

Fluorouracil and calcium folinate

Regimen known as MdG (Modified deGramont)

The possible benefits of this 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. Your doctor will explain 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 'SACT, a guide' which gives general information on systemic anti-cancer therapy and side effects.

Your treatment

Your doctor or nurse clinician has prescribed for you a treatment which includes the chemotherapy fluorouracil (5FU) and calcium folinate (folinic acid).

Your treatment will be given:

Day 1 Calcium folinate as an injection or 2 hour infusion (drip), followed by an injection of fluorouracil, then a 46-hour fluorouracil pump.

Day 3 District nurse home visit to take pump off and flush line.

If you receive treatment as an inpatient, a continuous drip will be given without a pump device.

The treatment is repeated every 2 weeks for a total of 6 to 12 cycles.

You will have a routine blood test before the start of each cycle of treatment.

Occasionally, we may not be able to go ahead with your treatment until your blood counts are back to a safe level. If this happens, your chemotherapy may be delayed.

You will also have a one-off blood test to check for DPD deficiency and that it is safe for you to have this treatment. See page 2.

After Cycle 2 of treatment, if clinically possible you will have your treatment at a location closer to home. The Christie is 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.

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.

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 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 most common abnormalities which can cause DPD deficiency. Your medical team will discuss the test results with you and can confirm whether you will be able to go ahead with your planned chemotherapy, or whether any changes need to be discussed.

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.

Herbal medicines

Some herbal medicine including St John's Wort can affect the chemotherapy. You should let your doctor or nurse know if you are taking any herbal medication, complementary or alternative medicines, including vitamins, minerals and medicines purchased over-the-counter.

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 2 vaccinations. However, if you're thinking of having any other vaccinations, do check with your Christie doctor first, because some vaccines should be avoided.

COVID-19 vaccinations

We advise that all patients receive a COVID-19 vaccination when this is offered. Your doctor will discuss with you the best time to have this.

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)

• Mild nausea and vomiting (sickness)

You may have mild 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, because your anti-sickness medication may need to be changed or increased.

• Diarrhoea

Diarrhoea is a common side effect of your treatment. If you have watery diarrhoea, you should immediately take the anti-diarrhoea treatment that the doctor has prescribed for you. This is loperamide dispensed by The Christie pharmacy. Follow these instructions **EXACTLY**: Take 2 loperamide capsules/tablets as soon as the first liquid stool occurs. Then take 1 capsule/tablet with each loose stool thereafter (maximum loperamide in a day is 8 capsules/tablets, however some patients with a stoma may require more than this to control output).

If you have a stoma or notice loperamide capsules in your stoma output, you should ask for loperamide tablets rather than capsules.

If the diarrhoea continues for more than 24 hours despite taking the loperamide, please contact The Christie Hotline on **0161 446 3658** for advice.

You must tell your doctor if:

- you have a temperature/fever as well as diarrhoea
- you have nausea/vomiting as well as diarrhoea
- you still have diarrhoea 48 hours after starting the diarrhoea treatment

• Lethargy (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.

• 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.

• Skin and nail changes

PPE (palmar-plantar erythema): The skin on your hands and feet may become very dry, red and sore with some cracking. Tell your doctor or clinician if you notice any changes as cream and tablets can be prescribed to help. Your chemotherapy dose may need to change, the team looking after you will discuss this with you. Try to keep your hands and feet cool and if possible, uncovered.

Hyperpigmentation: Less commonly, your skin may appear darker in colour or lightly tanned, especially around the joints. This is known as hyperpigmentation. Depending on your skin tone, people may also develop noticeable lighter patches on their skin. The skin will return to normal when treatment is finished.

Nail changes: You may have a blue tinge or darkening of the nails, flaking of the nails, or pain and thickening of the area where the nail starts growing. This usually resolves as the nails continue to grow after stopping treatment. You should keep your nails short and use cream for the hands and feet as required. To avoid injury to the nails, wear comfortable shoes and protective gloves.

If soreness, redness and/or swelling develops around your nail(s), contact The Christie Hotline.

Increased sensitivity to the sun: Your skin will burn in the sun more easily. Sit in the shade, avoid too much sun and use a high factor sunblock cream and wear a hat.

Uncommon side-effects (less than 1 in 10)

- **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 you notice these symptoms. 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, and bleeding gums. You may need a platelet transfusion.

- **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.

- **Hair thinning**

It is uncommon to lose hair with this treatment although it may thin a little. 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.

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 8439** or email the-christie.informaitioncentre@nhs.net. 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 can support you with hair loss by helping you consider the practicalities as well as the emotional impact. You can call into Maggie's Monday to Friday, 9am to 5pm to speak with their professional team. Maggie's provide expert care and support to everyone with cancer and those who love them. Contact Maggie's on **0161 641 4848**, email: manchester@maggies.org or drop in, their address is The Robert Parfett Building, 15 Kinnaird Road, Manchester, M20 4QL

- **Extravasation**

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.

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.

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

A small number of patients 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 the following symptoms: chest pain, shortness of breath, sudden weakness or numbness on one side of the body, difficulty finding words, sudden blurred vision/loss of sight, confusion/dizziness or a sudden severe headache, you should ring **999** or go immediately to your nearest A&E department. You may have an electrocardiograph (ECG) to check your heart before you start your chemotherapy.

• Blood clots (Warning!)

People with cancer are at a higher risk of developing blood clots. The medical name for this is a thromboembolism or a deep vein thrombosis (DVT). The most common places to develop a blood clot are in the leg or the lungs. You must contact The Christie Hotline on **0161 446 3658** immediately if you experience any of the following:

- pain, redness and swelling of your arm or leg(s), the area may feel warm to touch
- breathlessness, pain in your upper back, light-headedness, coughing up blood

For any chest pain, please call **999** immediately.

You can help to prevent a clot by taking regular short walks to keep the blood moving, do simple exercises such as bending and straightening your toes every hour if you are unable to move around much and drink plenty of fluids. Most clots can be treated successfully using drugs to help thin the blood (anticoagulants).

Sex, contraception and fertility

Protecting your partner and contraception: We recommend that you or your partner use a barrier form of contraception 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.

Menopausal symptoms: Sometimes the ovaries can stop working during chemotherapy. This can cause symptoms similar to a natural menopause, 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 breast care 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.

Contacts

If you have any general questions or concerns about your treatment, please ring:

Administration enquiries - **0161 918 7606/7610**

Chemotherapy nurse - **0161 918 7171**

Clinical trials unit - **0161 918 7663**

For advice ring The Christie Hotline on **0161 446 3658** (24 hours a day, 7 days a week)

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, Salford or Macclesfield. 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