Radiotherapy to the pelvis for anal cancer
A guide for patients and their carers
## Contents

**Section 1 – introduction**
- When is radiotherapy offered and what are the benefits? ........................................ 1
- When is surgery used? ............................................. 2
- Consent to treatment .............................................. 5

**Section 2 – radiotherapy**
- What is radiotherapy? ............................................... 6
- How does radiotherapy work? ................................... 6
- When will radiotherapy begin? ................................... 6
- Planning the treatment ............................................. 7
- What happens during treatment? ................................. 8
- Some questions about radiotherapy ............................ 10
- Questions you may want to ask your doctor ................... 12

**Section 3 – chemotherapy as well as radiotherapy**
- Chemotherapy as well as radiotherapy .......................... 13
- What happens after radiotherapy? ............................... 13

**Section 4 – side effects**
- Side effects ................................................................... 14
- Acute side effects ....................................................... 15
- Late effects ................................................................. 20

**Section 5 – additional information**
- Research at The Christie ............................................ 23
- Travel and holidays ................................................... 23
- Benefits and finance ................................................ 24
- Prescriptions ............................................................ 25
- Car parking ............................................................... 25
- Further information .................................................. 25
- Christie information ................................................ 26
- Student training ......................................................... 28
- Useful contacts ........................................................ 29
Introduction

This booklet is to tell you about radiotherapy to the pelvis for cancer of the anus. It describes all possible treatments, and some may not apply to you. The doctor, nurse or specialist radiographer will discuss your treatment with you and explain anything you do not understand.

Please share this booklet with your family and friends. They can have a role in helping you. It’s important that they feel well-informed and understand what is happening. If you would like more detailed information about your own treatment, please ask the staff. There are also DVDs on radiotherapy which you can take home to watch. Please ask your doctor, nurse or radiographer.

You may have heard about radiotherapy from people you know or from the patients at The Christie. Remember that their information may not apply to you.

When is radiotherapy offered and what are the benefits?

Each patient has their treatment planned individually, and your doctor at The Christie will discuss with you the type and length of treatment that is recommended for you. The doctor will use the following chart to discuss the reasons for treatment and the benefits of treatment you are being offered.

Please note:
Mobile phones can interfere with the treatment equipment. Please look out for signs letting you know if it is safe to use your mobile phone. If you do have one with you, you may need to turn it off.
<table>
<thead>
<tr>
<th>When is radiotherapy offered?</th>
<th>For anal cancer</th>
<th>For advanced anal cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the aim of treatment?</td>
<td>To treat the cancer with the intention of curing the cancer</td>
<td>To control symptoms like pain, bleeding or discharge</td>
</tr>
<tr>
<td>Will I need chemotherapy?</td>
<td>Most patients will be offered chemotherapy. Patients need to be generally fit and have good kidney function</td>
<td>In most cases this is offered without chemotherapy, however, your doctor will discuss this with you</td>
</tr>
<tr>
<td>What is the duration of the radiotherapy?</td>
<td>28 – 30 treatments</td>
<td>This can be variable and will be discussed with you by your doctor</td>
</tr>
<tr>
<td>Are there any alternative treatments?</td>
<td>Surgery is only used in specific cases</td>
<td>The alternative would be to control symptoms with medication or other procedures</td>
</tr>
<tr>
<td>What happens after radiotherapy?</td>
<td>You will be seen in clinics by your oncologist 6 weeks after completing treatment. Further scans shall be arranged 3 months after the completion of treatment and again at 6 months</td>
<td>Your doctor will discuss this with you</td>
</tr>
</tbody>
</table>

**When is surgery used?**

Surgery is only used in specific cases:

- if the cancer is small, your doctor will discuss this with you if this is appropriate for you
- if there is cancer left behind after combination treatment with chemotherapy and radiotherapy
- if the cancer were to come back locally in the future
- if you experience incontinence

In these cases, surgery involves removal of the anus. This means that patients would have a permanent stoma or colostomy.
The areas being treated

These diagrams may be useful to help you understand where your cancer is and the area to be treated with radiotherapy. Your doctor may draw on them to help explain your treatment.
Male pelvis – side view

- Spine
- Rectum (back passage)
- Anus
- Bladder
- Pubic bone
- Seminal vesicle
- Prostate
- Penis
- Urethra
- Spermatic cord
- Testis
- Scrotum

Female pelvis – side view

- Fallopian tubes
- Ovary
- Womb
- Bladder
- Vagina
- Rectum (back passage)
- Anus
Consent to treatment

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie’s written description of the proposed treatment and that you have been given an opportunity to discuss any concerns.

You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you.

Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

Radiation can be harmful to the unborn child. It is important to let the radiographers know if you have missed a period, or suspect that you might be pregnant before you are exposed to any radiation.
What is radiotherapy?

Radiotherapy uses exact, carefully measured doses of radiation to treat diseases. It is often given in small doses over a specified period of days or weeks, but may be given in a single treatment. It is given by therapy radiographers who operate the machines which direct high-energy rays to the precise area needing treatment. The radiographers are specially trained professional men and women. They will be able to answer any questions or concerns you may have.

The dose given will depend on the exact type of cancer you have so you may find that you are having a different number of treatments from other people you meet at the hospital.

How does radiotherapy work?

Our bodies are made up of cells and all cells are able to divide. If radiation hits a cell that is dividing it will be damaged. Cancer cells are much less able than normal cells to repair the damage, so more of the cancer cells will be destroyed.

When will radiotherapy begin?

The doctor who is in charge of your treatment is a clinical oncologist. He or she will examine you and may arrange for tests such as x-rays, scans and blood tests. These are to check your general health, and to help decide on the details of your treatment.

You will be cared for by a team including consultants, registrars, radiographers and nurses. The team also has a specialist radiographer who is dedicated to caring for patients with anal cancer.
In choosing your treatment, your clinical oncologist at The Christie has carefully considered the nature of your illness, and your particular needs with regard to your treatment plan. During your initial radiotherapy planning appointment, the radiographers will be able to tell you exactly when you will start your treatment. As everybody’s treatment varies, the amount of time needed to plan the treatment varies. You may have between one and 30 treatments.

Planning the treatment

Treatment preparation will be done on a special CT scanner called a RTP (radiotherapy planning scanner). These machines provide the doctors with images on which your treatment is planned.

You may be asked to drink a special contrast drink before your scan which helps to get clearer pictures and improves the planning of your treatment. You may also be given an injection of contrast. The appointment letter for your scan will include a leaflet explaining in more detail what will happen. During this planning session the radiographers will draw some marks on your pelvis with a skin pen. These marks do wash off and so some permanent marks, like tiny black freckles, will need to be made. These marks help the radiographers set you up in the correct position for treatment every day. The radiographers will ask you to lie on your back, but if this is not possible please discuss this with the radiographers.
What happens during treatment?

On the day of your first treatment, you will come to the radiotherapy department. If you are an inpatient, a male or female radiotherapy care assistant may collect you from your ward and escort you to the department. On the treatment unit you will meet a radiotherapy support worker. They help patients plan their appointments for the treatment. The radiographers will have the details of your treatment which the doctor has carefully planned. They will explain to you exactly what will happen.

The Christie is a training centre, so you may meet male and female students in the radiotherapy department who may be involved in the delivery of your treatment. If you have any objections please let the radiographers know. The radiographers will have a chat with you and discuss the treatment and how to minimise side effects. They will also check whether you are still happy to go ahead with your treatment. This is the ideal opportunity to ask any questions you may have.

The radiographers will take you into the treatment room and ask you to loosen your clothing around your pelvis so that they can see the marks made during treatment planning. They will help you onto the treatment bed. The radiographers will then adjust the bed and your position so that you are in the correct position for the treatment. They will try to make you as comfortable as possible as you will be asked to keep still for the duration of the treatment. The radiotherapy machines are quite big and if you have never seen one before you might feel anxious. There is no need to worry – the treatment is painless.

Each session may take about 15 minutes but the actual treatment only lasts a few minutes. The radiographers operate the machines from outside the room. When all
the adjustments have been made and you are in exactly the right position, the radiographers will make sure you are comfortable and then leave the room to switch the machine on. There is nothing to feel and nothing to see. The machines make a buzzing noise when they are giving treatment.

During your treatment the radiographers will need to take images or a scan of the area you are having treated. This will be done at the same time as your treatment and you probably will not notice that the images or a scan have been taken. All of these images are purely to check that you are in the correct position and not to check how the cancer is responding to treatment. A closed circuit television on the control desk gives the radiographers a clear view of you and they will be watching you all the time. Please do not feel abandoned. If you feel you need to cough or sneeze the radiographers will tell you beforehand how to let them know this. They will switch the machine off and come in immediately.

Once your treatment has finished they will help you off the bed and arrange your next visit. You are then able to return home or to your ward.

It is very important that you do not miss treatment days as this may make your treatment less effective. If you feel you are unable to attend for any reason please telephone the staff on your treatment machine and discuss the problem with a radiographer.
Some questions about radiotherapy

*Is radiotherapy safe?*

Radiation used in medical treatment is given in controlled, carefully measured doses. The aim is to include all tissues that could possibly contain cancer cells whilst minimising the dose to the normal tissue.

*Will I be radioactive?*

No. Patients treated by x-rays do not become radioactive. The radiation does not stay in your body after treatment, so you cannot do anyone else any harm. It is safe for you to mix with other people including children and pregnant women.

*I already have problems with my health. Will radiotherapy treatment make them worse?*

Not usually. The treatment may make you feel more tired than normal. Please tell your treatment team about any existing medical conditions and also continue with any medication that you may be taking unless your treating team tells you otherwise. Ask your Christie doctor if you are worried about any other health problems.

*Can I come for treatment at any time of the day?*

If you are having treatment as an outpatient, the radiographers will give you an appointment time for the first treatment when you attend for your planning session. After that you can arrange with your treating team the time that suits you and the machine. Please try and be as flexible as possible and give priority to your treatment sessions over general appointments. The time you prefer may not be available at the start of your treatment because of the large number of patients on the treatment unit. If you need a specific time with valid reasons, please give the radiographers at least 48 hours notice. The time we
give you may vary half an hour either way each day due to emergencies and so on. Please check your appointment time for the following day before you leave, in case of any changes.

Once a week, you will meet your consultant or one of their team. You do not need an appointment for this. You will be taken to the clinic before or after your radiotherapy. If you are coming by ambulance transport we will give you a morning or afternoon appointment to fit in with your consultant’s clinic. If you are an inpatient, you will be seen on the ward by the treating team.

**Will I be treated as an outpatient or an inpatient?**

You will usually have your treatment as an outpatient. Some people continue to work during part of their treatment. However, after daily travel and treatment, you may feel tired and need to rest. Your treating team will have discussed with you about travelling daily for your treatment as an outpatient. However, if you do become unwell during your treatment we may admit you as an inpatient to support you through your radiotherapy, though this is rare. You will not have to stay in bed, so bring suitable day wear, so that you can get dressed if you feel well enough.

**What happens if I need ambulance transport to and from the hospital?**

Many patients are able to bring themselves or can ask a friend or relative to help them out. If you think you may need ambulance transport, please discuss this with a radiotherapy support worker or radiographer on your first visit to the radiotherapy department. Ambulance transport can be arranged subject to eligibility criteria based on medical need. There also needs to be a medical need for you to bring an escort on hospital transport.
There can be delays for some time either side of your appointment because of the high demand for transport. Please take this into account when you are deciding whether to use ambulance transport or not.

Hospital transport is provided by North West Ambulance Service and West Midlands Ambulance Service. Contact the transport liaison office at The Christie directly on 0161 446 8114 or 8143 for advice and bookings (Monday – Friday, 8.00am – 6.00pm).

Questions you may want to ask your doctor

- What type and extent (stage) of disease do I have?
- Why are you recommending radiotherapy for me?
- What might be the benefits and side effects?
- Is there any alternative treatment, and, if not, why is this?
- What will the radiotherapy involve and how many times will I have to visit the hospital?
- Will there be any lasting effects from treatment?
Chemotherapy as well as radiotherapy

Some people who are having a course of radiotherapy will also have chemotherapy. You will be given outpatient chemotherapy unless your doctor feels it is necessary to admit you. Your treating team will give you further information about the potential side effects of chemotherapy treatment.

What happens after radiotherapy?

You will receive a telephone follow-up two weeks after completion of treatment.

You will also be reviewed in clinic by your oncology team about 6 weeks after the end of your treatment. Further scans shall be arranged at 3 months and 6 months after the end of treatment. You will have regular follow-up appointments in the future.

If you need any help or advice please contact the clinical nurse specialists on 0161 918 7002 or 0161 446 8407 or the specialist radiographer on 0161 446 8169. Arrangements can be made for a district nurse to visit you.
Side effects

There are short term (acute) and long term (late) side effects with the treatments. These are discussed below. It is common to experience most of the side effects, listed below, to some extent.

Below is a table of acute common side effects experienced and what you can do to help.

<table>
<thead>
<tr>
<th>Acute side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>(See below for further information)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bowel</th>
<th>Diarrhoea is a common symptom. If this occurs a low fibre diet may help reduce symptoms. Medication may also be helpful.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder</td>
<td>Symptoms similar to cystitis such as increased frequency and burning or difficulty when passing urine.</td>
</tr>
<tr>
<td></td>
<td>We recommend that you take plenty of fluids, 2 to 3 litres per day but avoid drinking lots of tea and coffee.</td>
</tr>
<tr>
<td>Tiredness</td>
<td>This varies greatly from person to person. Gentle exercise and rest when feeling tired may be beneficial.</td>
</tr>
<tr>
<td>Nausea</td>
<td>You may feel sick with treatment, this is more common if you are having chemotherapy.</td>
</tr>
<tr>
<td></td>
<td>Anti-sickness tablets may be beneficial. Please discuss this with your treating team.</td>
</tr>
<tr>
<td>Skin changes</td>
<td>It is common for the skin on your pelvis to become dry, red, itchy and may break down in certain areas. This usually becomes very sore and painful and painkillers are likely to be required.</td>
</tr>
<tr>
<td></td>
<td>We will supply you with an appropriate moisturiser to help keep the skin moisturised. If your skin does break down you may be given other creams and dressings to use. Please discuss this with your treating team.</td>
</tr>
<tr>
<td>Pain</td>
<td>Pain is a common symptom. If this occurs, medication may be helpful.</td>
</tr>
</tbody>
</table>
The side effects happen because, as well as destroying cancer cells, radiotherapy can also damage healthy cells nearby. When planning treatment, the doctors choose the dose that will give the best chance of destroying the cancer cells and reducing the symptoms – with the smallest possible effect on healthy tissue. It seems that some patients are more sensitive to radiation than others, and are more likely to experience side effects. At present, it is not possible to identify these patients before treatment starts. Also, in some patients the cancer itself can cause damage to the surrounding tissue and structures.

**Acute side effects**

Acute side effects will generally develop during the second half of the course of treatment usually after 7 to 14 days, and last up to 12 weeks after the treatment ends. They are usually temporary and may vary in severity from person to person. Some patients may develop minimal side effects and others may have more. If you have any questions about side effects, please ask any member of the team treating you.

**Bowel**

Your bowels may become disturbed due to your treatment. For most patients, this is in the form of diarrhoea but occasionally it can be constipation. Diarrhoea can start after about 2 weeks of treatment and last for several weeks after treatment ends. With diarrhoea, patients often get increased ‘wind’, severe urgency, intermittent abdominal gripes/cramps, abdominal bloating and may pass mucus. Occasionally patients may experience incontinence. If this occurs please discuss this with your treating team as changes in lifestyle and medication may be beneficial.
What you can do to help

It is important that you continue to eat nourishing food during and after treatment. Ask the nursing or radiotherapy staff for a copy of ‘Eating – Help Yourself’ which has information about coping with problems such as loss of appetite. If diarrhoea becomes a persistent problem, please inform your treating team as you may need to follow a low fibre diet to ease your symptoms. If this is the case, follow the diet for as long as your side effects last, then gradually resume your normal diet by adding one new food each day that contains fibre, then if diarrhoea returns you should be able to work out which food has caused it and eliminate this from the diet for a further few weeks.

If you have diabetes and you have developed diarrhoea, still follow the low fibre diet advice but make sure you eat meals and snacks containing low fibre starchy foods such as white bread, white rice and cereals etc from the ‘Allowed list’. Once your symptoms have resolved, go back to your normal diabetic diet.

Fibre is the part of grains (flours and cereals), pulses, vegetables and fruit which is not digested and passes down the gut. To cut down the amount of fibre in your diet, try to follow the allowed food guide.

If you are following this diet for more than a week, a complete multivitamin and mineral supplement is recommended daily. For a more detailed list please ask for a copy of the low-fibre diet booklet from your radiographer or at the cancer information centre.

If you have followed a low-fibre diet and are still having problems with diarrhoea, you may need additional medication such as loperamide (Imodium®), codeine phosphate or Fybogel which can be prescribed for you.
Please only make the following changes to your diet if you experience loose stools.

<table>
<thead>
<tr>
<th>Avoid</th>
<th>Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beans, lentils, pulses, quorn</td>
<td>Meat, fish (tinned, fresh, frozen), eggs, tofu</td>
</tr>
<tr>
<td>Wholemeal or granary bread</td>
<td>White bread, bread sticks, rusks, cream crackers, crumpets, plain scones, plain rolls, white chapatti</td>
</tr>
<tr>
<td>High fibre white bread, brown chapatti</td>
<td></td>
</tr>
<tr>
<td>Brown rice, whole-wheat pasta and whole-wheat noodles</td>
<td>White rice, pasta, spaghetti and noodles</td>
</tr>
<tr>
<td>Biscuits and cakes made with wholemeal flour, or dried fruit e.g.</td>
<td>Biscuits or cakes made with white flour such as Rich Tea, custard creams, shortbread, chocolate coated plain biscuits, plain or cheese scone, doughnuts</td>
</tr>
<tr>
<td>flapjack, dried fruit biscuits, mince pies, fruitcake, digestive,</td>
<td></td>
</tr>
<tr>
<td>plain or chocolate covered oat biscuits</td>
<td></td>
</tr>
<tr>
<td>High-fibre breakfast cereals for example Weetabix,</td>
<td>Rice Krispies, Cornflakes, Special K, Coco pops, Frosties or similar</td>
</tr>
<tr>
<td>Shredded wheat, muesli, Fruit and Fibre, bran and oat cereals</td>
<td></td>
</tr>
<tr>
<td>All vegetables except those listed in ‘Allowed’ section, vegetable</td>
<td>Potatoes, up to 2 tablespoons per day of skinless courgette and cucumber, marrow, carrot, swede, turnip, passata, vegetable juice</td>
</tr>
<tr>
<td>skins, potato skins, sweetcorn</td>
<td></td>
</tr>
<tr>
<td>Soups – lentil, vegetable</td>
<td>Soups – ‘cream of’ tomato, chicken, mushroom or oxtail</td>
</tr>
<tr>
<td>Fruit, fruit skins except those listed in ‘Allowed’ section, dried</td>
<td>Small portions of melon, seedless grapes (no skins) tinned peaches, pears, mandarin oranges, fruit cocktail</td>
</tr>
<tr>
<td>fruit</td>
<td></td>
</tr>
<tr>
<td>Fruit juice: prune, tomato and juices ‘with bits’</td>
<td>Orange, apple, grapefruit, pineapple and grape juice with no bits</td>
</tr>
<tr>
<td>Build up drinks, smoothies, fruit yoghurt with added fruit/cereal</td>
<td>Milk, cheese, cheese spreads. All other yogurt, fromage frais, ice cream, jelly, sorbet, ice-lollies, instant whips, crème caramel, milk puddings, custard and blancmange</td>
</tr>
<tr>
<td>(check label)</td>
<td></td>
</tr>
<tr>
<td>Wholemeal savoury snacks, nuts, popcorn</td>
<td>Crisps</td>
</tr>
<tr>
<td>Marmalade or jam with peel or pips</td>
<td>Shredless marmalade, jelly jam, honey and lemon curd. Tomato sauce, yeast extract, 2 teaspoons of pickles and chutney</td>
</tr>
<tr>
<td>Fruit and nut chocolate, coconut</td>
<td>Plain or milk chocolate, boiled sweets, toffee, fudges, wine gums</td>
</tr>
</tbody>
</table>
The bowel symptoms vary greatly between patients. Most people start to see some improvement 2 to 3 weeks after treatment has finished. Some patients are virtually back to normal within 6 weeks, for others they remain unsettled for several months and for some they may never return to what was normal for them.

**Bladder**

In a small number of cases, radiotherapy can irritate the bladder and give symptoms similar to cystitis such as increased frequency and burning or difficulty when passing urine. We recommend that you drink plenty of fluids preferably 2 to 3 litres a day. It is best to avoid drinking lots of tea and coffee and avoid all alcohol. Some people find a glass of cranberry juice a day helpful. You should not drink cranberry juice if you are taking anti-coagulants. Some patients are virtually back to normal within 6 weeks, for others they remain unsettled for several months and for some they may never return to what was normal for them.

**Tiredness**

You may feel tired during treatment so rest is important, although a small amount of exercise each day has been found to be beneficial in reducing fatigue. This is explained further in the DVD/booklet ‘Be Active, Stay Active: a guide to exercising during and after cancer treatment’ which is available from the information centre. Tiredness often affects people after treatment ends, so you may need help with housework and shopping. Please ask any member of the team treating you if you would like to see a social worker who can advise on help available. Radiotherapy treatment can be a demanding treatment. If you are feeling low or are not coping, let the nurses, doctors or radiographers treating you know so they can discuss with you what might help.
Nausea
Very occasionally you may feel sick during your radiotherapy treatments, your taste changes or you go off your food. This is more likely to happen if you are having chemotherapy. Let your treating team know because they can suggest things that may help.

Skin/pubic hair
Some radiotherapy treatments to the pelvis may cause sore skin. This is dependent on the location of your cancer and length of your treatment. We will advise you at the start of treatment if your treatment is likely to do so, and what you can do to help yourself. Your skin may become red, painful and break down. You will be given different creams, moisturisers, dressings and pain killers to help. Please speak with your team if you are struggling with this side effect. Most people start to see an improvement 2-3 weeks after treatment has finished. The leaflet ‘Skin care during and after your radiotherapy to the perineal area’ has useful advice, and is available from your treating team. Some patients do find that their pubic hair falls out during or shortly after treatment, this usually grows back but it may be thinner.

Pain
Pain is a common symptom during treatment. You may require medication to help. Most people start to see an improvement 2-3 weeks after treatment has finished.

Sexual relations
It is important for men and women to take contraceptive precautions whilst having radiotherapy. However, a course of radiotherapy is the equivalent of a major operation; it may be some months before you feel interested in the physical
aspect of your relationship. However, if this is a concern to you, please let your treating team know so they can discuss with you what might help.

Late effects
There are some late side effects of radiotherapy that your doctor will discuss with you. These may occur months or years after your treatment and happen only in a very few cases. For anyone having radiotherapy for anal cancer there is a small risk of developing these long term effects. The risk is higher for people having radiotherapy over several weeks. These late effects may be managed with life-style advice and medication.

Bowel
Scarring may result in feeling the urge to go more often or you may feel you have less control (incontinence). Some people may need to wear pads. You may be referred to a specialist if your symptoms continue despite lifestyle changes and medication. Some people may have bleeding from the back passage. If this occurs please inform your team. There is a small risk that you may need surgery to the bowel due to scarring from the radiotherapy.

Bladder
Scarring may result in feeling the urge to go more often or you may feel you have less control. Some people may need to wear pads. There is a small risk that you may need surgery to the bladder due to the scarring from the radiotherapy.

Skin/pubic hair
Your skin may change in colour in the pelvic area. It may also be drier, with some areas of scarring. Using a
moisturiser long term as part of your daily routine may be beneficial. The skin in the pelvic area will be more sensitive to the sun. We recommend that you keep that area protected from direct sunlight, or use a sunblock. Your pubic hair may have fallen out during treatment. This usually grows back but it may be thinner. If this is a concern, please inform your team.

**Bone changes**

A very rare late side effect of radiotherapy to the pelvic area is damage to the bones in the pelvic area.

Fine, hair-line cracks may occur, known as pelvic insufficiency fractures. If this happens, it can cause pain and may make it difficult to walk and move around. The pain normally goes away overnight and does not stop you from sleeping well.

The changes in the bone may cause a dull, constant ache, which you may worry is due to your cancer having spread to the bone. If you have dull aching in the bone that lasts for more than a few weeks, your doctors may need to do tests (a bone scan or MRI scan) to find out the cause. If the bone is weakened enough it may break (fracture) but this is very rare. The strength of your bones can be checked using a bone density scan.

It is important to be aware of the signs of bone problems so you can let your doctor know if they occur. Radiotherapy damage to the bones is uncommon, so it is likely that if you have any symptoms they will have another cause.

**Female late effects**

This treatment causes infertility which is permanent and very likely to induce the menopause during the next 3 to 4 months after treatment in women who are still having regular periods. Your doctor may advise you to start hormone replacement therapy (HRT) if your symptoms are troublesome.
If infertility is an issue for you and your partner, please let the doctor who is planning your treatment know so that this can be discussed further with you. If appropriate they can arrange for you to see a fertility specialist urgently.

Radiotherapy can cause vaginal narrowing and dryness which can affect your sex life. However, advice will be given about lessening this problem.

**Male late effects**

This treatment causes infertility which is permanent. If this is a concern please discuss this with your treating team as sperm banking options may be available.

Some men may notice it is more difficult to achieve an erection following a course of radiotherapy. This is more common in men over the age of 50 and may be permanent. Treatment is available to help this in the form of medication from your GP. If this does not suit, you can be referred to a specialist clinic.
Research at The Christie

The Christie, along with the Manchester Cancer Research Centre, is a major centre for cancer research of all kinds. You may be asked if you are willing to help with some of the clinical trials and audits. You are under no obligation to take part in any of these. You will meet some of the research nurses who help to run the trials. They will also give you support and advice throughout your treatment, whether you are taking part in a trial or not.

Travel and holidays

The treatment works better if there are no breaks. It is preferred for you not to go on holiday during treatment.

Most people do not feel like travelling for the first few weeks after their treatment. Everyone is different. It may take 4 to 6 weeks before your side effects settle and it may be some time after this before you feel like going on holiday. Once you feel like going on holiday there should be no problem travelling within the UK. However, if you are thinking about going abroad, make sure you have adequate health insurance which includes your cancer diagnosis. Even in Europe, you should have insurance as well as the European Health Insurance Card.

This may mean that the cost of your insurance policy is higher than it has been previously. Some people have found it useful to get a quote for their insurance before booking a holiday, as this could affect your choice of destination. More information about this and other things to consider are in the booklets ‘Getting Travel Insurance’ and ‘Travel and Cancer’ Macmillan Cancer Support, available from the cancer information centres.
Benefits and finance

You may have had to stop work and had a reduction in your income. You may be able to get benefits or other financial help.

Personal Independence Payment (PIP) is a social security benefit and has replaced Disability Living Allowance for new claimants. It’s for people who need help either because of their disability or their illness. You can apply if you are aged 16 – 64.

People aged 65 or over who need help with personal care or supervision could be entitled to Attendance Allowance.

Your carer could get Carer’s Allowance if you have substantial caring needs.

Find out more today:

- To get a claim pack for Attendance Allowance call 0345 605 6055 and for PIP call 0800 917 2222.
- For Disability Living Allowance: If you were born on or before 8 April 1948 call 0345 605 6055, if you were born after 8 April 1948 call 0345 712 3456.
- Carer’s Allowance: call 0345 608 4321.
- For benefits advice, contact Maggie’s centre on 0161 641 4848 or email manchester@maggiescentres.org.
  The Christie at Oldham has a benefits advice session on Thursday afternoons phone 0161 918 7745.
- Contact your local social services department for help with equipment and adaptations, or for an assessment of care needs. Visit www.gov.uk for further information.
- Macmillan Cancer Support can give advice on helping with the cost of cancer on 0808 808 00 00 or www.macmillan.org.uk
Prescriptions

From 1 April 2009 NHS patients treated for cancer became entitled to free prescriptions. Prescriptions from The Christie pharmacy are free for NHS patients. You will need an exemption certificate to get free prescriptions from a community pharmacy. Exemption certificates are available from the pharmacy at The Christie and from your GP.

Car parking

For parking at the main Withington site, please check the website (www.christie.nhs.uk) for the latest details, or ask at the information centre for a copy of the leaflet ‘Travelling and car parking for patients and patient’s visitors to The Christie’.

Further information

Macmillan Cancer Support

This is a national charity which runs a cancer information service. The cancer support service freephone number is 0808 808 00 00. (Monday to Friday, 9am to 8pm). If you are deaf or hard of hearing, use the textphone service on 0808 808 0121. If you are a non-English speaker, interpreters are available. Calls are answered by specially trained cancer nurses who can give you information on all aspects of cancer and its treatment. Information and advice about finance and benefits are also available.

Macmillan Cancer Support publish booklets which are free to patients, their families and carers. You can get a copy by ringing the freephone number. The information is on their website: www.macmillan.org.uk

Information is available on cancer treatments – such as ‘Understanding radiotherapy’ and ‘Understanding
chemotherapy’. There are also booklets on living with cancer – some of these are listed below:

- Talking about your cancer
- Lost for words: how to talk to someone with cancer
- Talking to children and teenagers when an adult has cancer
- Cancer and complementary therapies
- Travel and cancer
- Sexuality and cancer
- Help with the cost of cancer
- Pelvic late effects

The cancer information centres have the full range of booklets free to patients and their relatives or carers. There are information centres at The Christie at Withington, Salford and Oldham.

**Cancer information in your language**

If English is not your first language, you can speak to a nurse at Cancer Research UK through a qualified interpreter. The service is free and over 170 languages are available on 0808 800 4040 (Monday to Friday, 9am – 5pm).

**Christie information**

The Christie produces a range of patient information booklets and DVDs. Some of these are listed below.

Booklets are free to patients coming to The Christie and are available from the cancer information centre. If you are an inpatient and would like a copy, please ask the ward staff. If you are an outpatient please ask your nurse, doctor or radiographer.
- **Radiotherapy: a guide**
  Short films can be viewed on The Christie website at [www.christie.nhs.uk](http://www.christie.nhs.uk) under ‘patient information’ or you can borrow it in DVD format to watch at home. Ask the staff on the ward, in outpatients or in radiotherapy for copies. Available in English, Urdu, Bengali, Polish and Punjabi.

- **Where to get help: services for people with cancer**
  This provides sources of help when you have cancer, where to go for financial help, palliative care and cancer support groups.

- **Eating: Help Yourself**
  This gives advice on eating problems when you don’t feel well and you are having treatment. Other booklets give helpful advice on diet: ‘Advice about soft and liquised foods’, ‘Nutritional products’ and ‘Eating well when following a low fibre diet’. Please ask staff for a copy.

- **More detailed information on treatment and side effects is available for radiotherapy for:**
  Prostate; bladder; oesophagus; head and neck; lung; brain; gynaecological cancers; vulval cancer; vaginal brachytherapy, radiotherapy after breast surgery; prostate brachytherapy and superficial radiotherapy to the skin.

- **Be Active, Stay Active: a guide for exercising during and after treatment for cancer**
  A booklet and DVD with a simple exercise programme you can follow. There is also more information about coping with fatigue and the benefits of exercise. Available with sub-titles, and in Urdu and Chinese. This is also available to watch on The Christie website: [www.christie.nhs.uk](http://www.christie.nhs.uk) under ‘patient information’.
If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

Student training

The Christie is a training hospital for postgraduate and undergraduate trainees so you may meet male and female students in all areas of the hospital. We train doctors, nurses, radiographers and other therapists in the treatment and care of cancer patients.

Placements at The Christie are an important part of student training, so by allowing them to assist in your care, you will be making a valuable contribution to student education.

Students are always supervised by fully qualified staff. However, you have the right to decide if students can take part in your care. If you prefer them not to, please tell the doctor, nurse, radiographer or other therapist in charge as soon as possible. You have a right to do this and your treatment will not be affected in any way.

We also try to respect the concerns of patients in relation to the gender of their doctor and other health professionals.
Useful contacts

- Clinical nurse specialist – 0161 918 7002 or 0161 446 8407
- Specialist radiographer – 0161 446 8169
- Benefits advice at Maggie’s centre – 0161 641 4848 or email manchester@maggiescentres.org
- Counsellor – 0161 446 8038
- The Christie Hotline – 0161 446 3658

Contacts via your consultant’s secretary

Dr N Alam 0161 446 3360
Dr M Saunders 0161 446 3357

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence.

If you would like to have details about the sources used please contact patient.information@christie.nhs.uk

Christie website

For more information about The Christie and our services, please visit www.christie.nhs.uk or visit the cancer information centres at Withington, Oldham or Salford.
Contact The Christie Hotline for urgent support and specialist advice

The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week

Visit the Cancer Information Centre:
The Christie at Withington Tel: 0161 446 8100
The Christie at Oldham Tel: 0161 918 7745
The Christie at Salford Tel: 0161 918 7804
Open Monday to Friday, 10am to 4pm.
Opening times can vary, please ring to check before making a special journey.

The Christie NHS Foundation Trust
Wilmslow Road
Manchester M20 4BX

T. 0161 446 3000
www.christie.nhs.uk

The Christie Patient Information Service
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