



E.C.F./E.C.X.

This leaflet is offered as a guide to you and your family. The possible benefits of treatment vary; for some people chemotherapy may reduce the risk of the cancer coming back, for others it may control the cancer and its symptoms. Chemotherapy is the most commonly prescribed anti-cancer treatment but other types of treatment are also used. Your doctor will explain to you whether you will receive chemotherapy or another type of treatment, or a combination of both. Your doctor or nurse will be happy to answer any questions you have about your treatment. You will find it useful to refer to the booklet *Chemotherapy, a guide* which gives general information on chemotherapy and side effects.

Your treatment

Your doctor or nurse clinician has prescribed treatment for you known as E.C.F./E.C.X. which includes the chemotherapy Epirubicin, Cisplatin and Fluorouracil (5FU). You may have the Fluorouracil by tablet (Capecitabine) or injection (Fluorouracil). The treatment is given every 3 weeks for 6 to 8 cycles.

E.C.F.

Day 1 Epirubicin is given as a bolus (or injection) directly into a vein, usually with a drip running in at the same time.
Cisplatin is given via a drip over 4 hours with fluid given before and after to protect the kidneys.

This takes 8 to 10 hours.

1st 5FU pump is connected.

2nd 5FU pump is given to you to take home.

Day 8 District nurse visits you to take off 1st 5FU pump and attach 2nd 5FU pump.

Day 15 Visit to clinic. Blood tests. 3rd 5FU pump is put on, if all is well.

Day 21 3rd pump comes off and start at Day 1 again.

You will have a routine blood test before the start of each cycle of treatment.

E.C.X. Same as above but instead of the 5FU chemotherapy pumps we will give you a 3-week supply of Capecitabine tablets.

Capecitabine tablets come in two strengths (150mg and 500mg). We will calculate your dose according to your height and weight. You may need to take multiple tablets to achieve the correct dose. You should take the capecitabine tablets with water twice daily, about 12 hours apart and within 30 minutes of a meal.

You still need to come to clinic on Day 15 even if you are taking tablets.

This treatment can have serious or possibly life-threatening side effects. It is very important that you report side effects straight away. Don't delay, if you feel unwell, please ring The Christie Hotline on 0161 446 3658. The lines are open 24 hours a day.

Increased risk of serious infection

You are vulnerable to infection while you are having chemotherapy. Minor infections can become life-threatening in a matter of hours if left untreated. Symptoms of infection include fever, shivering, sweats, sore throat, diarrhoea, discomfort when you pass urine, cough or breathlessness. We recommend that you use a digital thermometer so you can check your temperature. You can buy one from your local chemist.

If you feel unwell, you have symptoms of an infection or your temperature is 37.5°C or above or below 36°C contact The Christie Hotline straight away.

Possible side effects

Chemotherapy can cause many different side effects. Some are more likely to occur than others. Everyone is different and not everyone gets all the side effects. Most side effects are usually temporary, but in some rare cases they can be life-threatening. It is important to tell your hospital doctor or nurse about any side effects so they can be monitored and, where possible, treated.

Common side effects (more than 1 in 10)

- **Anaemia (low number of red blood cells)**

While having this treatment you may become anaemic. This may make you feel tired and breathless. Let your doctor or nurse know if these symptoms are a problem. You may need a blood transfusion.

- **Bruising or bleeding**

This treatment can reduce the production of platelets which help the blood clot. Let your doctor know if you have any unexplained bruising or bleeding, such as nosebleeds, bloodspots or rashes on the skin, and bleeding gums. You may need a platelet transfusion.



- **Nausea and vomiting (sickness)**

The severity of this varies from person to person. Anti-sickness medication will be given along with your chemotherapy to prevent this. You will also be given anti-sickness tablets to take at home. If you continue to feel or be sick, contact your GP or this hospital, because your anti-sickness medication may need to be changed or increased. **If you are taking capecitabine and you feel sick or are sick, please contact The Christie Hotline for advice.**

- **Hair loss**

Hair loss is usually total. The hair falls out gradually 10 to 14 days following your first course of treatment. The time scale varies from person to person. Please remember that this is a temporary side effect and your hair will grow back when your treatment is completed. If you would like an appointment with the wig service, this can be arranged for you. Ask the staff for a copy of the 'Wig Fitting Service at The Christie'.

- **Watery eyes**

Your eyes may also water. Often, this will improve in time and needs no specific treatment but if you have ongoing symptoms please discuss this with your doctor or nurse.

- **Skin and nail changes**

PPE (palmar-plantar erythema)

The skin on your hands and feet may become very dry, red and sore with some cracking. Tell your doctor. Cream and tablets can be given which can help. Your chemotherapy dose may need to change. Try to keep your hands and feet cool and if possible, uncovered. **If you are taking capecitabine tablets and your hands and/or feet become sore, please contact The Christie Hotline for advice.**

Increased sensitivity to the sun

Your skin will tan/burn in the sun more easily. Sit in the shade, avoid too much sun and use a high factor sunblock and wear a hat.

- **Epirubicin** because of its red colour, may discolour your urine red or pink for up to 24 hours following treatment. This is perfectly normal and nothing to worry about.

- **Lethargy**

Some chemotherapy may make you feel tired and lacking in energy. It can be frustrating when you feel unable to cope with routine tasks. If you do feel tired, take rest and get help with household chores. If necessary, take time off work. Gentle exercise such as walking can be beneficial.

Uncommon side effects (less than 1 in 10)

- **Kidney function**

Chemotherapy such as cisplatin can sometimes affect your kidneys. It is important to monitor how your kidneys are working while you are having treatment. We do this by a blood test, but a more accurate assessment with a GFR scan can be arranged if there are concerns about your kidney function. It is important to drink plenty of fluids (at least 8 cups) the day before and for a few days after chemotherapy.

- **Extravasation** is when chemotherapy leaks outside the vein. If you develop redness, soreness or pain at the injection site **at any time** please let us know straight away.

- **Tinnitus & high frequency hearing loss**

You may develop tinnitus (ringing in the ears), this sensation should subside when your treatment finishes. Please tell your doctor if this occurs. High frequency hearing loss can also occur with this chemotherapy, this may be permanent.



- **Sore mouth**

Your mouth may become sore or dry, or you may notice small mouth ulcers during this treatment. Drinking plenty of fluids and cleaning your teeth regularly and gently with a soft toothbrush can help to reduce the risk of this happening. We can prescribe a mouthwash for you to use during treatment. You can dilute this with water if your mouth is sore. Ask your doctor or nurse for further advice. There is also general mouth care information in the chemotherapy booklet. **If you continue to have a sore mouth, please contact The Christie Hotline.**

- **Strange taste**

Occasionally during treatment you may experience a strange taste, sometimes described as metallic or bitter. A strongly flavoured sweet or mint will help to disguise this.

- **Tingling & numbness in the fingers or toes**

This is only usually mild and temporary but sometimes lasts for some time or become permanent. Please report these symptoms to your doctor on your next hospital visit.

- **Hyperpigmentation**

Your skin may appear darker in colour or lightly tanned, especially around the joints. This is known as hyperpigmentation. Asian and African-Caribbean people may develop noticeable light patches on their skin. The skin will return to normal when treatment is finished.



- **Diarrhoea**

If you are taking capecitabine tablets and you have diarrhoea (more than 4 times in a day or once during the night) stop taking the tablets and contact The Christie Hotline immediately. If you are having fluorouracil via a pump and diarrhoea becomes a problem, anti-diarrhoea tablets can be bought from a pharmacy or prescribed by your GP for a temporary period until this is resolved. If the problem persists contact this hospital. Ask the staff for a copy of 'Eating: Help Yourself' which has some useful ideas about diet when you are having treatment.

Rare side effects (less than 1 in 100)



- **Chest pain or stroke**

A small number of patients receiving 5-Fluorouracil (5FU) or capecitabine can experience chest pain (angina) or rarely have a heart attack. Extremely rarely this may lead to death. Other complications such as stroke or mini-stroke can happen but are exceptionally rare. If you develop any of these symptoms you should contact your hospital doctor for advice. In an emergency you should go immediately to your nearest accident and emergency department.



- **Weakness of the heart**

Epirubicin can affect the heart and weaken the heart muscle. This is uncommon and is associated with increasing the dose of the treatment. Your treatment will not exceed the maximum dose. If there is any concern about your heart, a scan of the heart will be done before the start of your treatment.



- **Blood clots**

During chemotherapy you are more at risk of blood clots in the legs (DVT) or lungs (PE). Occasionally these clots can be life-threatening. To help prevent clots, keep mobile and drink plenty of non-alcoholic fluids.

- **Herbal medicine**

Some herbal medicine including St John's Wort can affect the chemotherapy. You should let your doctor or nurse know if you are taking any herbal medication, complementary or alternative medicines, including vitamins, minerals and medicines purchased over-the-counter.

Serious and potentially life threatening side effects

In a small proportion of patients chemotherapy can result in very severe side effects which may rarely result in death. The team caring for you will discuss the risk of these side effects with you.

Sex, contraception & fertility

Protecting your partner and contraception: We recommend that you or your partner use a condom during sexual intercourse while you are having the course of chemotherapy. Chemotherapy is dangerous to unborn babies and this will also protect you and your partner from any chemotherapy drugs that may be present in semen and in the vagina. If you suspect that you may be pregnant please tell your doctor immediately.

Fertility: This chemotherapy may affect your ability to have children. Your doctor or nurse should have discussed this with you. If not, please ask them before you start treatment.

Late side effects

Some side effects may become evident only after a number of years. In reaching any decision with you about treatment, the potential benefit you receive from treatment will be weighed against the risks of serious long term side effects to the heart, lungs, kidneys and bone marrow. With some drugs there is also a small but definite risk of developing another cancer. If any of these problems specifically applies to you, the doctor will discuss these with you and note this on your consent form.

- Tinnitus & high frequency hearing loss: this may be permanent.
- Tingling & numbness in the fingers or toes: this may become permanent.

Contacts

If you have any general questions or concerns about your treatment, please ring the area where you are having treatment:

- Administration enquiries 0161 918 7606/7610
- Chemotherapy nurse: 0161 918 7171
- Clinical trials unit 0161 918 7663

For urgent advice ring The Christie Hotline on 0161 446 3658 (24 hours)

Your consultant is:

Your hospital number is:

Your key worker is:



The Christie Patient Information Service July 2014
CHR/CT/258/12.01.04 Version 8 Review date: July 2017

Details of the sources used are available, please contact Patient.Information@christie.nhs.uk