

OEPA-COPDAC

OEPA (Vincristine, Etoposide, Prednisolone, Doxorubicin)

COPDAC (Cyclophosphamide, Vincristine, Prednisolone, Dacarbazine)

OEPA-COPDAC is a type of chemotherapy which is used to treat your Hodgkin lymphoma. You may need radiotherapy (X-ray treatment) afterwards, depending on how well your lymphoma responds to the treatment on scans. Your team can answer any questions about your treatment. You will find it useful to refer to the booklet 'Chemotherapy, a guide' which gives information on chemotherapy and side effects.

Your treatment

Your doctor or nurse clinician has prescribed for you a course of treatment given as infusions (drip) into your vein. The treatment consists of the following:

OEPA – You will have 2 cycles (each cycle lasts 28 days)

Day 1	Vincristine	by short infusion
	Doxorubicin	by infusion over 4 hours
	Etoposide	by infusion over 2 hours
Day 2-5	Etoposide	by infusion over 2 hours
Day 8	Vincristine	by short infusion
Day 15	Vincristine	by short infusion
	Doxorubicin	by infusion over 4 hours
Day 1-15	Prednisolone	Steroid tablets given 3 times each day

FOLLOWED BY:

COPDAC – You will have 1, 2 or 4 cycles (each cycle lasts 28 days).

The number of cycles will depend on how widespread your lymphoma was before starting treatment (lymphoma 'stage'). Your doctor will discuss how many cycles you need.

Day 1	Vincristine	by short infusion
	Dacarbazine	by infusion over 30 minutes
	Cyclophosphamide	by infusion over 1 hour
	Glucose/Sodium Chloride fluid	by infusion over 6 hours
Day 2+3	Dacarbazine	by infusion over 30 minutes
Day 8	Vincristine	by short infusion
	Cyclophosphamide	by infusion over 1 hour
	Glucose/Sodium Chloride fluid	by infusion over 6 hours
Day 1-15	Prednisolone	Steroid tablets given 3 times a day

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.

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

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.



You will usually have a PET-CT scan after 2 cycles of OEPA to check how well the chemotherapy is working. Most people will have another scan (PET or CT) after finishing chemotherapy.

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Don't delay, if you feel unwell, please ring The Christie Hotline on 0161 446 3658. The lines are open 24 hours a day, 7 days a week.

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 pharmacy.

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 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)

• Flu-like symptoms and headaches

Some chemotherapy may cause flu-like symptoms such as 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)

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.

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 8100** or email informationcentre@christie.nhs.uk. 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 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.

- **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.

- **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.

- **Constipation and reduced appetite**

Vinblastine and 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. Dacarbazine and bleomycin can suppress your appetite. Ask the staff for a copy of 'Eating - help yourself' which has useful ideas about diet when you are having treatment.

- **Urine discolouration**

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

- **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**

Chemotherapy can reduce the production of platelets, which help the blood to clot. Let your doctor know if you have any bleeding, such as nosebleeds, bloodspots or rashes on the skin, and bleeding gums. You may need a platelet transfusion.

Uncommon side effects (less than 1 in 10)

- **Skin rash**

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

- **Tingling and 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.

- **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.

- **Liver or kidney function changes**

This is detected on your blood tests, it usually returns to normal without treatment

- **Steroid side effects**

Prednisolone can cause side effects such as indigestion, increased appetite, weight gain, mood changes, difficulty sleeping, thinning of the bone (osteoporosis) or the skin, muscle weakness, raised blood pressure, raised blood sugar levels, swelling of the ankles (fluid retention), and rarely, longer lasting damage to the bone or joints (avascular necrosis).

- **Irritation of the bladder**

Cyclophosphamide can irritate the bladder. Drinking plenty of fluids will help prevent this. However, if you notice blood in your urine, please make sure that you tell your doctor or nurse.

- **Pain along the vein**

Dacarbazine can also cause pain along the vein during treatment. Tell your nurse if this happens and the infusion can be slowed down. This is usually only an issue if you have chemotherapy through a temporary drip. This is very unlikely if you have chemotherapy through a line, which stays in your arm throughout treatment.

Rare side effects (less than 1 in 100)

- **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.

Tumour Lysis Syndrome

This treatment may cause the rapid breakdown of lymphoma cells, which may lead to abnormalities in the blood. This problem is more likely if your disease is widespread 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.

Sex, contraception and 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 an increased chance 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.

Higher doses of doxorubicin may cause changes in the muscle of the heart. This can affect how the heart works. The effect on the heart depends on the dose given. It is very unusual for the heart to be affected if you have standard doses. Tests to see how well your heart is working may sometimes be carried out before the chemotherapy is given.

Blood transfusion

As you have Hodgkin Lymphoma, if you ever need a blood or platelet transfusion in future, the blood transfusion laboratory will select 'irradiated' blood. This is to avoid a serious but very rare complication. We will give you a leaflet and alert card about this.

Contacts

If you have any general questions or concerns about your treatment, please ring the area where you are having treatment:

- TYA day unit **0161 446 3958**
- TYA lymphoma secretaries **0161 446 3952**
0161 446 8384
0161 446 3954
- Palatine treatment ward **0161 446 3960/3961**
- General enquiries **0161 446 3000**

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 or Salford. 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