

Cisplatin, capecitabine and trastuzumab

The possible benefits of treatment vary; for some people this chemotherapy may reduce the risk of the cancer coming back, for others it may control the cancer and its symptoms. 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 with cisplatin, capecitabine and trastuzumab. The treatment consists of the following:

Day 1 Cisplatin given by a drip into a vein with plenty of fluids over 6 to 8 hours. Trastuzumab via a drip, over 90 minutes for the first treatment. Subsequent infusions will be given over 30 minutes. For the first treatment we will ask you to stay in the hospital for about 6 hours in total. This is because patients may occasionally become unwell after having trastuzumab. You will only need to be observed the first time you have this treatment.

You will continue to have Trastuzumab for as long as it is of benefit to you.

While you are being treated with Trastuzumab, we will test your blood and you will also have a heart scan every 12 weeks.

Days 1 to 14 Capecitabine tablets by mouth.
Take the tablets twice a day with water, within half an hour of food, and 12 hours apart.

Days 15 to 21 No chemotherapy
Day 22 Restart with the next cycle.

After Cycle 2 of treatment, if clinically possible you will have your treatment at a location closer to home. The Christie are committed to providing treatment closer to home as part of the Outreach and Christie at Home service.

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.



What is trastuzumab?

Trastuzumab uses a new targeted approach to treat cancer, involving monoclonal antibodies. This type of treatment targets specific areas of cancer cells in the body. Trastuzumab is one of the first of this class of treatments to be approved for clinical use.

Trastuzumab is only effective when the cancer cells have more HER2 protein than normal. Patients with this condition are said to be HER2 positive. About 1 person in 5 with this cancer is HER2 positive. A highly selective test is carried out to identify this protein.

The essential first step is to identify your HER2 status before you and your doctor decide what treatment is best for you.

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.

Capecitabine will interact with warfarin (a blood thinning tablet). You should tell your doctor if you are taking warfarin and a different blood thinning tablet can be prescribed. Capecitabine also interacts with phenytoin and allopurinol. Tell your doctor if you are taking these drugs.

Blood sugar

You will receive a dose of steroids before each treatment. If you are diabetic, you should monitor your blood sugar levels during your treatment. If your blood sugar levels are affected, you should speak to your doctor about your diabetic medications.

Flu vaccinations

Is it alright for me to have a flu jab during the time I'm having chemotherapy?

It's safe to have a flu jab, but depending on the sort of chemotherapy you have had, it may not give quite as much protection against infection as usual. Some patients may need two vaccinations. However, if you're thinking of having any other vaccinations, do check with your Christie doctor first, because some vaccines should be avoided.

Other 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) (Warning!)

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 (Warning!)**

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.

You will have a routine blood test before each treatment to monitor the effects of the chemotherapy. Occasionally we may not be able to go ahead with your treatment until your blood cells are back to a safe level. In this case your chemotherapy will usually be delayed a week.

- **Nausea and vomiting (sickness)**

The severity of this varies from person to person. Anti-sickness medication may be given along with your chemotherapy to prevent this. You may also be given anti-sickness tablets to take at home. **If you continue to feel or be sick, contact The Christie Hotline for advice on 0161 446 3658.**

- **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 on 0161 446 3658 for advice.**

- **Hair thinning**

Some hair loss may occur during treatment although this is unlikely. It is advisable to avoid perms, colours, use of hot brushes and vigorous, frequent washing that could increase hair loss. Use a gentle shampoo and a soft brush. Please remember that this is a temporary side effect and your hair will grow back when your treatment is completed. Very rarely, hair loss can be permanent.

The cancer information centre offers a coping with hair loss service to all patients where support, information and advice will be given. Drop in, contact **0161 446 8100** or email **informationcentre@christie.nhs.uk**. Information about the wig service can also be found here and vouchers for wigs can also be obtained for eligible patients. The wig room provides a drop in service, please see The Christie leaflet 'The wig fitting service' for further information.

The Maggie's Centre runs a Talking Heads hair loss support workshop for anyone who is anticipating or experiencing hair loss (both men and women). These sessions cover the practicalities of hair loss as well as offering support with its emotional impact. Contact Maggie's on **0161 641 4848** or email **manchester@maggiescentres.org**.

- **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.

- **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)

- **Extravasation (Warning!)**

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.

- **Kidney damage (Warning!)**

It is important to monitor how your kidneys are working while you are having treatment as the cisplatin can put a strain on them. Before you start the treatment you will need to have a test called a GFR. This is performed in the Radioisotope department and is a series of blood tests. Your routine blood tests will also give us an idea of how well your kidneys are working. It is important to drink plenty of fluids (at least 8 cups per day) during your course of chemotherapy.

- **Blood clots (Warning!)**

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.

- **Diarrhoea (Warning!)**

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 straight away on 0161 446 3658.

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. As the staff for a copy of 'Eating: help yourself' which has some useful ideas about diet when you are having treatment.

- **Constipation**

You may become constipated during this treatment. Try to drink plenty of fluids and eat foods high in fibre. Report this to your hospital doctor who may prescribe a suitable laxative. Ask the staff for a copy of 'Eating: help yourself' which has useful ideas about diet when you are having treatment.

- **Sore mouth (Warning!)**

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 on 0161 446 3658 for advice.

- **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 and numbness in the fingers and toes**

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

- **Tinnitus and high frequency hearing loss**

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

- **Flu like symptoms**

Occasionally you may experience chills and fever during the trastuzumab infusion (drip). These symptoms can be reduced by taking paracetamol (1g) one hour before treatment begins. Fevers and chills which occur more than 48 hours after treatment may be signs of an infection. Contact The Christie Hotline immediately on **0161 446 3658**.

- **Pain**

Sometimes you may experience pain in some parts of your body during or after the first trastuzumab infusion. If necessary we will give you painkillers to relieve this.

- **Effects on the heart**

Trastuzumab can sometimes affect your heart function. We will assess your heart function by carrying out a MUGA scan or echocardiogram, before you start your treatment and then about every 12 weeks.

- **Reactions during the infusion**

Less commonly, people may experience an allergic reaction with the first trastuzumab infusion. This may involve headache, dizziness, rash, vomiting or breathlessness. If any of these symptoms occur, call your nurse immediately. These symptoms are usually mild and temporary and do not occur with subsequent infusions.

Rare side effects (less than 1 in 100)

- **Chest pain or stroke (Warning!)**

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.

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.

- **Testing for DPD deficiency**

The body makes enzymes which break down chemotherapy drugs so that chemotherapy doesn't build up in the body and cause severe side-effects. A very small percentage of the population (approximately 1 in 20), either don't produce or produce less of an enzyme called DPD which would normally break down the chemotherapy drugs 5FU and capecitabine. This is called DPD deficiency. Reduced production of DPD is not an issue in day-to-day life, but it might mean that some patients experience severe and sometimes life-threatening side effects after 5FU or Capecitabine chemotherapy is given. Patients with DPD deficiency are more likely to develop severe mouth ulcers and diarrhoea and very low blood counts increasing vulnerability to life threatening infections.

In order to check that it is safe for you to have this treatment, your team will be arranging a one off blood test. This test checks for some of the commonest abnormalities which can cause DPD deficiency.

Although DPD testing identifies many patients who are at risk of severe side-effects from 5FU and capecitabine, it does not identify all at risk patients. Severe and sometimes life-threatening side-effects can occur in patients who have had a normal test result. Therefore it is important that patients receiving chemotherapy monitor their symptoms carefully and contact The Christie Hotline if they become unwell.

Sex, contraception and 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.

For female patients only:

Loss of periods

Due to the effect of chemotherapy on the ovaries, you may find that your periods become irregular or stop. This is more likely in women over the age of 40 when most women will notice some change in their periods. It is less common in women under the age of 40 but does still happen and can result in significant menopausal symptoms (see section below). Even if your periods stop completely during chemotherapy your periods may come back several years later. This means that you may be able to become pregnant even many years after chemotherapy. It is very important to use contraception if you don't want to get pregnant.

Menopausal symptoms

When the ovaries stop working due to chemotherapy or during a natural menopause most women experience symptoms such as hot flushes, sweats (night and day) and vaginal dryness. These hormonal changes can make the vagina feel as though it has shrunk and become less easy to stretch. This is called vaginal atrophy and can result in discomfort, pain on sexual intercourse, itching and recurrent urine infections. If your ovaries don't start to work again the vaginal symptoms can be permanent, although the flushes and sweats tend to reduce and stop over a small number of years. Some women who have already gone through menopause may notice their symptoms worsening for a time after chemotherapy.

The vaginal symptoms can start early and the longer they are left the harder they can be to treat. Please contact your specialist nurse either in clinic or by phone when the symptoms first develop if you would like help. Symptoms can be managed in several ways including gels, essential oil pessaries and sometimes local oestrogen replacement. You may also find it helpful to request the booklet 'Menopausal symptoms and breast cancer' by Breast Cancer Now (either from your specialist nurse, the cancer information centre at The Christie or online).

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

The possible long term side effects of treatment with trastuzumab are not yet known. Speak to your doctor if you wish to discuss this further.

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:

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If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact **the-christie.patient.information@nhs.net**

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.



Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week