
Chemotherapy + Radiotherapy Cervical Cancer treatment information

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Te Poari Hauora o Waitaha

This booklet is a summary of the initial information about your treatment plan.

Your treatment team acknowledge there is a lot of new complex information involved in your treatment.

With the assistance of women who have completed their treatment, we have put together this booklet to help identify what you need to know and understand at the beginning of the process.

The information contained in this booklet is an introduction only and you will see there are references to more detailed information that you can access when you feel you need to. These references are indicated by 

Your treatment support team of doctors and nurses will help you identify when would be a good time to look at a more detailed explanation.

They will also be available to answer any questions or concerns you may have.

The team caring for you would appreciate any suggestions and feedback you have about this process.

Thank you



Cancer.org.nz



Nzgc.org.nz



Fertilityassociates.co.nz



Pincandsteel.com



Menopause.org.au

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Caring for yourself when you have been diagnosed with cancer

Shock and confusion are common reactions to being diagnosed with cancer.

- Allow yourself to react in your own way, your own time and recognise that some level of distress is a normal human reaction to your situation.
- Cancer is challenging in many ways and will send different ripples through your life.
- Some of these may feel like overwhelming waves and others will be so small and unexpected that you may not notice their effect at first.
- They can all have an impact however, so knowing what to look for and how to find support to successfully manage your way through this challenging time is important.

1. **Learn to listen to your body and attend to what it needs.**

Medical treatment brings a focus on your body which may be unfamiliar and can be very time-consuming. Be aware that your body might not be up to your usual ways of coping, especially if these involve physical activity.

Learn to practise self-compassion, balance rest with manageable activity, and keep a focus on what is most meaningful in your life. These are solid foundations for caring for both your body and your mind.

2. **Mind your mind.**

Receiving a cancer diagnosis is often traumatic. As the initial shock reduces, you may find that how you see the world, yourself, and your future are challenged or changed.

This is confusing, and it is common for people to feel lost for a time as they make sense of an unexpected situation.

It is normal to experience strong, and at times, overwhelming feelings. Grief, anger, sadness, fear, and many other feelings (or lack of feelings) are likely to arise.

- ### 3. Managing these distressing experiences is easier with support. This can take many forms, from talking with family and friends through to professional counselling from a therapist or psychologist.

4. **Keep connected with others.**

Be prepared for cancer to affect your relationships.

Connecting with others is an important part of coping with the physical and psychological challenges of cancer.

Those closest to you will naturally be strongly affected. It is common for people to want to protect their loved ones by hiding their distress.

This can lead to shutting down the important communications that allow people to support each other in the most helpful ways.

Keeping communication open and allowing others to support you is part of maintaining healthy connections with your loved ones.



5. **Consider your spiritual wellbeing / wairuatanga**

If spirituality is about how we most deeply make meaning out of our life experience, then spiritual wellbeing in cancer is about having a clear sense of meaning and purpose in living with a life-threatening illness.

This might come from religious beliefs, cultural foundations, or a deep sense of our core values and principles.

Knowing who we are and where we stand in our relationship with life can be immensely helpful in managing this journey.

- Considering these different parts of your well being as you face the challenges that cancer brings will help make this difficult time more manageable.
- You do not have to manage this alone and nor should you. Support is available in many forms.

6. Your treatment team will make referrals to specialist support in consultation with you.

1

Women enter the system in different ways

- » Often the GP is the first point of contact where symptoms are discussed and initial examinations and tests are performed

2

GP will send referral to appropriate specialist team

- » Along with the results of the initial assessment, any test results they have, medical history and details about what they have told their patient

3

Receiving specialist team will triage/prioritise an appointment based on the information the GP has supplied.

- » Any additional tests required before the specialist visit will be requested by the GP

4

First specialist appointment to meet the woman and whanau will be offered.

- » If the woman lives outside of the specialist centre travel assistance can be provided
- » Will meet doctors, specialists, nurses

5

Initial options for treatment likely to be identified, additional investigations and role of the multidisciplinary meeting discussed

- » May need an MRI, PET scan, examination under anaesthetic
- » Treatment plan will be individualised to patient diagnosis
- » Informed consent a priority

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Treatment can be a combination of surgery, chemotherapy and radiation.

- » Written resources given and specialist support identified
- » Resource team identified *eg: Charge Nurse, counsellors*
- » Treatment plan confirmed and planned with consent



Key points about treating cervical cancer

Surgery

- Surgery may be used to remove early cervical cancer. The type of surgery you have will depend on if the cancer has spread
- Some women with early stage cervical cancer who wish to have children may have a cone biopsy or a trachelectomy to remove the cancer and some surrounding tissue
- Operations include a hysterectomy to remove the cervix and uterus and a bilateral salpingo-oophorectomy to remove the ovaries and sometimes both fallopian tubes
- Sometimes the lymph nodes in the pelvic region are removed (a lymphadenectomy)

Radiotherapy and chemotherapy

Radiation therapy (RT) may be used on its own as the main treatment for cervical cancer or it may be given after surgery to help treat any remaining cancer cells.

Radiation therapy is often used with chemotherapy (chemoradiation) to treat cervical cancer that is unable to be removed surgically.

Radiotherapy.

Ways of giving radiotherapy:

- External beam radiotherapy (EBRT) is given from outside the body (externally) by a radiotherapy machine
- Internal radiotherapy is when the radioactive material is placed inside the body. This is called brachytherapy

Brachytherapy

Uses a very small source of radiation that is delivered directly into the tumour. This allows a high dose of radiation to be given to the tumour, while the normal organs situated close by receive a much lower dose.

Chemotherapy

Chemotherapy can be given in combination with radiotherapy. This is called chemoradiation.

- Chemotherapy uses anticancer (cytotoxic) drugs to destroy cancer cells or make them more sensitive to radiotherapy
- Giving chemotherapy and radiotherapy together potentiates the effect of radiotherapy
- Detailed information about the chemotherapy drugs, treatment schedule and chemotherapy side effects will be discussed before starting treatment



Please see the information books on chemotherapy for details about your chemotherapy treatment and how to manage these side effects



Pathway

Cervical Cancer treatment Timeline/Pathway

1

Gynaecology - Oncology Team receive referral from GP

- » investigations,
- » diagnosis & develop plan of care

2

Meet with radiation Oncologist

- » develop plan of care

3

CT scan planning

- » plan for External Beam Radiotherapy Treatment

4

Meet with Medical Oncologist if having chemotherapy

- » develop plan of care

5

- » Chemo education, hearing test, blood test

Week 1-5

- » Chemo on Mon
- » Radiotherapy Mon - Fri
- » Dr review weekly
- » Weekly review with Radiation Nurse
- » Blood test Fri

Week 4 or 5

- » Brachytherapy education session
- » Consent with Radiation team
- » Pre treatment tests and investigations

Week 6 & 7

- » Brachytherapy & overnight stay in hospital (Mon or Tues)

6

- » **Regular follow up clinics** with the gynae oncology team to check how you are, perform a simple examination and answer any questions you may have
- » Follow up will continue for up to 5 years
- » Your treatment team will be available for assessment if you have any concerns that arise between the scheduled appointments

Questions to ask about your radiotherapy

- What types of radiotherapy will I have?
- Why am I having this type of radiotherapy?
- What are the aims of treatment?
- How long will my course of treatment take?
- What are the likely side effects of the treatment
- Could there be any serious long term or late effects of the treatment?
- Are there other treatments I could have instead of radiotherapy?
- How will treatment affect my life? Will it effect my daily life, work, fertility, intimacy
- What will my follow up plan look like?



Please see the radiotherapy information booklets you have been given for details

Pelvic radiation side effects

During treatment there are some acute side effects - these are worse for the 1-2 weeks following treatment and then get better.

Late side effects can occur months to years down the track and can sometimes be permanent.

Acute effects

Diarrhoea

The bowel sits within the radiation treatment field and can become irritated. This can lead to frequent loose bowel motions with or without abdominal cramps. You will be asked regularly during treatment if you are having any bowel symptoms and will be given practical advice about how to manage this with diet and medication to keep yourself well and comfortable.

Bladder irritation

As with your bowel the bladder can also become irritated and over active during and after radiotherapy. You may experience a burning sensation when passing urine. It is important to report any symptoms you may be experiencing to your treatment team. They will give you advice and support during this time.

Fatigue

Many people experience fatigue during and after a course of chemotherapy and radiotherapy. This can be due to the treatment itself, the daily visits

to the treatment centre and medication. It is acknowledged that women have many roles and responsibilities within the workplace and their families and this in combination with the demands of intensive treatment can be exhausting. It is important that you allow yourself to rest as often as you need to.

Skin irritation

Most women will notice that their skin becomes red, dry and itchy. You will be given advice and support to care for your skin.

There can also be hair loss in the treatment area

Late effects + long term implications of treatment

These can occur up to one year or more post treatment

Bowel and bladder problems

Sometimes the bowel and bladder remain irritated and overactive for a prolonged period of time and adjustments to diet may need to be lifelong. You will have a comprehensive follow up care plan when your team can regularly assess and support you.

Loss of fertility

Radiotherapy to the pelvic area will affect ovarian function that results in infertility. (See Fertility section for further details)

You will be offered specialist support to discuss these issues during treatment planning and during the follow up process. It is important that you share with your treatment team how you are feeling so they can assist with counselling referrals if required.

Menopause

When the ovaries remain within or close to the radiation field pre menopausal women may experience early menopause.

Bone health

The bones of the pelvis and lower back are within the radiation treatment field. Sometimes due to the radiation and premature loss of oestrogen these bones can become weaker over time and be more prone to damage. Any new back or bone pain should be discussed with your specialist team.

Impact on sexuality

Intimacy can be challenging after completion of treatment. Changes to the skin and changes to the skin of the vulva and possible narrowing of the vagina can result in changes in arousal and sexual function. Dryness, irritation and discomfort as well as apprehension and reduced sexual drive can lead to an avoidance of intercourse and other forms of intimacy.

Honest communication with your partner and your treatment team can help. The treatment team will discuss with you ways in which to maintain or regain your sexual identity.



Refer to Information for Patients receiving Gynaecological Brachytherapy for Cervical cancer

Fertility

Chemotherapy and radiation for cervical cancer will cause infertility in premenopausal women because the ovaries and uterus are within the radiation treatment field and are irreversibly affected.

If you want to have children the news of infertility can be devastating. The sadness and disappointment can lead to a significant sense of loss. You may have worries and questions about fertility that did not seem important before cancer treatment.

Your specialist team can talk to you and your supports about what fertility options you may have based on your diagnosis. You will be offered a referral to a fertility specialist and it would be advisable to have a consultation about your options even if at the time of diagnosis you had no plan for a pregnancy.

- It may be possible for eggs to be removed, fertilised and frozen and stored for possible use in the future
- It is important to allow yourself a safe amount of time to think about what is discussed
- Unfortunately, it may be that due to your individual situation fertility treatments are not advised
- Once your treatment has ended you may wish to explore fertility options further. Specialised help is available including counselling for infertility and guidance about alternatives to having your own children

Premature menopause or premature ovarian insufficiency

What is premature menopause?

When the ovaries reduce or stop the production of oestrogen that is responsible for the menstrual cycle this results in the stopping of monthly periods

Why and how does it happen?

When the ovaries are within or close to the radiation treatment field they are damaged and are no longer able to produce oestrogen that is responsible for the menstrual cycle

How do we confirm it ? Do we?

Premature menopause can be identified by no menstrual bleeding. It may be accompanied by menopausal symptoms. There are some hormonal blood tests that can be used to confirm it and although these are not used routinely you are able to discuss this option with your treatment medical team

When is it likely to occur?

The ovaries are affected by the radiation at the time of treatment so it is unlikely you will have periods during or immediately after your treatment course has finished

Symptoms of premature menopause

Cessation of monthly periods, hot flushes and night sweats, vaginal dryness, difficulty sleeping, fatigue and joint pain, anxiety or mood changes, passing urine more often.

Do we monitor to see if any ovarian function returns?

Investigations will be driven by any symptoms you may have. It is important to discuss any vaginal bleeding that you have with your gynae team



Please refer to the menopausal hormonal therapy (MHT) information booklet for more detailed information about these symptoms

Risks of premature loss of oestrogen.

- Oestrogen contributes to cognitive/mental health (some women experience mood swings and brain 'fog')
- Oestrogen supports the function of the cardiovascular system (cholesterol levels can increase during and after menopause)
- Oestrogen contributes to bone health by helping repair damage and rebuild bone

It is important to continue regular health assessments with your GP to check cardiovascular and bone health.

Treatment options for menopause

How do we determine who to treat?

For women under the age of 40 who are confirmed to be experiencing menopause the recommendation is for the use of menopausal hormone therapy (MHT). Your gynae team will determine the best treatment for you based on your age, symptoms and the type of treatment you have had.

Why would we recommend MHT?

It is preferable that women have the benefit of oestrogen as long as they would have been naturally producing it if they had not had cancer treatment. MHT is likely to be stopped at the age that natural menopause would have occurred.

Medication treatment available.

There are a number of options of MRT available including tablets and patches. Your gynae team will discuss these options with you and start treatment that may then be supervised by your GP.

There are some non- hormonal treatments available for menopausal symptoms.

It is important to let your doctor know all of the medication you are taking.

How to measure effectiveness, how long should it take to work?

The goal of MHT is that symptoms are reduced quickly.

It may be however that the initial treatment may not work or suit you and ongoing assessments and treatment options may be required as advised by your medical team. It is important to keep them informed of how you are feeling.

