Cisplatin and Etoposide chemotherapy in combination with radiotherapy

A guide for patients with lung cancer

This information leaflet is designed to help you understand more about the treatment you have opted to undertake. You will be receiving both chemotherapy and radiotherapy that work together to treat your lung cancer.

Your chemotherapy

This chemotherapy regime consists of **4 courses (cycles)** of chemotherapy with radiotherapy usually delivered after the **first cycle has started**. A 'cycle' of chemotherapy lasts **3 weeks** (days 1-21). The chemotherapy is given as an out-patient in Ward 1 at the Edinburgh Cancer Centre. The chemotherapy consists of 2 drugs, **Cisplatin** and **Etoposide**.

Cisplatin is administered on the first day of each treatment cycle and is given over 2 hours with a bag of fluid into a cannula (a thin tube) in the back of your hand. You will be connected to a drip for a few hours before receiving the Cisplatin and a few hours afterwards, so expect to be there for most of the day.

Etoposide is given on days 1, 2 and 3 of each cycle, again as a drip into your arm. This is given over 2 hours. This chemotherapy is usually well tolerated but like all cancer treatments it does have some side-effects.

Side effects of chemotherapy

Tiredness

All cancer treatments can make you quite fatigued. We will give you advice on how best to deal with this.

Nausea and vomiting

This can be a common problem with this chemotherapy. We will give you anti-sickness tablets to take whilst receiving your chemotherapy and for a few days afterwards to try and help combat this. It is very important that you drink plenty in the days following your chemotherapy. If you cannot do this you should let us know.

Effects on your blood making cells

All chemotherapy can have effects on your bone-marrow. This can make you more prone to:

- Anaemia due to a reduction in the red cells. You may need a blood transfusion to top the red cells up.
- Bleeding or bruising - due to fewer platelets (the cells that make your blood clot). You may need a platelet transfusion for this.
- Infections – due to a reduction of white blood cells (infection fighting cells). Infections can be potentially life threatening so it is important to seek medical advice immediately if you feel unwell or develop a temperature.

If your temperature goes above 38ºC (100.5ºF) or if you suddenly feel unwell, even with a normal temperature, **contact the Cancer Treatment Helpline on 0800 917 7711 straightaway.**

Your chemotherapy nurse will give you written information regarding what to do if these problems arise. Sometimes your chemotherapy has to be delayed by a few days or a week to allow the blood counts more time to recover.

Hair loss

This starts about 3 weeks after the first dose of chemotherapy and starts to re-grow about a month after the last dose. This can take longer if your doctor recommends you receive prophylactic cranial irradiation (PCI). Your doctor will explain this to you. You will be given advice on obtaining a wig.

Mouth ulcers

Some patients complain of painful mouth ulcers during chemotherapy. We will give you mouthwashes to try and prevent this. Some patients also complain of a metallic taste in their mouths.

Hearing loss and tinnitus (ringing in the ears)

Please let us know if you experience this problem during your treatment and we will adjust the dose of chemotherapy.

Numbness and tingling in hands and feet

Please let us know if you experience this and we can adjust the dose of chemotherapy.

Kidney damage

Cisplatin can put a strain on your kidneys. We check your kidney function with a blood test every cycle and give lots of fluids to flush the drug through your system. This is the reason we ask you to **drink plenty of fluids** when you get home.

Effects on fertility

All chemotherapy can affect fertility and all patients should use contraception during and for 1 year following chemotherapy.

Your radiotherapy

Radiotherapy is the use of high energy X-rays to destroy cancer cells while doing as little harm as possible to normal cells. There are two different prescriptions of radiotherapy that are used and your doctor will discuss them with you. This could mean receiving treatment **once** every day Monday to Friday for **33 days**, or receiving treatment **twice a day**, Monday to Friday for **15 days**.

1st preparation visit

You will receive radiotherapy treatment as you start your second cycle of chemotherapy. The dates for your preparation visits and treatment will be sent out in the post.

The radiotherapy planning starts with a CT scan of your chest. This scan takes place at the radiotherapy CT scanner in the oncology department. This scan is performed with your arms supported above your head. Sometimes the doctor may like you to receive an injection of contrast dye which helps them plan your treatment. Once the scan is complete the radiographers will draw marks on your chest as reference points. The centre of these marks will be made permanent with a tiny tattoo. This is made with a small pinprick. We use the information from this CT scan to target the radiotherapy to your cancer.

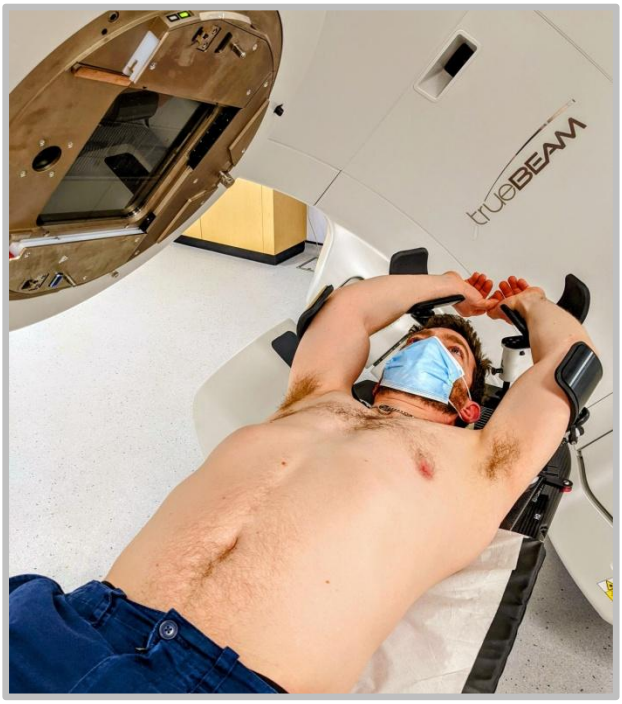
2nd preparation visit

Depending on how your treatment was planned you may need to come back to the CT scanner a second time. Here we check the plan the doctor has made and give you one more tattoo on your chest. Your radiotherapy treatment may start the same day or a few days later.

Treatment

Radiotherapy is painless and each treatment takes about 10 minutes but there may be a short wait in the department before you are taken. The radiographers will talk you through the treatment on the first day.

You will be positioned on the couch just as you were in the first CT scan and the radiographers will carefully adjust you for your treatment. Once you are in the correct position, it is important that you stay still, but continue to breathe normally.



The treatment machine will move around you to the start position and the radiographers will leave the room to treat. Although you will be alone in the room, the radiographers monitor you the whole time by CCTV cameras. When the machine is on it will move around you in a circle, you will hear a buzzing noise, but feel nothing. The radiographers may adjust your position from outside the room, so if you feel the couch move occasionally, this is normal. The radiotherapy is painless but it does have some side-effects.

Side-effects of radiotherapy: Short-term

Tiredness

Like chemotherapy, radiotherapy can cause tiredness. This is a common side effect and can last a while after treatment.

Cough

You may notice you develop a cough that produces more phlegm than usual. This may contain flecks of blood, and is quite normal.

Skin irritation

Some people can develop a skin reaction in the area they are treated. This can become red and itchy, especially on the back. The radiographers and nurses will advise you how to take care of your skin.

Pain on swallowing (oesophagitis)

The combination of radiotherapy and chemotherapy causes inflammation of the gullet, which makes it painful to swallow. This can start about 3 weeks into the course of radiotherapy, when you may notice a slight discomfort as you try to swallow food and/or drinks. We will monitor this and give you pain-killers to help. We will also give you dietary advice. It may continue for about 3 weeks after radiotherapy is finished but then rapidly improves.

Occasionally swallowing becomes very difficult and some people need to be admitted to hospital to help control symptoms. Very occasionally people may need to be fed temporarily through a tube as an in-patient. Most cases do not need this and we can treat you as an out-patient. Very rarely, radiotherapy can cause a long term scarring of the oesophagus, which may need to be intermittently stretched.

Side-effects of radiotherapy: Long-term

Inflammation of the lungs (pneumonitis)

This can occur from 1-3 months after you finish your radiotherapy. You might notice that you become more short of breath and/or develop a cough. About 1 in 5 people receiving radical radiotherapy for lung cancer need a course of steroids for this; about 1 in 20 people need oxygen for a time; and in about 1 in 100 people it can be a more serious complication.

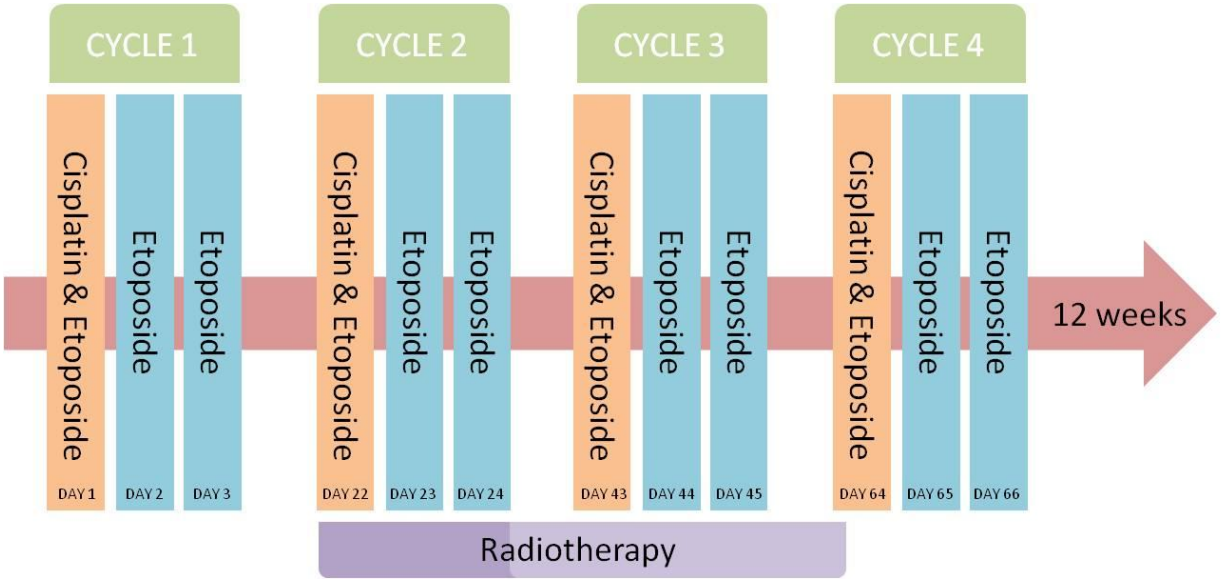
Long-term scarring of the lungs

Over many years the radiotherapy can cause fibrosis or scarring of the lungs. This is why we check your breathing tests before we recommend radical radiotherapy. Following radiotherapy you may notice that your breathing gradually becomes a little worse. **This is one of several reasons why we recommend you stop smoking.**

Combining chemotherapy and radiotherapy

The picture below gives you a guide to the sort of schedule your treatment may follow, but due to difficulties in co-ordinating the treatment your personal schedule may not be exactly the same. Your radiotherapy can start any time after your first cycle of chemotherapy.

Concurrent chemo-radiation



Your progress

You will be assessed before each chemotherapy treatment, and assessed by a nurse weekly during radiotherapy. Once your radiotherapy is completed, your lung cancer nurse will phone you weekly for 4 weeks before being seen at the clinic about 6 weeks after treatment. This is to check that you are recovering from the side effects of your treatment. You will then be seen 3-4 months later with a CT scan of your chest to assess the response to treatment.

Support

- You can contact your lung cancer nurse for support and advice during office hours Monday – Friday, 9am to 5pm. You may need to leave a message but they will get back to you.
- If you have any problems during your treatment or up to 6 weeks after, you can call this number when you need out of hours help and advice:

  Cancer Treatment Helpline - 0800 917 7711
- If you would like help to stop smoking, **free** advice is available from;

  Quit Your Way - **0800 84 84 84** - or from your local pharmacist or GP.

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