

Docetaxel, carboplatin and fluorouracil (5FU) (TCarboF)

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 that includes the chemotherapy docetaxel, carboplatin and fluorouracil (5FU). This treatment involves a 4 or 5 night stay in hospital followed by just over 2 weeks at home.

Day 1 Docetaxel given as a drip over 1 hour
Carboplatin given as a drip, usually over 1 hour

Days 1 – 4 5FU given as a drip over 22 hours each day (x 4)

Day 21 Restart with the next cycle

This treatment is repeated every 3 weeks, usually for 3 cycles. The chemotherapy is usually followed by a **6 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 The Christie 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)

• Vein discolouration

It is common for 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**

Hair loss is usually total. The hair falls out gradually 10 to 14 days following your first course of treatment. Body and facial hair can also fall out. 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 complete. 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 8439** or email **the-christie.informationcentre@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. Maggie's provides expert care and support to everyone with cancer and those who love them. You can call into Maggie's Monday to Friday, 9am-5pm to speak with their professional team, their address is Maggie's Manchester at The Robert Parfett Building, 15 Kinnaird Road, Manchester, M20 4QL or you can call them on **0161 641 4848** or email **manchester@maggies.org**.

- **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.

- **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).

- **Kidney function**

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. You will be asked to have a special test called a GFR before your first cycle of chemotherapy. After that your kidney function will be checked with your routine blood tests. (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.

Please do not take ibuprofen or other anti-inflammatory drugs as these can affect the kidneys.

Uncommon side effects (less than 1 in 10)

- **Nausea and vomiting**

Docetaxel and carboplatin can sometimes cause nausea (feeling sick) and vomiting (being sick). This may occur immediately after the chemotherapy or up to 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.

- **Nail changes**

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

- **Diarrhoea**

This can be a side effect of either docetaxel or 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 on 0161 446 3658. Diarrhoea can lead to life-threatening dehydration.**

- **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.

- **Painful, numb fingers and toes**

Both carboplatin 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 (Warning!)**

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. Carboplatin may also very rarely cause an allergic reaction.

- **Blood clots (Warning!)**

There is an increased risk of blood clots in patients receiving this chemotherapy. This can cause a variety of symptoms depending on which blood vessel the clot is affecting. Therefore it is very important that if you have any swelling, tenderness or pain around the calf muscle in your lower leg that you phone The Christie Hotline on **0161 446 3658** for advice. If you get sudden onset chest pain or shortness of breath then you should dial **999** immediately. If you do develop a blood clot you will need to have treatment to thin your blood and dissolve the clot.

- **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 (Warning!)**

A small number of patients receiving fluorouracil will experience chest pain (angina) or even have a heart attack. Rarely a heart attack may be fatal. Fluorouracil 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 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.

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.

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.

Contacts

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

Phone.....

Administration enquiries - **0161 918 7665**

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