

Treating Anal Cancer - A Quick Guide



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This is a brief summary of the information on 'Treating anal cancer' from CancerHelp UK. You will find more detailed information on the website.

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The stages of anal cancer

What is staging?

Cancers are divided into groups called stages, depending on how far they've grown

- In stage 0 anal cancer, there are cancer cells but they are only within the lining of the anus
- Stage 1 anal cancer is smaller than 2cm across
- Stage 2 anal cancer is larger than 2 cm, but has not spread

- Stage 3 anal cancer has spread into nearby tissues, such as lymph nodes (glands) or organs that are close by
- Stage 4 anal cancer has spread to other parts of the body, such as the liver

Different staging systems

There are different ways of staging cancers. The two main ways are the number stages described above and a system called TNM, which stands for 'tumour, node, metastasis'. TNM is a more detailed and accurate way of describing staging that doctors use.

What does stage mean?

Your specialist will use the information about the stage of your cancer to decide on the most suitable treatment for you. If you don't understand what stage your cancer is, and you would like to know more, ask your doctor.

Statistics and outlook for cancer of the anus

Outlook means your chances of getting better. Your doctor may call this your prognosis. With anal cancer, the likely outcome depends on how advanced the cancer is when it is diagnosed (the stage).

On CancerHelp UK, we have quite detailed information about the likely outcome of



different stages of anal cancer. The statistics we use are taken from a variety of sources, including the opinions and experience of the experts who check every section of CancerHelp UK. They are intended as a general guide only. For the complete picture in your case, you'd have to speak to your own specialist.

How reliable are cancer statistics?

No statistics can tell you what will happen to you. Your cancer is unique. The same type of cancer can grow at different rates in different people. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

Which treatment for anal cancer?

Treatment for different types of anal cancer

The treatments described in this section are for the most common type of anal cancer, squamous cell cancer of the anus. Adenocarcinoma of the anus is treated in the same way as rectal cancer so if you have this type of anal cancer, you need to look at the 'bowel cancer' section of CancerHelp UK.

The main treatments

The main treatment for anal cancer is a combination of chemotherapy and radiotherapy, sometimes called chemoradiation. You may have surgery as well.

Treatment by stage

Below is a summary of the treatments doctors use for the different stages of anal cancer

- Stage 0 – you have just the affected area removed with surgery
- Stages 1 and 2 – you may have surgery to remove very small cancers or chemotherapy and radiotherapy if the cancer is larger than 1cm
- Stage 3 – you are most likely to have chemoradiation
- Stage 4 – you may have any combination of surgery, chemotherapy or radiotherapy to try and control the disease and any symptoms you have

About radiotherapy for anal cancer

Radiotherapy uses high energy X-rays to kill cancer cells. You may have it to get rid of a tumour, to shrink it so that it is easier to remove, or to control the cancer and relieve symptoms.

Radiotherapy with chemotherapy

You may have radiotherapy with chemotherapy, which is known as chemoradiation. We know from research that this is as good as surgery for certain stages of anal cancer.

Radiotherapy to relieve symptoms

You may have radiotherapy to relieve the symptoms of advanced anal cancer. This is called palliative radiotherapy. It shrinks the tumour for a time and may help to relieve symptoms.

There is more information in the 'radiotherapy' section of CancerHelp UK.

Having radiotherapy for anal cancer

You have radiotherapy in the hospital radiotherapy department. You are usually



treated once a day, from Monday to Friday, with a rest over the weekend. Each treatment lasts a few minutes.

Planning your treatment

Radiotherapy is carefully planned. On your first visit you lie under a large machine called a simulator. This takes X-rays or a scan, which the doctor uses to work out exactly where to give the treatment. Marks may be made on your skin to help the radiographers line the machine up accurately each time you have treatment.

Having your treatment

Radiotherapy does not hurt, and you will not be able to feel it. But you will need to lie very still for a few minutes while you have the treatment. This type of radiotherapy is called external beam radiotherapy. It does not make you radioactive. Below is a picture of a treatment room, showing the radiotherapy machine



Internal radiotherapy

If you are having internal radiotherapy (brachytherapy), you will have radioactive wires put into the tumour. You will need to stay in hospital for a few days in a room of your own. This is because the wires release some radioactivity. After treatment is

finished there will be no radiation left in your body.

Radiotherapy for anal cancer – side effects

Side effects of radiotherapy usually start during the course of treatment and carry on for a week or two after treatment has finished. Side effects can include

- Tiredness
- Sore skin around the anus
- Bladder irritation
- Opening your bowels frequently
- Feeling sick

Your doctor will prescribe painkillers to help with skin soreness. He or she can also give you medicines to stop you feeling sick or to control diarrhoea. Your nurse will advise you on how to care for sore or broken skin.

Drinking plenty of water is important if your bladder is irritated, or if you have diarrhoea or are feeling sick. Wearing loose clothes and underwear will help with sore skin. You might also need a soft cushion to sit on.

Long term side effects

Some people get long term side effects from radiotherapy. These can start a few months or even a couple of years after treatment. They include frequent bowel movements and passing urine more often. Women may have dryness or shrinkage of the vagina and an early menopause. Men may have difficulty getting an erection.



What to ask your doctor about radiotherapy for anal cancer

- Why are you recommending radiotherapy?
- Are there different types of radiotherapy?
- Which type of radiotherapy am I having?
- How many days of treatment will I have?
- How long will each session last?
- Are there any side effects?
- How long will they last?
- Is there anything that will help the side effects?
- Is there anything that will help the side effects?
- How should I wash and care for my skin?
- Are there any long term side effects?
- Can I get help with fares to the hospital?
- Will I need to stay in hospital, if so how long?
- Is there a number I can phone if I am worried about anything when I am at home?
- How will radiotherapy affect my sex life and fertility?

About chemotherapy for anal cancer

Chemotherapy uses anticancer or 'cytotoxic' drugs to destroy cancer cells. Cytotoxic means 'cell killing'. These drugs work by disrupting the growth of cancer cells. On CancerHelp UK there is information about the particular chemotherapy drugs used in anal cancer.

You might have chemotherapy to try and cure anal cancer, or to help control symptoms of a more advanced cancer.

Chemotherapy with radiotherapy for anal cancer

The combination of chemotherapy and radiotherapy is called chemoradiation. The chemotherapy makes cells more sensitive to radiotherapy, and so helps it to work better.

You can find out more in the 'chemotherapy' section of CancerHelp UK. This gives more details about what chemotherapy involves, and about living with chemotherapy.

Chemotherapy drugs for anal cancer

The drugs most commonly used for anal cancer are fluorouracil (5FU) and mitomycin C. CancerHelp UK has a list of other drugs you may have. The common side effects of chemotherapy include

- A fall in the number of blood cells
- Feeling sick
- Diarrhoea
- Sore mouth and mouth ulcers
- Hair loss or thinning
- Feeling tired and run down

You usually have chemotherapy into your blood stream (intravenously), through a drip.

Side effects of chemotherapy for anal cancer

Drugs affect people in different ways. Some people will have very few side effects, others will have more. It is important to tell your doctor or chemotherapy nurse about any side effects you have.

Always talk to your doctor before taking any dietary supplements or herbal



medicines with chemotherapy, as these might interact with your drugs.

What to ask your doctor about chemotherapy for anal cancer

- Why are you recommending chemotherapy?
- Will I need any other treatment?
- How will I be given chemotherapy?
- Will I need a general anaesthetic?
- Will I need to stay in hospital for treatment?
- How often will I have to come to hospital?
- How long will each treatment last?
- What side effects will I get?
- Can I take any supplements while I am having this treatment?
- What should I do if I am worried about a side effect?
- Can I get any help with the fares to hospital?
- Is there anything I have to do at home?
- Are there any long term side effects?
- Is this treatment part of a clinical trial?
- Is there a trial that is suitable for me?

Chemoradiation for anal cancer

Doctors often use a combination of chemotherapy and radiotherapy to treat anal cancer. This is called chemoradiation. Your exact treatment plan will depend on what your doctor thinks is best for you.

The most common treatment uses the drugs fluorouracil (5FU) and mitomycin C. You have the chemotherapy over 4 to 5 days. You usually have two cycles of chemotherapy, the second one 4 weeks after the first.

On the first day of chemotherapy you will also begin radiotherapy. You will continue

to have radiotherapy every day, from Monday to Friday, for 5 to 6 weeks.

Side effects of combination treatment

You will have side effects from your treatment. These will be the same as those described in the radiotherapy and chemotherapy sections. When you have both treatments, side effects can be more severe. You may get very tired, and have more problems with diarrhoea. Most people have soreness around their anus. For some people the area becomes very painful and the skin breaks down. It is important to tell your doctor or nurse if this happens, so that they can give you the right painkillers and advise on skincare.

Which operation for anal cancer?

The National Institute for Health and Clinical Excellence (NICE) guidelines recommend that most people with anal cancer should have a combination of chemotherapy and radiotherapy. If this treatment does not cure their disease, they should then have an operation. Which operation you have depends on the type and size of your cancer, exactly where it is and whether it has spread.

Local resection

If you have an early stage cancer that does not affect the muscle of the anus (anal sphincter), you may have surgery to remove the affected area. You will need to stay in hospital for a few days.

Abdominoperineal resection

If the cancer has come back, or has not gone completely after chemoradiation, you may need this operation. The surgeon will remove your anus, your rectum and part of your colon. They may also remove some



of the lymph nodes near your anus and the lymph nodes in your groin.

With this operation you will need a colostomy. This is when your bowel opens out on to the surface of your abdomen. The opening is called a stoma. You wear a bag over it to collect your faeces (stools). A specialist stoma nurse will teach you how to care for your stoma and adjust to living with a colostomy.

Having your operation for anal cancer

When you go in to hospital for your operation, your surgeon, anaesthetist, nurse and physiotherapist will all come and talk to you. The surgeon will explain the operation. Ask as many questions as you need to. It may help to make a list beforehand.

Immediately after your operation

To start with, you are likely to have tubes in place to give you fluids, drain the wound, and perhaps drain your urine.

Your nurses will encourage you to get up and about as soon as possible. This helps prevent blood clots and chest infections. A physiotherapist will teach you breathing and leg exercises to help with this too.

You are likely to have some pain for the first few days. It is important to tell your nurse or doctor if you have any pain. They will work with you to find the type and dose of painkiller that works for you.

You will not be allowed to eat or drink for at least 24 hours, and perhaps not for a few days. You will then need to build up the amount you eat and drink gradually.

Going home

You will probably stay in hospital for 7 to 10 days. As well as a specialist stoma nurse, you may have a colorectal nurse specialist. He or she will give you their phone number so you can contact them if you are worried or need advice at home. If you have a colostomy, a stoma nurse may visit you at home.

Having a colostomy for anal cancer

A colostomy is a procedure in which the surgeon makes an opening in your abdomen and stitches a section of your bowel to it. The opening on to your skin is called a stoma. Your stools (faeces) pass out of the stoma into a special bag that fits over it.

You will need a colostomy if you have an operation called an abdominoperineal resection. This is because the surgeon removes your anus, rectum and part of your colon (bowel).

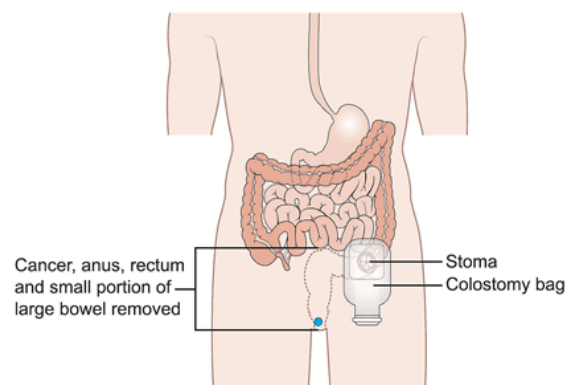


Diagram showing abdominoperineal resection of the anus © CancerHelp UK

Looking after your stoma

After your operation the stoma will be swollen, but will get smaller. A stoma has no nerves, so it does not hurt. It oozes a



white mucus, which collects in the bag with your faeces.

Learning to look after your stoma takes time. Your stoma nurse will teach you how to care for your stoma. They will also answer the practical questions you might have, for example about travelling or doing sports. You may want the nurse to show a relative how to look after the stoma, so that they can help out when you get home. You will also be able to phone your stoma nurse for advice and support after you leave hospital.

Adjusting to living with a stoma is not easy. For more information, look in the 'living with anal cancer' section of CancerHelp UK or contact the Colostomy Association.

What to ask your doctor about anal cancer surgery

- Why are you recommending an operation?
- Which operation should I have and why?
- Will the operation cure my cancer?
- Is there any other treatment I can have instead of surgery?
- Will I need any other treatment?
- What are the risks and benefits of having this operation?
- What are the long term side effects of having this operation?
- Will the operation affect my sex life?
- Are you a specialist in this type of operation?
- How often do you operate on this type of tumour?
- Will I have pain after the operation?
- How long will I have a drip after the operation?

- Will I be able to eat straight afterwards?
- Will I get help with my diet after the operation?
- Will I need a colostomy?
- Will I get help with looking after it?
- Where do I get the things I need to look after the colostomy?
- What are the possible complications of this operation?
- How long will it take for me to get better?
- How can I help myself get over the operation?

Follow up after anal cancer

After your treatment is finished you will have regular check ups. These may include examination by the doctor, and CT, MRI or ultrasound scans. Your doctor will ask how you are feeling, whether you have had symptoms, and whether you are worried about anything.

How often are the check ups?

At first, your check ups will be every few weeks or months. They will gradually get less frequent. If you are worried, or have a new symptom between appointments, tell your doctor as soon as possible. You don't have to wait until your next appointment.

Worrying about check ups

Many people worry about going for their checkups. You may find it helpful to tell someone close to you about how you are feeling. It is quite common nowadays to have counselling after cancer treatment. To find out more about counselling, look in the 'coping with cancer' section of CancerHelp UK.



Specialist nurse support

Many bowel surgery units have a nurse specialist as well as a stoma specialist nurse. Both these nurses will give you telephone numbers to contact them if you have any worries or problems.

Anal cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know that they are safe.

First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

There is research looking into the causes and prevention of anal cancer, managing pre cancerous cells (AIN), screening and treatment.

What to ask your doctor about treating anal cancer

- What stage of cancer do I have?
- What treatment do I need?
- Is there a choice of treatments?
- Will this treatment cure my cancer?
- What are the side effects of these treatments
- Will I be in pain?
- Are there any long term side effects?
- How often will I have to come to hospital for treatment?

- Will I have to stay in hospital or can I have it as an outpatient?
- Is there any transport available?
- Who can I contact if I have a problem/question?
- How often will I have follow up appointments?
- What tests will I have at these appointments?
- Is there any research going on in anal cancer?
- Can I go on a clinical trial?

More information

For more information about anal cancer, visit our website <http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040**
9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in October 2010. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2010. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).