

## Escalated BEACOPDac

(Doxorubicin, cyclophosphamide, etoposide, dacarbazine, bleomycin, vincristine and prednisolone)

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 or nurse will be happy to answer any questions you have about your treatment. You may find it useful to refer to the booklet 'SACT, 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 doxorubicin, cyclophosphamide, etoposide, dacarbazine, bleomycin, vincristine and prednisolone. The treatment is given as an injection (bolus), as an infusion (drip) into your vein and tablets every 3 weeks for 4 or 6 cycles. The treatment consists of the following:

Day 1	Doxorubicin	by injection
	Mesna	by short infusion
	Cyclophosphamide	by injection
	Etoposide	by short infusion
	Prednisolone	tablets every day for 14 days
Day 2 + 3	Dacarbazine	by short infusion
	Etoposide	by short infusion
	Prednisolone	tablets
Day 4–14	Prednisolone	tablets
Day 8	Bleomycin	by short infusion
	Vincristine	by short infusion
Day 9–16	Filgrastim GCSF	Injections every day for 7 days

You will have a routine blood test and medical review before the start of each cycle of treatment. This is so your team can monitor and manage any side effects as well as assess your response to 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 a week.

Take your prednisolone tablets in the morning. Do not take 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.

If you have Hodgkin lymphoma, and need a blood or platelet transfusion, the blood transfusion laboratory will select 'irradiated' blood. This is to reduce the risk of a serious reaction. We will give you more information about this.

**If you are taking any other medicines:** It is important to tell the doctor if you are taking medicine for any other condition. Some medicines can react with your treatment. So always tell your doctor at every visit about any other medicines or tablets you are taking.



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.**

## 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)**

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, and bleeding gums. You may need a platelet transfusion.

- ⚠ • **Lung function**

Bleomycin may cause some changes to your lung tissue. **Report any cough or breathlessness to your doctor without delay.**

- **Flu-like symptoms**

Bleomycin 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 persist or are particularly severe, tell your doctor on your next visit.

- **Changes to bowel habits**

Vincristine as well as some anti-sickness tablets can cause constipation. 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.

This treatment can also cause diarrhoea – report this to your hospital doctor who may prescribe suitable medication once an infection has been ruled out. You may be asked to provide a stool sample.

- **Mood changes**

Dexamethasone tablets can affect your mood. 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.

- **Nausea and vomiting (sickness)**

Nausea and vomiting may occur during treatment, the severity of this varies from person to person. Anti-sickness medication will be given along with your chemotherapy to prevent this. You will also be given anti-sickness tablets to take at home. If you continue to feel or be sick, contact your GP or The Christie, because your anti-sickness medication may need to be changed or increased.

- **Hair loss**

Hair loss is usually total but this depends on the number of cycles of chemotherapy you have. 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. Very rarely, hair loss can be permanent. If you would like an appointment with the wig service, this can be arranged for you by visiting the cancer information centre or call **0161 446 8100**. Ask the staff for a copy of the 'Wig Fitting Service'.

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**

- **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.

- **Skin and nails**

**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 usually return to normal when treatment is finished ( this may take weeks or months. Rarely this can be permanent. Increased sensitivity to the sun Your skin will tan or 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.

**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.

- **Irritation of the bladder**

Cyclophosphamide may cause a burning sensation or irritation on passing urine because the medicine irritates the bladder wall. When you have cyclophosphamide, try to drink plenty of fluids throughout the day and for 72 hours afterwards. Also, try to pass urine as soon as the urge is felt. Tell your doctor or nurse as soon as possible if you have this side effect.

- **Tingling & numbness in the fingers or toes/muscle weakness**

This is common but is usually only mild and temporary. It can sometimes last for some time or become permanent. Sometimes you may also have difficulty controlling the muscles in your arms and legs or your balance. Please report these symptoms to your doctor on your next hospital visit.

- **Eye irritation**

We will give you eye drops to try to prevent this, but please let your nurse or doctor know if your eyes feel uncomfortable.

- **Urine discolouration**

Doxorubicin because of its red colour, may discolour your urine red or pink for up to 24 hours following treatment. This is perfectly normal and nothing to worry about.

- **Vein pain**

This chemotherapy can cause pain along the vein during and after treatment. This should only be temporary but contact your hospital doctor or nurse if this becomes severe.

- **Loss of appetite**

Your appetite may be reduced. A dietician or a specialist nurse at The Christie can give you advice and tips on boosting appetite, coping with eating difficulties and maintaining weight. Ask staff for a copy of 'Eating – help yourself'.

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

- **Blood sugar**

Prednisolone may 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. Prednisolone 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.

- **Sore mouth and altered taste**

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. You may also develop a strange taste sometimes described as metallic or bitter. A strongly flavoured sweet or mint will help to disguise this. Normal taste will usually return after the treatment finishes.

- **Sensitivity to the sun**

Some chemotherapy can make you skin more sensitive to the sun than usual. Sit in the shade, avoid too much sun and use a sunblock.

- **Hyperpigmentation**

Your skin may appear darker in colour or lightly tanned, especially around the joints. This is known as hyperpigmentation. Asian and African-Caribbean people may develop noticeable light patches on their skin. The skin will return to normal when treatment is finished.

- **Weakened bones**

Prednisolone tablets can weaken your bones. This increases the risk of fracturing a bone during, or shortly after, treatment. Sometimes this can happen without an known injury. Some people are at higher risk of developing fractures than others. If this is the case, then your doctor may recommend getting X-rays to assess your bone strength (DEXA scan) and taking extra medication to protect your bones. If you develop new back pain during treatment then please let your doctor know. Bone strength usually improves after treatment has finished.

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

- **Immediate allergic reactions:**

Ask the staff for help if you notice any of the following:

- Some people have hot flushes when the drug is being given.
- Fevers and chills: back pain, shortness of breath, headaches and swelling of the face may occur during the drug is being given. If this happens, please tell the staff straightaway. Your doctor may prescribe a drug that can help to reduce these side effects and, if necessary, we can give you this before your next treatment.

- **Extravasation**

This 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 function**

Some chemotherapy can affect your kidneys. We will monitor how your kidneys are working while you are having treatment.

**Serious and potentially life-threatening side effects**

In a small proportion of patients, chemotherapy can result in very severe side effects which may 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.

**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**

Professor Linton/Dr Phillips/Dr Broadbent/Dr Gibb/Dr Shotton – **0161 446 3453**

Professor Illidge – **0161 446 8574**

Dr Hague/Dr Chan/Dr Brocklehurst – **0161 446 3333**

Dr Harris – **0161 446 3302**

Professor Bloor – **0161 446 3869**

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.

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