



ALL Consolidation (cycles 1-4)

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

The consolidation phase will consist of **four cycles** of chemotherapy. The first cycle will begin when the neutrophil count is above 0.75 and the platelets are above 75.

Cycle 1

The first cycle lasts for 4 weeks.

Days 1-5 inclusive: Ara-C (cytarabine) via an infusion (drip) over 30 mins

Days 1-5 inclusive: Etoposide via an infusion (drip) over 1 hour

Day 5: Peg Asparaginase

Day 1: Intrathecal methotrexate once during this cycle
(usually around day 1)

Cycle 2

Begins 3 weeks from the first day of cycle 1 when the neutrophil count is above 0.75 and platelets above 75

Days 1-5 inclusive: Ara-C (cytarabine) via an infusion (drip) over 30 mins

Days 1-5 inclusive: Etoposide via an infusion (drip) over 1 hour

Day 1: Intrathecal methotrexate once during this cycle
(usually around day 1)

Cycle 3

Begins 3 weeks from the first day of cycle 2 when the neutrophil count is above 0.75 and platelets above 75, and is in 2 parts.

Part 1

Days 1, 18, 15 and 22: Daunorubicin via an infusion (drip) over 1 hour
Vincristine via an infusion (drip) over 15 minutes

Day 2: Intrathecal methotrexate once during this cycle
(usually around day 2)

continued

Day 4:	Peg Asparaginase
Days 1-4, 8-11, 15-18 and 22-25	Dexamethasone taken as a tablet for 4 days with each daunorubicin and vincristine.

Part 2

Day 29 chemotherapy commences from day 29 or when neutrophil count is above 0.75 and platelets are above 75.

Day 29:	Cyclophosphamide via an infusion (drip) over 30 mins
Days 30-33 & 37-40:	Ara-C (cytarabine) via an infusion (drip) over 30 mins
Days 29-42	Mercaptopurine tablet taken every day

Cycle 4

Begins when the neutrophil count is above 0.75 and platelets above 75. It is identical to cycle 2.

Days 1-5 inclusive:	Ara-C (cytarabine) via an infusion (drip) over 30 mins
Days 1-5 inclusive:	Etoposide via an infusion (drip) over 1 hour
Day 1	Intrathecal methotrexate once during this cycle (usually around day 1)

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.

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)

- **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.

Vincristine can cause constipation and you may need medication (laxatives) to help you. You may feel some numbness in your fingers and toes which normally improves with time.

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.

Dexamethasone tablets should be taken with food, as they may cause indigestion. They may also cause an increase in appetite, which may result in you gaining weight. It is better to take them earlier in the day since they can make you feel more alert and prevent sleep.

Daunorubicin because of its red colour may discolour your urine red or pink for the first few times following treatment. This is normal and nothing to worry about.

- **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.

- **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 as 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 leaflet '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.

- **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.

- **Irritation of the bladder**

Cyclophosphamide may irritate your bladder. Tell your doctor or nurse if you have any discomfort when you pass urine.

- **Blood sugar**

Dexamethasone can cause your blood sugar to rise. If you are diabetic then you may need to increase the dose of any diabetic medication you take (insulin or tablets). You should discuss this with your doctor before starting the chemotherapy. Dexamethasone can also induce diabetes in people not known to have this disease. This is normally reversible although you may need to take some diabetic medication while you are having chemotherapy.

- **Mood changes**

Dexamethasone tablets can affect your mood. This may result in mood swings and irritability. You may also have difficulty in sleeping. You may feel very energetic and have a good appetite when you take the tablets, and then lethargic and low in mood when you stop. If you experience this side effect and find it hard to tolerate you should discuss it with your doctor.

Uncommon side effects (less than 1 in 10)

- **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)

- **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.

- **Irregular heart beats**

Occasionally this can happen as a result of the daunorubicin. It is quite rare if your heart is healthy and is usually reversible. Please make sure you tell a doctor if your heart beat feels different from normal or you have pains in the chest.

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.

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 above.

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.

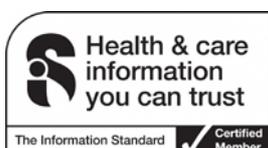
Late side effects

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)



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