



Docetaxel, Cisplatin and 5 Fluorouracil (TPF)

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 that includes the chemotherapy docetaxel, cisplatin and 5 fluorouracil (5FU). This treatment involves a 5 night stay in hospital followed by just over two weeks at home.

Day 1 Docetaxel given as a drip over 1 hour
Cisplatin given as a drip, usually over 10 hours, with plenty of fluid

Days 2 - 5 5FU given as a drip over 22 hours each day (x 4)

Day 21 Restart with the next cycle

This treatment is repeated every three weeks, usually for three cycles. The chemotherapy is usually followed by a **six week course of radiotherapy and some more chemotherapy**.

Remember to take your dexamethasone tablets before each cycle of docetaxel chemotherapy.

Please see page 2 for information about the dexamethasone and other medications you will be given during your chemotherapy.

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.

Anaemia (low number of red blood cells)

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

Bruising or bleeding (low platelets)

Rarely, this treatment can reduce the production of platelets, cell fragments which help the blood to clot. This means you may bruise easily or experience bleeding, such as nosebleeds or bleeding gums. If you have any of these symptoms, tell your doctor or nurse straight away. You may need a platelet transfusion.

Other medications

You should take dexamethasone (a steroid) before coming into hospital for your chemotherapy. This is important as it helps to prevent an allergic reaction to the docetaxel.

The day before you come into hospital: take 4 tablets (8 mg) at breakfast and 4 tablets (8mg) at lunchtime.

The morning you are coming into hospital: take 4 tablets (8 mg)

Antibiotics: you will be given antibiotics to take from day 3 of the cycle for 7 days. This is to help prevent problems from infection.

G-CSF: This is an injection given just under the skin of your abdomen once a day for 7 days, starting on day 3 of the cycle. This helps your body's immune system to start recovering from the chemotherapy.

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)

- **Nausea and vomiting**

Cisplatin can cause nausea (feeling sick) and vomiting (being sick). This may occur immediately after the chemotherapy or about 4 to 5 days later. You will be given anti-sickness drugs before and during your chemotherapy drip. You will also be given drugs to take if you need them. If you still feel sick, please ask to see your doctor or nurse.

- **Vein discolouration**

It is common for the 5FU to cause some redness, which may be sore, at the site of the cannula. It may also cause brown discolouration to track up some of the veins of your arm. This will fade eventually.

- **Extravasation**

Rarely the chemotherapy can leak out of the vein around the cannula. If you develop redness, soreness or pain at the cannula site, please let us know straight away.

- **Hair loss**

This is usually total. You can have a wig and your doctor or nurse can give you a prescription for this. The hair loss should be temporary and in most cases your hair will begin to grow back a few weeks after your treatment has ended. In a small number of cases there has been prolonged or permanent hair loss.

- **Constipation**

It is very common to become constipated during chemotherapy treatment. You will be prescribed laxatives but if these are not working, please tell us.

- **Metallic taste in your mouth**

You may have a strange or metallic taste in your mouth during the cisplatin treatment. Sucking a mint or other strongly flavoured sweet will help to disguise this. The abnormal taste may linger on for some time after completion of treatment.

- **Lethargy**

Some people become very tired after chemotherapy. You may feel you need to rest during the day. It is important to try and do some exercise; even a walk around the block may help.

- **Sore mouth and throat**

Your mouth and/or throat may become sore. You can take painkillers such as soluble paracetamol for this. It is important to keep your mouth clean using saltwater and sodium bicarbonate mouthwashes. You may also use Difflam, a painkilling mouthwash. Occasionally the sore mouth can develop a fungal infection (thrush). 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.

- **Kidney damage**

Although you will have lots of fluid in a drip while in hospital, it is important to drink 4 to 5 pints of non-alcoholic fluid a day throughout both your chemotherapy and radiotherapy treatment courses. It is important to monitor how your kidneys are working while you have this treatment with cisplatin as the chemotherapy can damage them. You will be

asked to have a special test called a GFR before every alternate cycle of TPF. (Occasionally we will ask you to have more frequent tests). The GFR test is carried out in the Nuclear Medicine Department and is a series of blood tests. .

- **Deafness and tinnitus**

You may notice some hearing loss, especially to high frequency sounds, and tinnitus (noises in the ears). This normally occurs for a few minutes at a time and then settles. Occasionally it can be permanent so tell your doctor or nurse if you experience the problem.

Uncommon side effects (less than 1 in 10)

- **Diarrhoea**

This can be a side effect of either docetaxel or 5-fluorouracil. It may also be a sign of serious infection. If the diarrhoea is mild, you can take a tablet (loperamide) from your Pharmacy or GP to stop it. **If the diarrhoea is severe or wakes you during the night, you must contact The Christie Hotline straight away. Diarrhoea can lead to life-threatening dehydration.**

- **Nail changes**

As treatment goes on, you may notice some ridging on your nails and they may become flaky.

- **Painful, numb fingers and toes**

Both cisplatin and docetaxel can cause damage to the nerves in your fingers and toes. This can result in tingling, painful or numb fingers and toes. This usually occurs for a few minutes at a time and then settles. Occasionally it can be permanent so tell your doctor or nurse if you experience the problem. Rarely, there can be more serious nerve damage.

- **Pain in the joints and back**

You can take painkillers such as paracetamol for this. Let your doctor or nurse know about the pain on your next visit to the hospital. This can often be caused by the G-CSF injections

- **Palmar-plantar erythema (Hand foot syndrome)**

The skin on your hands and feet may become very dry, red and sore with some cracking. Tell your doctor as creams and tablets can be prescribed which can help. Your chemotherapy dose may need to change. Try to keep your hands and feet cool and if possible, uncovered.

Rare side effects (less than 1 in 100)

- **Allergic reaction**

Docetaxel (the first drug you receive) can rarely cause an allergic reaction. This can make you feel flushed or faint, develop a rash or have tightness in your chest and throat, with breathing difficulties. If you have any of these symptoms tell the nurses looking after you immediately. To help prevent this it is *very important* that you take your dexamethasone each time before you have docetaxel.

- **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 (around 4 to 5 pints per day).

- **Muscle weakness**

As the treatment course goes on, you may find your legs become weak and may ache. This is temporary and your muscles will recover.

- **Heart problems**

A small number of patients receiving 5-fluorouracil (5FU) will experience chest pain (angina) or even have a heart attack. Rarely a heart attack may be fatal. 5FU can also cause the heart rate to slow down considerably. Before you start your chemotherapy we will check an electrocardiograph (ECG). While you are on the ward, the ward staff will check your heart rate regularly.

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 ring the area where you are having treatment:

Phone.....

Administration enquiries 0161 918 7665

For 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/568/04.03.08 Version 3 Review date: July 2017

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