

The ROYAL MARSDEN

NHS Foundation Trust

Docetaxel, carboplatin and trastuzumab (TCH) for early breast cancer

Breast Unit

Patient Information



NHS

Introduction

Your doctors have suggested that you are likely to benefit from a combination of docetaxel (Taxotere) and carboplatin chemotherapy with trastuzumab (Herceptin) treatment.

Herceptin is one of a new group of cancer drugs called monoclonal antibodies. It works by interfering with one of the ways in which breast cancer cells divide and grow by blocking the attachment of a protein called human epidermal growth factor to another protein (HER2), which is found on the surface of some breast cancer cells. Herceptin only works in people who have high levels of the HER2 protein. Herceptin is often given in combination with chemotherapy to get a better response to treatment.

Your doctors have weighed the expected benefits in terms of reducing the chance of the cancer coming back, against the possibility of side effects. Your doctor will have discussed these with you. If you are still unsure about the benefits then please ask. This booklet explains what you can expect from the treatment 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 received either of these booklets, please ask your clinical team.

Treatment plan

You will be given docetaxel and carboplatin every **three** weeks for a total of up to six treatments. We will give you Herceptin every **three** weeks for a total of up to 12 months.

The drugs are given through a cannula (fine tube) into a vein in your arm. A new cannula will be placed in your arm before each treatment and will stay there only while that chemotherapy is being given. Docetaxel and carboplatin are given separately and usually take about one hour each.

The first dose of Herceptin will be given over an hour and a half on a separate day to your chemotherapy, but thereafter all three drugs will be given on the same day. After the first dose, Herceptin can usually be given over half an hour to an hour. You will need to be observed for a period of time after your Herceptin infusion. This will be longer with the first infusion. We will carry out blood tests before each cycle of chemotherapy and treatment may be delayed if your blood cell count is not at a suitable level.

Important: we will give you dexamethasone (a steroid drug) to take the day before, and for two days after, your chemotherapy. This is to reduce the risk of you having an allergic reaction to the drug docetaxel. It is very important you take these tablets as prescribed. If you forget to take this medication, please let your doctor or nurse know before you start your chemotherapy.

During treatment: Let your doctor or nurse know immediately if you develop any redness, soreness or pain at the injection site, skin rash, itching, fever, shivers, shakes, redness of the face, pain, dizziness, wheezing or become short of breath.

At home:

- It is important to take your anti-sickness drugs as prescribed, even if you do not feel sick at the time. This is because it is easier to prevent sickness than to stop it once it has started.
- Tell your doctor if you develop any numbness or tingling in your fingers or toes.
- Clean your teeth and mouth regularly.

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*.

Possible side effects

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

- **Increased infection risk** – This risk is **low**. It occurs because white blood cells help fight infection and they can become low while receiving chemotherapy. This is most common seven to 10 days after treatment. Contact your hospital straight away if you develop a high temperature, shivering, flu-like symptoms or other signs of infection such as a sore throat or cough. You will need to have a blood test before having your next treatment to check that your blood count has returned to normal. If your count is still low, it may be necessary to delay your next treatment.
- **Bruising or bleeding** – Docetaxel and carboplatin can reduce the production of platelets (which help the blood clot). Let your doctor know if you develop any unexplained bruising or bleeding, such as nosebleeds, blood spots or rashes on the skin, or bleeding gums.
- **Anaemia** – (low number of red blood cells) This can make you feel tired and breathless. Let your doctor or nurse know if you develop these symptoms. You may need a blood transfusion.
- **Nausea and vomiting** – You will be given anti-sickness medications to prevent this. If you start to feel or be sick, contact your doctor or nurse because your anti-sickness medication may need to be changed or increased.
- **Tiredness** – Many people feel tired during chemotherapy, particularly for the first few days after treatment. Gentle exercise each day, along with plenty of rest, has been shown to help improve tiredness.
- **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.

- **Sore mouth and ulcers** – The lining of your mouth and throat may become sore and you may develop small ulcers. To prevent this, rinse your mouth after each meal and before bed with salty water (dissolve one teaspoon of salt in a glass of warm water). Use a soft toothbrush. Tell your doctor or nurse if you develop a painful mouth or throat, or white coating of your tongue, as they can prescribe some mouthwash.
- **Muscle and bone pain** – Docetaxel can cause this. It can be treated with a combination of paracetamol and ibuprofen. Discuss this with your doctor or nurse.
- **Numbness or tingling in the hands and feet (peripheral neuropathy)** – This is due to the effect of docetaxel and/or carboplatin on the nerves. You may notice you have difficulty doing up buttons or picking up small items. Tell your doctor if you experience these symptoms as they need to be monitored. The problem usually improves slowly over a few months after finishing chemotherapy.
- **Nail changes** – This treatment may cause your nails to become darker than usual, develop ridges and become brittle. These changes will grow out after finishing the chemotherapy.
- **Skin changes** – Your skin may become dry and you may develop a rash. Keep your skin moisturised with a gentle cream such as aqueous cream or Diprobase. Tell your doctor if you get a rash.
- **Fluid retention** – This treatment can cause you to retain fluid. The dexamethasone that you will be given to take before treatment will help prevent this. If you notice swelling in your hands or feet or any unusual weight gain, let your doctor or nurse know.

- **Taste changes** – You may notice your food tastes different. Normal taste will usually return after chemotherapy finishes.
- **Allergic reaction** – Some people can have an allergic reaction to chemotherapy while it is being given. Let your doctor or nurse know immediately if you develop any skin rash, itching, high temperature, shivering, dizziness, headache or breathlessness during treatment so that it can be managed quickly.
- **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.

Fertility, pregnancy and breastfeeding

Loss of periods – Chemotherapy affects the ovaries such that your periods may become irregular and may eventually stop. Often this is temporary, but in some women this may be permanent. This will result in menopausal symptoms such as hot flushes, sweats and vaginal dryness. If you find these symptoms distressing, discuss them with your doctor as there are some treatments available.

Fertility – Chemotherapy can damage the testis or ovary. This may affect your ability to conceive (or father a child). Infertility can be temporary or more 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.

Possible side effects of Herceptin

- **Heart problems** – Herceptin can lead to heart problems but **very rarely** with this combination of drugs. Your heart function will be checked with an echocardiogram before starting and at regular intervals throughout treatment.
- **Flu-like symptoms** – This may include a high temperature and chills shortly after the drug is given.
- **Headaches** – Let your doctor know if you experience headaches during your Herceptin treatment.
- **Allergic reactions** – These sometimes occur with the first course of Herceptin but are very rare with subsequent courses. Signs may include rash, itching, wheezing, and breathlessness. We will monitor you closely during the infusion, but let your doctor or nurse know if you develop any of these symptoms. You may be given an antihistamine before the infusion to reduce the chance of a reaction. If a reaction does occur, the infusion will be slowed or stopped until the symptoms resolve.

We have listed the most common and serious side effects of this treatment. 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

Specialist registrar

IV team, Sutton (NHS patients)	020 8661 3084/3825
Robert Tiffany Day Unit, Sutton (private patients)	020 8661 3944
Medical Day Unit, Chelsea (NHS patients)	020 7808 2320
GH Day Unit, Chelsea (private patients)	020 7808 2872

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)

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

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

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