

Papillon Treatment to the Rectum



Radiotherapy Department

Contents

Introduction	3
Papillon patient pathway	4
Why Have Papillon contact therapy as part of a Curative Treatment Pathway?	5
Will I have any investigations before treatment?	5
What are the Papillon treatment options?	6–9
What does Papillon contact therapy involve?	10–11
What are the possible complications and side effects?	12
What happens at the end of treatment?	13
Will I need further treatment following Papillon Radiotherapy?	14
Where can I get further support?	14–15
Contact numbers	16
Additional information	16–17
Reference Sources	17
Questions and notes – for you to write down any comments or Questions you may wish to ask when you visit the hospital.	18–19

Please see the department's website for additional information. The site also provides information on recent patient surveys carried out in the department and any actions arising from the results.

www.royalsurrey.nhs.uk/St-Lukes/Radiotherapy

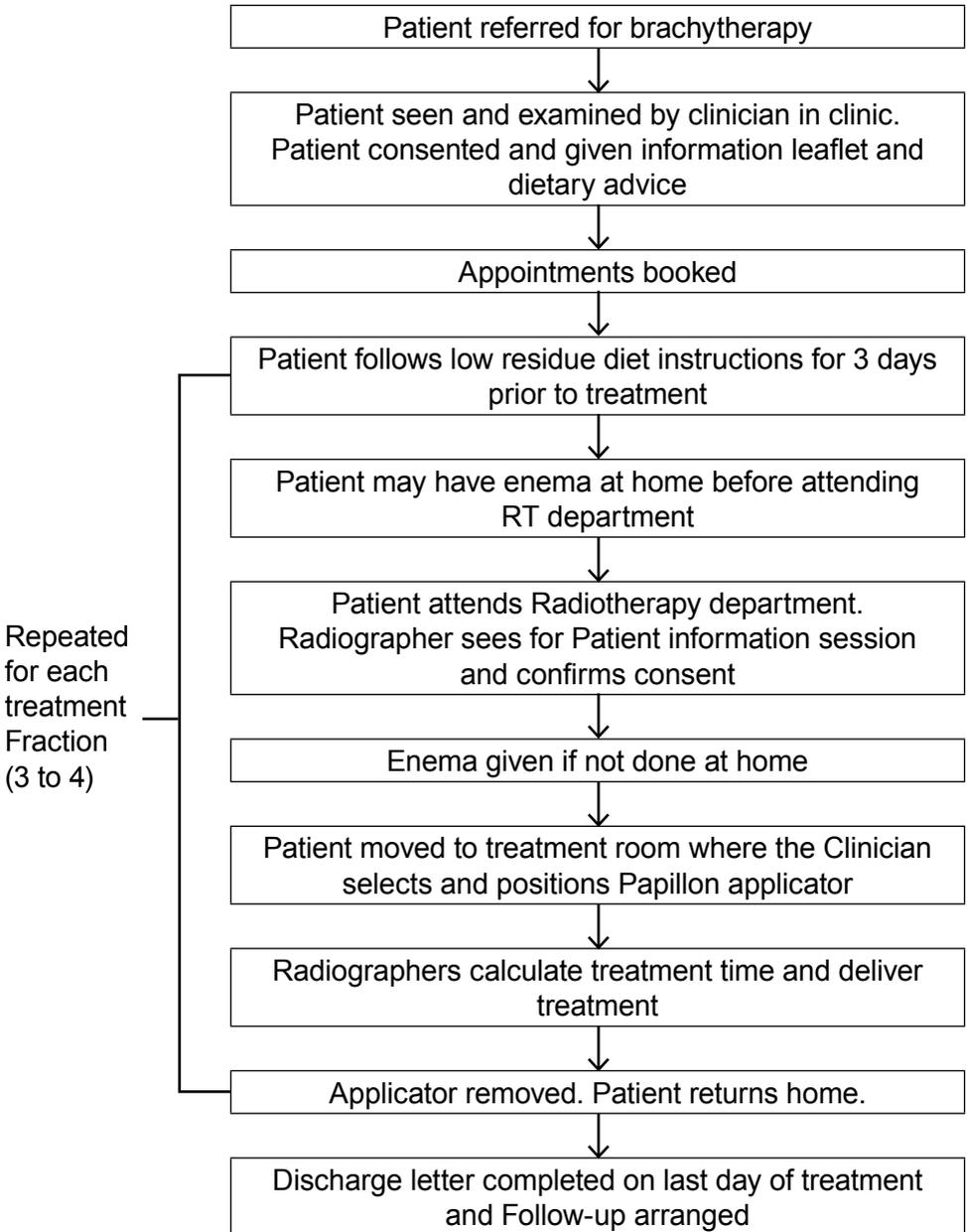
Introduction

This information is for patients who have cancer of the rectum (back passage) and who are considered suitable for Papillon contact brachytherapy as an alternative to radical surgery. This may be either because they choose not to have surgery or because they are unable to have it for medical reasons.

This leaflet will explain:

- Papillon treatment options
- What Papillon treatment involves
- Complications and possible side effects
- Follow up after Papillon treatment

Papillon Patient Pathway



Why have Papillon contact brachytherapy as part of a curative treatment pathway?

Your surgeon and your oncologist have explained to you that the standard treatment is major surgery.

However:

He/she feels that you are not quite fit enough for the standard treatment. This is because of your medical problems which put you at a very high anaesthetic risk.

Or

You do not want any surgery that involves either a permanent or a temporary stoma (bag).

We also understand that you/your surgeon have asked for information about treatment which gives you an alternative treatment option.

It is important you understand that:

- Not all rectal cancers are suitable for local treatment so it may not be possible to offer you this treatment.
- There is a higher risk of local recurrence (the cancer coming back in the same area) following Papillon contact therapy (approximately 10%) compared to the standard treatment (1-4%).
- Should the cancer recur (usually in the first 2-3 years), we will recommend the standard surgery. This may involve a permanent or a temporary stoma (bag). It may be possible that we could recommend surgery not resulting in a permanent bag before Papillon treatment. However, if you go ahead with Papillon treatment which then fails, there is a higher chance of needing a permanent bag.

Will I have any investigations before treatment?

As long as there are no reasons that you cannot have the tests, you will have:

- MRI scan of the pelvis
- CT scan of the chest, abdomen and pelvis
- (these scans are used to fully stage the cancer)
- Blood tests
- You may also have an intra-anal ultrasound scan (probe inserted into your back passage). This is done to find out the depth of invasion of your tumour.

What are the Papillon treatment options?

Option	Explanation of Procedure	Used For
<p>Papillon contact brachytherapy alone</p>	<p>Internal radiotherapy using low energy x-rays</p> <p>See page 10 for more information about this procedure</p>	<p>Can be considered as an alternative to removing the rectum if your cancer is small (less than three centimetres) with no evidence of lymph node spread</p>
<p>External beam radiotherapy (EBRT) followed by Papillon</p>	<p>EBRT is high energy X-rays (ionising radiation) delivered from a machine called a Linear Accelerator</p> <p>EITHER: a course of five to sixteen daily treatments</p> <p>OR: a course of twenty-five radiation treatments often with daily chemotherapy</p> <p>You will be given a separate leaflet to explain this in more detail</p>	<p>EBRT is used to shrink larger cancers (more than 3 centimetres) before surgery or Papillon therapy.</p> <p>The response of your tumour is assessed by MRI or by examination three to six weeks after radiotherapy to help decide whether a local Papillon boost would be recommended</p>

Additional Treatment	Clinician to tick as relevant
<p>A small amount of rectal cancers treated with Papillon contact brachytherapy will not respond completely to treatment.</p> <p>If there is some response but there is a small amount of cancer left following radiotherapy you may need local surgery to remove the remaining cancer.</p> <p>If the tumour does not respond to the first two Papillon treatments, then external beam radiotherapy is often recommended with or without chemotherapy. Alternatively, surgery to remove the rectum may be recommended.</p> <p>The type of treatment recommended depends on your general fitness and any other medical problems you may have. Your doctor will discuss this with you.</p>	
<p>Depending on the response of your tumour to the radiotherapy (including Papillon boost) the options are:</p> <ol style="list-style-type: none"> 1. If there is still a small cancer left, this can be removed by local surgery 2. If there is no response (no shrinkage of the tumour) and you are fit enough for a general anaesthetic, then we would advise you to have the standard surgery, as any further attempt at local treatment is very unlikely to be successful. 3. If there is good response, with no residual tumour, then no further treatment may be necessary other than a regular follow up. 	

What are the Papillon treatment options? (continued)

Option	Explanation of Procedure	Used For
<p>Papillon followed by external beam radiotherapy (EBRT)</p>	<p>EBRT is high energy X-rays (ionising radiation) delivered from a machine called a linear accelerator</p> <p>You will receive a course of twenty-five radiation therapy treatments, often combined with daily chemotherapy.</p> <p>You will be given a separate leaflet to explain this in more detail.</p>	<p>Papillon radiotherapy is used to shrink cancers smaller than 3cm before external beam radiotherapy</p>

	Additional Treatment	Clinician to tick as relevant
	<p>The response of your tumour is assessed usually by MRI, six weeks after Radiotherapy.</p> <p>Depending on the response of your tumour to the radiotherapy (including Papillon) the options are:</p> <ol style="list-style-type: none"> 1. If there is still a small cancer left, this can be removed by local surgery 2. If there is no response (no shrinkage of the tumour) and you are fit enough for a general anaesthetic, then we would advise you to have the standard surgery, as any further attempt at local treatment is very unlikely to be successful. 3. If there is good response, with no residual tumour, then no further treatment may be necessary other than a regular follow up. 	

What does Papillon contact brachytherapy involve?

Papillon is the surname of the French professor from Lyon who pioneered this technique. Unlike surgical options, this treatment does not need a general anaesthetic. This may be one factor making it more suitable for you.

You will be advised to follow a low fibre, low residue diet for 3 days before your treatment. You will be given an information leaflet called Low Fibre (Low Residue) Diet Sheet by the dietician. He/she will answer any questions you have about the diet.

When you arrive in the department, the treatment procedure will be explained to you again in more detail by one of the radiographers. A small enema will be given to clear your bowels if you have not already done this at home. You will also have a cream to relax the muscles around your anus, the entrance to your rectum. The radiographer will explain the position that you need to be in for the treatment. You will be in the treatment room for about half an hour. The actual treatment usually takes just over a minute.

There are two treatment positions that can be used. The position chosen for you will depend on the location of the tumour and on how mobile you are. You may be asked to kneel and bend over on the treatment couch (see figure 2) or you may be lying on your back with your feet resting in stirrups. Local anaesthetic gel will be applied around the anus to numb the area and ease any discomfort. Your doctor will then examine your back passage with a gloved finger to locate the cancer. He/she will then insert a small tube (sigmoidoscope) to examine the cancer carefully. Your doctor will then remove the sigmoidoscope and insert an applicator into your rectum placing it over the tumour. You may feel discomfort around the anus when the doctor inserts the rectal applicator. The local anaesthetic gel and the cream relax the muscle which will help to ease the discomfort. The discomfort usually settles within a few minutes.

Then the treatment tube is inserted into the rectal applicator to give contact radiation directly onto the tumour. There is a camera inside the treatment tube so that your doctor can check the position of your tumour. The treatment can begin once the applicator and the treatment tube are in the correct position. The staff will move towards the back of the treatment room and the radiographer will start the treatment with low

energy X-rays. During the treatment you will be watched by the staff and your treatment can be interrupted at any time if needed. The low energy (50 KV) X-rays can only penetrate a few millimetres. This means that the deeper normal tissues are not damaged and there are very few side effects. The applicator will be removed at the end of treatment. After the treatment you can go home as soon as you feel ready to. You may have a little soreness around the anus and we may give you a cream to help to ease this. Further treatments are usually given at 2 week intervals using the same procedure.

Each treatment kills the cancer cells, layer by layer. The normal tissues recover during the break between each treatment. The tumour will reduce in size as the treatment progresses as shown in the diagram – See Fig. 3a), 3b), 3c).

The number of treatments needed depends on the response of your tumour and the type of previous treatment (local surgical excision or external beam radiotherapy) you have received.



Fig 1. The Papillon machine



Fig 2. Papillon treatment position on couch



**Fig. 3a) Malignant polyp at the start of contact treatment
(Big tumour)**



Fig. 3b) After one contact radiotherapy (Tumour shrinks)



**Fig. 3c) Complete response at the end of treatment
(No tumour visible)**

Papillon images reproduced with the kind permission of Dr Sun Myint and his team at The Clatterbridge Cancer Centre.

What are the possible complications and side effects?

Short Term Side Effects

Radiation can cause some discomfort in the rectum due to inflammation. This usually settles down 2-6 weeks after treatment has finished. We may give you steroid enemas to place inside the rectum to help reduce the inflammation.

30% of patients experience rectal bleeding but it usually settles down within 3-6 months. 5% of patients have bleeding for longer than this and may need treatment to control it. Bleeding could mean that there is an ulcer at the area of treatment which takes a few months to heal. Ulcers are usually not painful but can be seen or felt when the doctor examines you.

Later Appearing Side Effects

Late side effects can occur many months to years after treatment. Late side effects of radiation include narrowing of the back passage. This occurs in about 1% of patients. This is more common in patients who had a cancer which encircled the rectum at the time of presentation. Gentle stretching (dilation) to widen the narrowing may be necessary. Your surgeon will arrange this for you. Persistent severe bleeding occurs in less than 5% of patients due to dilated blood vessels. Plasma Argon treatment (endoscopic procedure) may be necessary to control the bleeding. This is more common in patients who are on long term anti-coagulation e.g. warfarin tablets.

Fistula (an abnormal opening between organs or orifices) is a rare radiation side effect that occurs in less than 1% of patients (usually in those who have also had surgery). However only a few patients need surgery to correct the fistula, as this heals naturally in most patients.

Intestinal obstruction (bowel blockage) occurs in less than 5% of patients and normally only if you have had surgery combined with external beam radiotherapy. This usually responds to simple treatment, but may require hospital admission to control the symptoms. Very occasionally, for less than 1% of patients, surgical correction is necessary. This can also occur in patients who have had standard surgery without radiotherapy.

What happens at the end of treatment?

On the last day of your treatment a radiographer will explain that the treatment will carry on working for another 2-3 weeks.

You will be given a leaflet and two letters outlining a summary of the treatment that you have had. One letter is for your records and the other for you to give to your GP. In due course a letter summarising your treatment in more detail will be sent through the post to your GP. You will also be given any additional instructions or information that may be helpful to you.

If you were fit for surgery but chose not to have it, it is very important that you attend regular follow up appointments for a number of years after the treatment.

We will make an appointment to see you every 3 months in the first and second year. This will then be extended to every six months for the next three years, followed by yearly appointments for the next five years. These clinic appointments will alternate between your oncologists and your surgeons.

At your follow up appointment you will be examined, including a rectal digital (finger) examination. You will be examined at the same intervals using a sigmoidoscope, either in the endoscopy suite or in outpatients. A biopsy is only carried out if there is a suspicion that the cancer has recurred. Colonoscopy will be carried out every five years unless your surgeon feels they need to be more frequent than that.

You will have an MRI scan every three months for the first year, then every four months during the second year. You will have a CT scan every 6 months for the first two years and then at the end of three years.

If you were not fit for surgery initially, your follow up will be decided by your oncologist based on your individual medical situation.

Please remember you are free to contact the department at any time after your treatment has finished should you have any concerns or questions. Contact numbers are at the end of this leaflet.

Will I need further treatment following Papillon contact brachytherapy?

Following Papillon radiotherapy there is approximately a 10% risk of your cancer coming back in the same place (depending on the stage of your tumour). Depending on where the cancer has recurred, we may offer you further treatment. This could involve standard radical surgery and a temporary or permanent stoma (bag). Standard surgery may not be possible due to the nature of the recurrence in some patients.

Please note

Whilst we do everything possible to cure your cancer, we cannot guarantee that local treatment will cure your cancer. Therefore you may need to have further treatment.

It is important that you understand that this is not a standard curative treatment. If the tumour recurs at a later date, you will usually be offered radical salvage surgery. This may involve a permanent or a temporary stoma. Any decision would depend on your agreement and fitness for general anaesthesia.

We make every effort to prevent immediate and long term side effects. However we cannot guarantee that rare and unusual complications will not occur.

You have the right to refuse treatment or withdraw from the treatment offered at any time. This will not affect your future treatment in any way.

Where can I get further support?

Further support can be given by the Fountain Centre, located in St. Luke's Cancer Centre. They offer counselling, an extensive library of books and a range of support therapies. You will be given a leaflet about the Fountain Centre at your first treatment appointment. You do not need an appointment to use many of the facilities they offer.

Telephone: 01483 406618

Website: www.fountaincancersupport.com

Please also see the department's website for additional information at www.royalsurrey.nhs.uk/st-lukes-centre

Other support websites and groups

PAPS – Papillon and Patient Support

www.contactpapillon.com or ring Sue Davis on 07580 087188 (please leave a message)

Cancer Research UK

www.cancerresearchuk.org 0808 800 4040

Macmillan Cancer Support

www.macmillan.org.uk 0808 808 0000

Bowel Cancer Support Group

www.bowelcancersupport.org.uk 0208 8668 0974

Surrey Primary Care Trust

Stop Smoking Service 0845 602 3608

Useful St Luke's Cancer Centre Contact Numbers

Radiotherapy Reception	01483 406600
Papillon Radiographer	01483 571122 Bleep 71-6615
Patient Support Office	01483 571122 ext. 2066
Clinical Nurse Specialist	01483 406729
Dietician	01483 414 119
Transport queries	01483 571122 ext. 4436/7
Treatment Appointments	01483 571122 ext. 6632
Onslow Ward (out-of-hours)	01483 571122 ext. 6858

For urgent enquiries (out-of-hours)

Call hospital switchboard on **01483 571122** and ask operator to bleep on-call oncology SHO

Additional information

In order to continually improve treatments and services, audits are regularly carried out in the department. This can involve using patient notes. The notes will have all identifiable details removed to ensure patient confidentiality. However, if this is unacceptable to you please let your consultant know so your wishes can be respected.

Clinical trials are undertaken within the department. If appropriate your doctor will discuss this with you.

If you require this information in a different format or language please let a member of staff know as soon as possible.

Staff at St. Luke's Cancer Centre cannot take responsibility for patient belongings brought into the hospital. Please keep all your personal belongings with you at all times. Please leave valuables at home.

If you wish to make a comment or complaint about any aspect of the treatment or services provided by St. Luke's Cancer Centre and its staff please speak to a member of St. Luke's. Alternatively you can visit, e-mail, phone or write to the Patient Advice and Liaison Service (PALS). Their contact details are:

PALS office is located in the main hospital reception area: **01483 402757**

Write to:

PALS Manager,
Royal Surrey County Hospital NHS Trust,
Egerton Road, Guildford. GU2 7XX

Email: rsc-tr.pals@nhs.net

You may also write to the Chief Executive of the Trust at:

Chief Executive
Royal Surrey County Hospital NHS Trust,
Egerton Road, Guildford. GU2 7XX

Reference sources

- The Clatterbridge Cancer Centre Papillon information leaflet 2014
- Radiotherapy Clinical Protocol - Rectum
Royal Surrey County Hospital NHS Foundation Trust 2014

Radiotherapy contact details

Radiotherapy reception

Telephone: 01483 406 600

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

Past review date: N/A

Future review date: August 2018

Author: Carol Ewan

PIN150828–230

