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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 for you a treatment which includes the chemotherapy:

G-CSF (white blood cell growth factor) given by injection under the skin in the abdomen or leg for 7 days (days 1 to 7)

Fludarabine is given via an infusion (drip) over 30 minutes, once a day for 5 days (days 2 to 6)

Ara-C (Cytarabine) is given via an infusion (drip) over 4 hours, once a day (4 hours after the Fludarabine) for 5 days (days 2 to 6)

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.

You will have a routine blood test every day while you are in hospital to monitor the effects of the chemotherapy, but please tell your nurse if you experience any of the symptoms listed below.

Common side effects (more than 1 in 10)

- **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.

- **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.

- **Eye irritation**

This is a known side effect of the Ara-C at the dose given in this treatment. We will give you eye drops to try to prevent this.

- **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. If you continue to feel or be sick, tell your nurse because your anti-sickness medication may need to be changed or increased.

- **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'.

- **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 when necessary. Gentle exercise such as walking can be beneficial.

Uncommon side effects (less than 1 in 10)

- **G-CSF** can sometimes cause an aching sensation or pain in the bones, this can usually be controlled with a mild pain killer and will only last while you are having the injections.
- **Ara-C** can sometimes cause a syndrome that can result in some or all of the following: fever, weakness and aching in your muscles and bones, a rash and pain in the chest. This will not affect everyone and will disappear soon after the Ara-C infusions stop.
- **Fludarabine** can occasionally cause some feelings of agitation, confusion or visual disturbances. These are very rare but report anything unusual to your nurse or doctor.
- **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 straightaway.

- **Diarrhoea**

If this becomes a problem during or after your treatment, anti-diarrhoea tablets can be prescribed by your doctor. Ask the staff for a copy of 'Eating: Help Yourself' which has some useful ideas about diet when you are having treatment.

- **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.

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.

Rare side effects (less than 1 in 100)

- **Skin changes**

Sometimes as a result of the chemotherapy, your skin may appear **darker** in colour or lightly tanned, especially around the joints. This is known as hyperpigmentation. The skin will return to normal when treatment is finished. Some chemotherapy can make your skin more **sensitive to the sun** than usual. Sit in the shade, avoid too much sun and use a sunblock cream. Asian and African-Caribbean people may develop noticeable light patches on their skin.

- **Transfusion-Associated graft-versus-host disease (TA-GvHD)**

Fludarabine causes a deficiency in the immune system, so when you have a transfusion of blood products you are at higher risk of developing TA-GvHD. TA-GvHD is a rare complication caused by the white blood cells in the transfused blood product. These white cells recognise you as 'foreign' and cause a severe rejection reaction. We can prevent this by giving you irradiated blood products. We will give you more information about TA-GvHD and irradiated blood products in a separate leaflet. Also, we will give you a card to keep with you that tells staff you need irradiated blood and platelets. Never be afraid to check when you are having a transfusion that it has been irradiated.

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.

Contacts

If you have any general questions or concerns about your treatment, please contact the Haematology and Transplant Unit.

- Jo Tomlins, Haematology Nurse Clinician 0161 446 8010
- Haematology and Transplant day unit 0161 446 3924
- General enquiries 0161 446 3000
- For urgent advice ring The Christie Hotline 0161 446 3658 (24 hours)

Your consultant is:

Your hospital number is:

Your key worker is:



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