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## Gemcitabine, Dexamethasone, CisPlatin

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 Gemcitabine, Dexamethasone and Cisplatin and steroid tablets. Depending on the type of lymphoma you have you may also receive Rituximab immunotherapy with this treatment. You will be provided with a separate information sheet about Rituximab.

Treatment is given for 2 to 3 cycles; each cycle is repeated every 21 days. The treatment is given as follows:

<b>Day 1</b>	Gemcitabine by infusion over 30 minutes Cisplatin by infusion over 1 hour
<b>Days 1 to 4</b>	Dexamethasone tablets
<b>Day 8</b>	Gemcitabine by infusion over 30 minutes

The treatment is usually an outpatient treatment. On day 1 you will also receive intravenous fluids 2 hours before and 1 hour after the Cisplatin infusion. Sometimes patients are admitted for the first treatment to give intravenous fluids, kidney-protective medication and twice daily monitoring of blood tests for 48 hours. You will have a routine blood test and medical review before the start of each cycle of treatment and at least once a week during each cycle. This is so your team can monitor and manage any side effects as well as assess your response to treatment. Please bring a list of up to date medications with you at each visit.

Take your **dexamethasone** tablets with breakfast in the morning, not on an empty stomach as they may cause indigestion. It is also better to take them earlier in the day since they can make you feel more alert and prevent sleep.

Depending upon any previous problems with inserting cannulas into your veins, it is possible you will need a central venous catheter (CVC) inserting from the start of this treatment. We will discuss this with you.

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.

### **Tumour lysis syndrome**

This treatment may cause the rapid breakdown of lymphoma cells, which may lead to abnormalities in the blood called tumour lysis syndrome. This problem is more likely if you have a lot of disease or if your kidneys do not work as well as they should do. Your doctor will tell you if you are at risk. You may be given a kidney-protective medicine called allopurinol for the first cycle of treatment, and your doctor may do additional blood tests to monitor this side effect. We sometimes admit patients for the first treatment to give intravenous fluids and kidney-protective medication and twice daily monitoring of blood tests for 48 hours.

### **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, coughing or breathlessness. We recommend that you use a digital thermometer so you can check your temperature. You can buy one from your local chemist. You will be prescribed injections for 5 to 7 days to help to keep white blood cells raised during the chemotherapy. This aims to reduce the risk of infection but it will not eliminate the risk. The injections are given under your skin in your abdomen which you or your family member can be taught to do or a district nurse can be arranged for you.

**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 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, bleeding gums or blood in your urine or stool. You may need a platelet transfusion.

- **Flu-like symptoms and headaches**

Some chemotherapy may cause flu-like symptoms such as fever, aches and pains and shivering about 3 to 5 hours after it is given. These symptoms are temporary and should go within 12 to 24 hours. Paracetamol will help. If your symptoms are particularly severe, tell your doctor on your next visit.

- **Nausea and vomiting (sickness)**

You may have nausea and vomiting. You may be given anti-sickness tablets to take at home. If you continue to feel or be sick, contact your GP or this hospital, your anti-sickness medication may be changed or increased.

- **Fatigue (tiredness)**

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.

- **Constipation**

It is very common to become constipated during chemotherapy treatment. Try to drink plenty of fluids and eat foods high in fibre. Tell your doctor who may prescribe a suitable laxative.

- **Metallic taste in your mouth**

You may have a strange or metallic taste in your mouth during treatment. Sucking a mint or other strongly flavoured sweet will help to disguise this.

- **Kidney damage**

It is important that we monitor how your kidneys are working while you have this treatment with Cisplatin as the chemotherapy can damage them. This is usually measured on routine blood tests. You may also be asked to have a special test called a GFR. This is carried out in the Nuclear Medicine Department and is a series of blood tests. 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 your chemotherapy course.

### **Uncommon side effects (less than 1 in 10)**

- **Painful, numb fingers and toes**

Cisplatin 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.

- **Deafness 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.

- **Fluid retention**

Your feet/legs may become swollen on this chemotherapy. If this is mild, no specific treatment is needed. Keeping your feet and legs raised may help. Tell your doctor if the swelling is severe.

- **Skin rash**

You may develop a skin rash. This is usually mild and easily treated. Please tell your doctor on your next visit.

- **Hair thinning**

Hair loss is uncommon but your hair may thin during treatment, including body and facial hair. It is advisable to avoid perms, colours, use of hot brushes and vigorous frequent

washing that could increase hair loss. Please remember that this is a temporary side effect and your hair will grow back when your treatment is completed. Very rarely, hair loss may be permanent. If you would like an appointment with the wig service, this can be arranged for you by visiting the cancer information centre. It is a good idea to get your wig before you lose a lot of hair which you can then match to your natural colour. Ask the staff for a copy of the 'Wig fitting service at The Christie'.

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**

- **Diarrhoea**

If this becomes a problem while you are having treatment, 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 useful ideas about diet when you are having treatment.

### **Rare side effects (less than 1 in 100)**

- **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).

- **Breathlessness**

Very rarely this chemotherapy can cause inflammation of your lungs. This can cause a cough or make you breathless. Tell your doctor if you develop this problem while you are having this chemotherapy. Stopping the chemotherapy and taking steroids will help.

- **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.

### **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:

- Haematology day unit **0161 446 3924**
- Lymphoma clinical nurse specialists **0161 446 8573**
- Lymphoma secretaries **0161 446 3753** Professor Radford/Dr Linton  
**0161 446 3360** Professor Illidge  
**0161 446 3956** Dr Smith  
**0161 446 3332** Professor Cowan  
**0161 446 3302** Dr Harris/Dr Chan  
**0161 446 3869** Dr Bloor
- Palatine Treatment Ward **0161 446 3960/3961**
- General enquiries **0161 446 3000**

Your consultant is: .....

Your hospital number is: .....

Your key worker is: .....

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.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact **patient.information@christie.nhs.uk**

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For more information about The Christie and our services, please visit **www.christie.nhs.uk** or visit the cancer information centre at Withington, Oldham or Salford.

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

The Christie NHS Foundation Trust  
Wilmslow Road  
Withington  
Manchester M20 4BX  
Tel: 0161 446 3000  
www.christie.nhs.uk

The Christie Patient Information Service  
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