

*The* ROYAL MARSDEN

NHS Foundation Trust

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# Taxotere<sup>®</sup> chemotherapy for breast cancer

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**Breast Unit**

**Patient Information**



**NHS**



## Introduction

Your doctors have suggested that you are likely to benefit from a course of Taxotere chemotherapy treatment. They have weighed the expected benefits in terms of controlling the cancer and its symptoms, or reducing the chance of the cancer coming back, against the possibility of side effects. Your doctor will have discussed these with you, as well as any possible alternative treatments. If you are still unsure about the benefits then please ask. This booklet explains what you can expect from the chemotherapy you will receive.

This booklet should be read together with The Royal Marsden booklet *Chemotherapy; your questions answered* or Breast Cancer Now's *Chemotherapy for breast cancer*. These booklets offer general information about chemotherapy and details about many of these side effects and how to manage them. If you have not yet received either of these booklets, please ask your clinical team.

## Treatment plan

Treatment consists of a drug called Taxotere (also known as docetaxel), which is a colourless fluid. Treatment is given on day one every three weeks, referred to as a 'cycle' of chemotherapy. The number of cycles you receive will depend on your individual circumstances and your doctor will discuss this with you. Usually, this is between three and six cycles (nine to 18 weeks). Taxotere is given by intravenous (into a vein) injection through a cannula (thin tube) sited in your arm. Each dose of chemotherapy will be given on a single visit as an outpatient.

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. You will have blood tests carried out before each cycle of chemotherapy and treatment may be delayed if your blood cell count is not at a suitable level.

## Side effects of chemotherapy

All drugs can have some side effects and this includes Taxotere. These vary and for some people they do not occur at all. The main problems to look out for are as follows:

- **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, which may be serious and, rarely, life threatening. You may be given injections to boost your white blood cells if necessary.
  - increased tendency to bleeding – you may need platelet transfusions.

**If you feel unwell at any time or have a temperature (38°C/100°F or higher) 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*.

- **Diarrhoea** – tell the doctor or nurse if this happens more than four times in 24 hours. Drink plenty of fluids. This problem is rarely severe.
- **Fluid retention** – you may notice that you gain weight and/or that your ankles and legs swell. This decreases slowly once your treatment has finished. To help reduce the chance of fluid retention you will be given steroid tablets (usually dexamethasone) to take for three days beginning the day before treatment.
- **Allergic reactions** – signs of an allergic reaction are a high temperature, shivering and other flu-like symptoms, breathlessness, an urgency to pass urine, reddening of the face, and an itchy rash. If the reaction occurs during

treatment it can occasionally be life-threatening and you will be monitored for any of these signs during your treatment. Tell your doctor or nurse if you have any of these symptoms both during and after treatment. The dexamethasone given for fluid retention can help to prevent this reaction occurring.

- **Hair loss** (alopecia) – you usually lose all the hair from your head. You may also lose your eyelashes, eyebrows or other body hair. Hair loss is usually temporary, and your hair will usually grow back after treatment ends. But rarely, the hair loss is permanent. Hair may not grow back or it may be thinner than before. If you are worried about this, please talk to your cancer doctor or nurse.
- **Nausea and vomiting** – chemotherapy sometimes causes this. It can usually be managed with anti-sickness (anti-emetic) drugs.
- **Changes in nails** – 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.
- **Skin reactions** – the skin over the vein used for the injection may become discoloured. Your skin generally may darken. This will slowly return to normal a few months after treatment is finished.
- **Tissue damage** (extravasation) – this can happen if Taxotere leaks out of the vein and into the surrounding tissues. This may result in some pain and take some time to heal. If you notice any burning or stinging while you are receiving the chemotherapy or if the area around the injection site becomes red or swollen at any time, you should tell your nurse or doctor immediately.
- **Infertility** – this treatment may affect your ability to conceive (or father a child). If appropriate, you may wish to discuss your options for fertility preservation with your doctor before treatment is started. In females, the risks of permanent infertility and premature menopause are dependent on age.

- **Risk of damage to the unborn or breastfeeding child**
  - Pregnancy – we recommend that you or your partner use a barrier method of contraception, such as condoms, during treatment and for at least one year afterwards.
  - Breastfeeding – there is a risk of damage 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.
- **Sore mouth** – keep your mouth clean and healthy by drinking plenty of fluids and following good oral hygiene. If you develop a sore mouth, we can prescribe mouthwashes to help with this. You may also have a metallic taste in your mouth. This is only temporary.
- **Peripheral neuropathy (pins and needles or numbness)** – pins and needles, tingling and eventual numbness in your hands and feet can sometimes occur with Taxotere. Most of the time, these symptoms will get better after your treatment ends, although it may take some time. If they become severe you must inform your doctor or nurse immediately.
- **Tiredness or lethargy** – during your chemotherapy, you may become tired more easily after normal activities. This is quite normal and usually occurs with all types of chemotherapy. Your tiredness should resolve in time.
- **Muscle/bone pain** – this can sometimes occur with Taxotere. If you experience this, you can treat it with a combination of paracetamol and ibuprofen. Discuss this with your doctor or nurse.
- **Memory and concentration** – some patients find that their short-term memory and concentration are not so good while they are undergoing chemotherapy. This usually resolves soon after treatment has finished. This may affect your ability to work during treatment if your job involves a great deal of mental effort.

We have listed the most common and serious side effects of this chemotherapy. As with all drugs, there may be other side effects 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, vaccinations.

## Contact details

Please contact us if you have any concerns or queries.

Your consultant

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Specialist registrar

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Medical Day Unit, Chelsea (NHS patient) 020 7808 2320

GH Day Unit, Chelsea (private patients) 020 7808 2872

IV team, Sutton (NHS patients) 020 8661 3084/3825

Robert Tiffany Day Unit, Sutton  
(private patients) 020 8661 3944

If you cannot get through to these numbers and your call is urgent or if you need to call after 5pm or at the weekend, please call:

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



## Notes and questions

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## References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Freephone: 0800 783 7176

Email: [patientcentre@rmh.nhs.uk](mailto:patientcentre@rmh.nhs.uk)

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Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

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[royalmarsden.org](http://royalmarsden.org)

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