

## ABVD chemotherapy for Hodgkin lymphoma

Your doctors have suggested that you are likely to benefit from a course of ABVD chemotherapy treatment. They have weighed the expected benefits in terms of controlling the cancer and its symptoms, against the possibility of side effects. Your doctor will have discussed these with you.

The aim of this treatment is to shrink the cancer and potentially cure the disease. It is not possible to predict, before you start treatment, how your cancer will respond and if the response will be permanent. This factsheet explains what you can expect from the chemotherapy you will receive.

### Treatment plan

ABVD chemotherapy is a combination of four drugs. They are doxorubicin (sometimes referred to as **Adriamycin**), **bleomycin**, **vinblastine** and **dacarbazine**. Your ABVD chemotherapy will be given as a cycle over 28 days as follows:

- doxorubicin – given as an injection into a vein (intravenous) through a thin tube (cannula) on days one and 15
- bleomycin – given as an intravenous injection on days one and 15
- vinblastine – given as an intravenous infusion over 10 - 15 minutes, on days one and 15
- dacarbazine – given as an intravenous infusion over one hour on days one and 15.

Days 16 to 28 are a rest period. Each four week period is called a cycle.

The treatment is usually given over a period of two to six months. Your doctor will discuss with you, the number of cycles you are likely to have.

A new cannula will be placed in your arm before each dose of chemotherapy and will remain there only while that chemotherapy is being given. Some people may have their treatment given through a central venous access device (see The Royal Marsden booklet *Central venous access devices* for further information).

The doctors in clinic will see you and have your blood tested before each cycle of chemotherapy. Treatment may be delayed if your blood count is not at a suitable level.

This factsheet should be read together with The Royal Marsden booklet *Chemotherapy your questions answered*. The booklet offers general information about chemotherapy and details about many of these side effects and how to manage them.



## Side effects

All drugs can have some side effects and this includes ABVD chemotherapy. These vary and for some people they may not occur.

### The more common side effects are:

- **Tiredness or lethargy** – during your chemotherapy, you may become very tired a few days following treatment. Pace yourself and rest as necessary.
- **Low blood count** – chemotherapy temporarily reduces the rate at which blood cells are produced in your bone marrow. This may cause:
  - anaemia (low red cell count) – you may need blood transfusions.
  - neutropenia (low white cell count), which may increase your risk of developing an infection.
  - Thrombocytopenia (low platelet count), which may increase your tendency to bleeding – you may need platelet transfusions.

**If you feel unwell at any time or have a temperature (37.5°C/99.5°F or higher or 35.5 °C/95.9 °F or lower) you should contact the hospital immediately** as you may need to be admitted for intravenous antibiotics. For further information please refer to The Royal Marsden booklet *Chemotherapy your questions answered*.

- **Nausea and vomiting** – chemotherapy sometimes causes this. It can usually be managed with anti-sickness (anti-emetic) drugs.
- **Skin changes and rashes** – some may be very itchy, but they are usually mild. Medications can be given to help if the rash is itchy. Some people's skin may also undergo colour changes. You will need to take care in the sun as your skin may burn more easily during treatment and for several months afterwards.
- **Hair loss** (alopecia) – temporary hair loss usually happens. For further information please refer to the Macmillan booklet *Coping with hair loss*.
- **Flu-like condition** (fever, headaches, pain) – this reaction may affect some people for a few hours after treatment has been given. It does not last very long and can be treated with simple paracetamol.
- **Allergic reactions** – some patients experience an allergy to bleomycin, which occurs three to five hours after it is given. Please inform a member of your team if this happens and your doctor will prescribe medicines to control this reaction.
- **A decreased appetite** – during your treatment you may find that you lose your appetite.
- **Sore mouth** – keep your mouth clean and healthy by drinking plenty of fluids and carrying out good oral hygiene.
- **Numbness and tingling in the hands and feet** (peripheral neuropathy) – the effect of vinblastine on nerves. Tell your doctor if you get any of these sensations, so they can be monitored. These symptoms usually get better after treatment ends, although it may take some time.
- **Discoloured urine** – doxorubicin is red in colour and may cause your urine to become pink or red for up to 24 hours following each treatment.



### Less common side effects are:

- **Lung damage** – bleomycin can cause changes to the lungs. Tell your doctor if you have any changes with your breathing or a cough.
- **Constipation or diarrhoea** – you may experience either of these. Constipation can be treated with laxatives and diarrhoea can be treated with medications that slow the bowel.
- **Changes in kidney and liver function** – there may be changes in the way your liver and kidneys work.
- **Nail changes** – your nails may become darker than usual and they may develop ridges. White lines may appear on them. These changes usually grow out over a few months after the treatment has finished.
- **Thrombophlebitis** – swelling and inflammation of the vein where the chemotherapy is given.
- **Headache** – tell your doctor if you get any headaches. Often painkillers such as ibuprofen and/or paracetamol can be given.
- **Depression** – you may experience depression (a feeling of unhappiness or sadness) during your therapy. If you experience any changes in your mood, contact your doctor.
- **Damage to the heart muscle** – there is evidence that very large cumulative doses of doxorubicin (all the doses added together) could cause long-term heart damage. The total dose that we use is far below this and therefore the risk is extremely small. It is important, however, that you inform your doctors at once if you have had heart disease in the past.
- **Eye irritation** – doxorubicin can cause inflammation of outermost layer of the eye and the inner surface of the eyelids (conjunctivitis). It can also cause excessive tear production.

### Fertility, pregnancy and breastfeeding

- **Fertility** – Chemotherapy can damage the testis or ovary. This may affect your ability to conceive (or father a child). Infertility can be temporary or permanent. Sometimes, in women, chemotherapy can lead to premature menopause. If relevant to you, you may wish to discuss the issue of fertility with your doctor before treatment is started.
- **Pregnancy** – During chemotherapy and for up to a year afterwards, if sperm or eggs are produced they may be abnormal. Treatment can also harm an unborn child. We recommend that you or your partner use a barrier method of contraception (such as condoms), during treatment and for one year afterwards. If you know you are pregnant before starting treatment or become pregnant during treatment, you must tell your doctor immediately.
- **Breastfeeding** – there is a risk of harm to a child who is being breastfed since the drug may be concentrated in the milk. It is very important that women do not breastfeed while receiving chemotherapy.



We have listed the most common side effects of this chemotherapy. You may experience some or several of these side effects listed above and they may be mild, moderate or severe. Some can occasionally be life-threatening.

As with all drugs, there may be other side effects not mentioned here that you may experience. Because of the risk of side effects, it is important that you:

- **Always** tell your doctor if you suffer from any of these side effects, or if you have experienced any new symptoms since your last visit. Your doctor can help you by giving you medication or advice, to reduce or stop these side effects from occurring in the future.
- **Always** tell your doctor about any other medicine you are taking or planning to take, including herbal and complementary therapies.
- **Always** consult your doctor before having any other procedure, for example, dental work or vaccinations.

### **Blood clots**

Both the lymphoma and the chemotherapy can increase the risk of developing blood clots. Blood clots can occur in the veins causing problems like deep vein thrombosis (clot in the leg causing swelling of the leg) or pulmonary embolus (clot in the lung causing shortness of breath or chest pain). Blood clots can also occur in the arteries leading to a heart attack, stroke or impairment of the blood supply to a limb. Blood clots can be life threatening but can usually be treated by drugs that thin the blood. If you are concerned about any of the above, please inform your doctor immediately.

### **Contact details**

Please contact your Clinical Nurse Specialist if you have any concerns or queries.

Sutton: 020 8661 3987  
Chelsea: 020 7808 2247

Alternatively, please call:

**The Royal Marsden Macmillan Hotline:** 020 8915 6899  
(available 24 hours a day, 7 days a week)

