Central Coast Cancer Centre, Gosford Hospital

Cancer Day Unit, Wyong Hospital

Radiation Oncologist:.....

Cancer Nurse Coordinator:.....





About oesophageal cancer

The oesophagus is a muscular tube joining the mouth to the stomach. It is about 25cm long and surrounded by lymph glands. The oesophagus forms part of the upper gastrointestinal tract together with the stomach and duodenum. Radiotherapy treatment may be given in many different ways, including:

- on its own
- together with chemotherapy
- prior to an operation to shrink the cancer
- after surgery (occasionally).

Radiotherapy is designed to destroy cancer cells and stop them from growing. The radiation dose is also limited to any surrounding normal cells. This allows the normal healthy cells to repair themselves, recover and survive.

The Central Coast Cancer Centre offers patients the most accurate radiotherapy techniques for oesophageal treatment including Intensity Modulated Radiotherapy (IMRT) to minimise the dose to normal organs.

The radiotherapy is delivered to the primary cancer in the oesophagus, as well as to the adjacent lymph glands. The radiotherapy is often given in phases, with the treatment area reducing as the tumour shrinks.

Initial appointment with the radiation oncologist

If the radiation oncologist recommends radiotherapy treatment, they will explain:

- The reason and benefits for using radiotherapy.
- The combination of other recommended treatments.
- The exact areas that will be targeted with radiotherapy.
- The number of daily treatments needed.
- The expected early and late side effects of treatment and how to prevent and manage these.
- What will happen at the radiotherapy planning session and on treatment, including any preparations.
- If chemotherapy is recommended, an appointment will be arranged for a medical oncologist to explain the chemotherapy treatment and its possible side effects.

Radiotherapy treatment plan

Total number of treatments _____

Chemotherapy Yes No

The radiation oncologist will go through expected side effects, as these may vary depending on the area being treated and the total dose given.



Radiotherapy planning



The radiation therapists use specialised equipment to ensure patients are in a stable and comfortable position, with arms above their head, for the planning CT and each treatment.

Once positioned, the radiation therapists will place three very small permanent ink marks (tattoos) on the skin as reference marks.

Important preparation for the planning CT scan:

Fasting

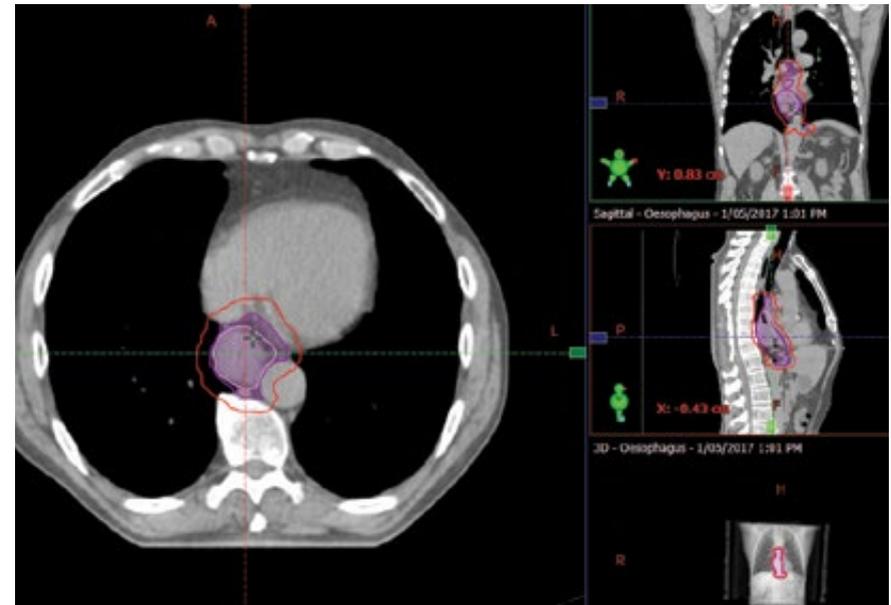
Depending on the location of the tumour patients may be asked to fast before the CT scan. The radiation oncologist will discuss the need for fasting and give some additional information to ensure the best result is achieved. If fasting is required for the planning CT, it will also need to be repeated each day for treatment.

Contrast

Oral and/or intravenous contrast is occasionally used to help the radiation oncologist identify the exact tumour location and lymph node position. If contrast is needed, patients will be asked to drink several cups of water before the CT scan to hydrate their body. A doctor or nurse will explain more about this at the time.

A CT scan is completed to create a customised radiotherapy treatment plan. The planning appointment takes about 60 minutes to complete and patients are required to wait a further 20 minutes if contrast is used.

The radiation treatment plan ensures that the radiation is delivered to the tumour while reducing the dose to normal tissue around it. This process often takes many days to check and approve prior to treatment commencing.



Radiotherapy treatment

Radiotherapy treatments are usually Monday to Friday each week for five to six weeks in total. Each treatment takes approximately 10-20 minutes, however we suggest that patients and carers allow up to 30 minutes each day which includes waiting times.



The machines have scheduled maintenance fortnightly on Thursdays, so appointment times may be changed on these days.

If fasting was needed for the planning scan, then this needs to be repeated for each daily treatment appointment.

If chemotherapy has been recommended this will usually commence on the first day of radiotherapy. If unsure, please speak to the medical oncologist or cancer nurse coordinator about starting chemotherapy.

The radiation oncologist, or radiation oncology registrar, will see patients weekly to monitor treatment progress and answer any questions. This 'weekly treatment review' will be printed on the appointment sheet.

The radiation therapists or nurses can arrange extra medical reviews if patients or carers have any concerns.

Follow up after radiotherapy treatment

Nurse follow-up

The specialist radiotherapy nurses will arrange a review one week after radiotherapy finishes. This can be done via a phone call if side effects from treatment are minor, or a more thorough review at the Cancer Centre if side effects persist.

Doctor follow-up

An appointment will be arranged to see the radiation oncologist after the radiotherapy finishes - typically six weeks after the last treatment. Your doctor will assess recovery from any side effects and the progress made towards returning to a normal routine.

The doctor will also discuss the longer term follow up arrangements, which may involve the surgeon, radiation oncologist and/or the medical oncologist alternating for at least two years.

If surgery is required after radiotherapy and/or chemotherapy treatment, an appointment is needed to see the surgeon about two weeks after treatment finishes. Please arrange the appointment with the surgeon as soon as the radiotherapy/chemotherapy finish dates are known. Surgery is usually performed within six or eight weeks after finishing radiotherapy/chemotherapy.

Side effects of radiotherapy

The radiation oncologist will explain the expected side effects depending on the dose and the area being treated. In general, radiotherapy to the oesophagus is very well tolerated by patients with minimal side effects. If chemotherapy is recommended, the medical oncologist will explain the possible side-effects and how to best manage them.

General side effects during and shortly after treatment

Tiredness

Tiredness can start one to two weeks into treatment and last for several weeks/months after treatment has finished. The level of tiredness varies between patients, but most people are able to continue with their normal routines including work.

Expected side effects during treatment

Skin changes

Skin around the chest and back areas may become pink, dry and itchy during the second or third week of treatment. The nursing staff will provide advice on creams and dressings if needed. Other creams and ointments may worsen the skin changes, so please see the nurses or doctor before using them.

Irritation (soreness) of the oesophagus

Some discomfort similar to heart burn is expected around the third week of treatment. This may continue for a few weeks after treatment has finished. If this irritation causes pain when eating and drinking, then pain relief and modification of diet may be required.

In rare cases, patients may need to be admitted to hospital for a short period for pain relief and fluid replacement. The radiation oncologist and dietitian will carefully monitor these side effects.

Feeding tube

Some patients may benefit from a feeding tube to help maintain nutrition and avoid weight loss during and after treatment.

Nausea and vomiting

This is a relatively uncommon side effect of modern radiotherapy, but can be easily managed. Please speak with the nursing staff or your doctor if nausea or vomiting are experienced during or after treatment.

Side effects experienced during your treatment will normally resolve four to six weeks after treatment finishes.

Potential side effects after radiotherapy

The treatment is designed so that patients make a full recovery from radiotherapy without developing problems in the future as a result of their treatment. Complications can occur with any treatment and it is possible that radiotherapy, in combination with the chemotherapy and surgery, may cause some permanent side effects.

Complications may become evident months or even years after treatment has finished. It is important to remember that the risk of complications is generally much less than the risk of the cancer coming back and causing problems if patients don't have treatment.

Hair loss

It is common for patients to lose some of the hair in the treatment area. This is temporary and likely to grow back over several months after treatment has finished. Head hair will not be affected by the radiotherapy.

Oesophageal stenosis

There is a small chance that radiation could cause a narrowing in the oesophagus called an oesophageal stenosis or stricture. This may happen months to years after radiotherapy is completed. It may require a small surgical procedure to repair which is well tolerated by most patients.

Inflammation of the lung

The radiotherapy is carefully planned to avoid as much lung as possible, however there is small risk (less than 5%) that part of the lung may be inflamed or scarred after radiotherapy. Patients may experience temporary shortness of breath, which may be more permanent for smokers.

Spinal cord damage

There is a very small risk of spinal cord damage (less 0.1%). The radiotherapy team carefully plan the treatment to avoid this.

Second cancer risk

There is a very small risk that radiation can cause a second cancer in the area treated. The doctor will discuss risks and monitoring methods.

Heart Damage

The radiotherapy is carefully planned to prevent damage to the heart. The Radiation Oncologist will review the patients heart health and discuss potential side effects from radiotherapy treatment. Patients are encouraged to improve their heart health with regular exercise, weight and diet management and by quitting smoking. General Practitioners (GP) can also provide advice on heart health.

Oesophageal cancer supportive care

Cancer nurse coordinators

The Cancer Centre has a dedicated cancer nurse coordinator for patients with gastrointestinal cancer, which includes cancer of the oesophagus. The coordinator can be contacted on (02) 4320 9824 and will be a central point for help with:

- Coordination of treatment appointments.
- Information about cancer, treatments and services available.
- Communication between GP's, specialists and allied health professionals.
- Access to home care, community nursing, counselling and financial support services.

Dietitian

Patients having oesophageal radiotherapy treatment may need to see a dietitian for help with:

- Assessing nutrition status.
- Managing side effects to help patients maintain their weight.
- Nutrition supplements or tube feeding (if required).

The medical and nursing staff can arrange referrals to our free dietitian service.

Speech pathologist

The Cancer Centre has a speech pathology service to help patients having difficulty swallowing. The medical and nursing staff will arrange any referrals for support if required.

Central Coast Cancer Centre Site Map



Thank you for your patience and understanding as we transform Gosford Hospital

Central Coast Cancer Centre

General enquires

Phone: (02) 4320 9888

Doctor referrals

Fax: (02) 4320 9780

www.cclhd.health.nsw.gov.au/ourservices/CCCS