

Cisplatin and Vinorelbine 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 treatment is given as an out-patient in **Ward 1** at the Edinburgh Cancer Centre. The chemotherapy regime consists of 4 courses (cycles) of chemotherapy. A 'cycle' of chemotherapy lasts 3 weeks (days 1-21).

The chemotherapy consists of 2 drugs, **Cisplatin** and **Vinorelbine**. Cisplatin is administered on the **1st day** of each treatment cycle. You will be connected to a drip for a few hours before receiving the Cisplatin. It is given over 2 hours as a bag of fluid into a 'drip' in your arm. In addition you are also given fluids before and after Cisplatin. This takes approximately 4 hours. Vinorelbine is given **twice each cycle**, on the 1st day and then a week later on **day 8**. This is given as a syringe of drug slowly delivered by the chemotherapy nurse into the drip in your arm on the first day and on day 8 as a tablet. On the first day when you receive both drugs you should expect to stay in ward 1 for most of the day.

This chemotherapy is usually very well tolerated but like all cancer treatments it can have some side effects.

The common side effects are:

Tiredness

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

Nausea and vomiting

You will be given anti-sickness tablets so this should not be a problem, but patients can feel squeamish for a few days after the chemotherapy is given. There are many different types of tablet we can offer so if you think the tablets you have been given do not work well for you please tell your nurse. It is important that you drink plenty of fluids in the days following your chemotherapy. If you cannot do this because of nausea or vomiting you should let us or your GP know.

Constipation

The chemotherapy drugs can be very constipating. We will give you a daily laxative to take whilst at home. If your bowels do not move for several days, you should seek medical advice.

Hair thinning

This starts about 3 weeks after the first dose of chemotherapy and starts to re-grow about a month after the last dose. The amount of hair loss is very variable and not everyone needs a wig.

Hearing loss and tinnitus (ringing in your ears)

Occasionally Cisplatin can cause people to lose some hearing. If you notice this during the course of treatment please let us know, as we will adjust the doses.

Effects on your blood making cells

All chemotherapy can have effects on your bone-marrow. This means that anyone having chemotherapy may become:

- Anaemic and need a blood transfusion
- Be more prone to bleeding or bruising due to fewer platelets (the cells that make your blood clot). You may need a platelet transfusion for this
- Be more prone to serious life-threatening infections as the number of white cells (the ones that fight infection) can drop. If you become unwell or develop a temperature you should seek medical advice immediately by phoning the Cancer Treatment Helpline.

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Your chemotherapy nurse will also give you written information about what to do if these problems arise.

Less common side effects are:

Numbness and tingling in hands and feet

Cisplatin can also occasionally affect the small nerves in your hands and feet. Again if you develop any of these symptoms please let us know.

Kidney damage

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

Local irritation of the vein

Vinorelbine can cause a local inflammation where the drip was sited. If you experience any discomfort as the drug is being delivered you should immediately tell the nurse.

Effects on fertility

All chemotherapy can affect fertility and all patients should avoid pregnancy during and following chemotherapy for up to a year. Please discuss this with your Oncologist or chemotherapy nurse if this issue is important to you.

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. Your radiotherapy treatment consists of between **30-33 daily visits**, Monday to Friday, over 6 - 6½ weeks.

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.

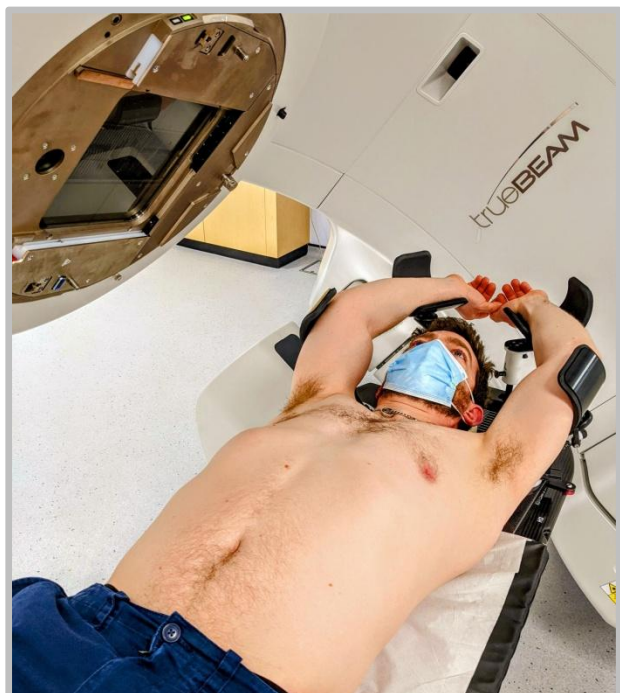
2nd preparation visit

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 created and draw some more marks on your chest and one more tattoo. 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 you will just 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)

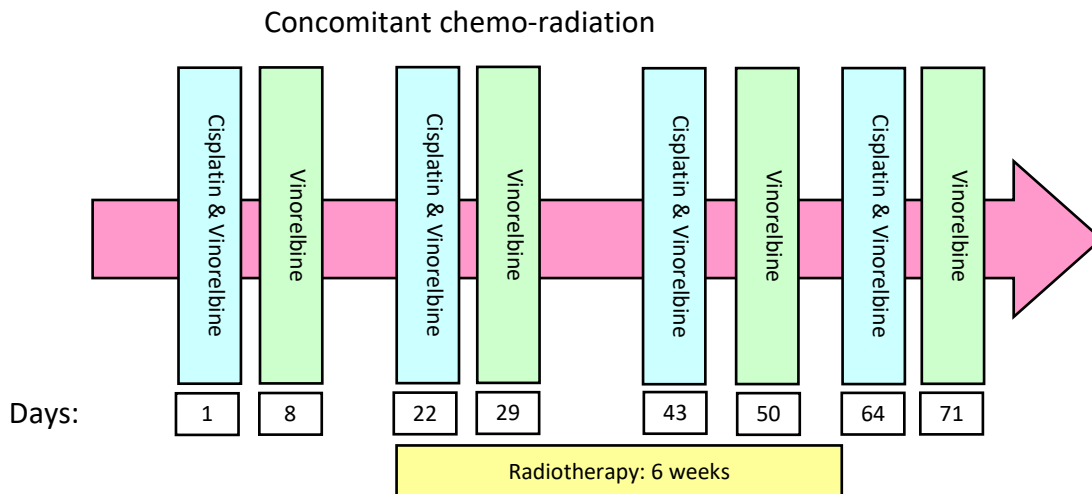
This can occur from 1-3 months after you finish your radiotherapy. You might notice that you become more short of breath and/or develop a cough. About 1 in 5 people receiving radical radiotherapy for lung cancer need a course of steroids for this; about 1 in 20 people need oxygen for a time; and in about 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, in the area that has been treated. This is why we check your breathing tests before we recommend radical radiotherapy. Following radiotherapy you may notice that your breathing may become 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.



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.

Remember if you are feeling unwell for up to 6 weeks following your treatment you should **phone the Cancer Treatment Helpline on 0800 917 7711**

