

The ROYAL MARSDEN

NHS Foundation Trust

EC-accelerated Taxol chemotherapy for early breast cancer

Breast Unit

Patient Information



NHS

Introduction

Your doctors have suggested that you are likely to benefit from a course of EC-accelerated Taxol chemotherapy treatment. They 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 leaflet explains what you can expect from the chemotherapy you will receive.

This leaflet 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

You will be given EC-accelerated Taxol chemotherapy treatment in two parts.

The first part consists of a combination of two drugs – epirubicin and cyclophosphamide (EC) which is given every **two** weeks or **three** weeks for four cycles

You will be having the following regimen:

- EC chemotherapy every **two weeks** for four cycles
- EC chemotherapy every **three weeks** for four cycles

The second part consists of a drug called Taxol (also known as paclitaxel) which will be given every **two** weeks for four cycles. The reason for changing to a different drug is that this reduces the risk of cancer cells becoming resistant to chemotherapy.

It may be necessary to give you a treatment called GCSF with the EC (epirubicin cyclophosphamide) to stimulate your white blood count. This is to help prevent infection. GCSF is not usually needed with Taxol.

The drugs are 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 EC chemotherapy

All drugs can have some side effects and this includes EC chemotherapy. These vary and for some people they do not occur at all.

The main problems to look out for are as follows:

- **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.
- **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.
- **Nausea and vomiting** – chemotherapy sometimes causes this. It can usually be managed with anti-sickness (anti-emetic) drugs.
- **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
- 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*.

- **Infertility** – this treatment may affect your ability to conceive (or father a child).
- **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.
- **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.
- **Bladder irritation** (cystitis) and urine discolouration – rarely, cyclophosphamide can cause cystitis (since it is excreted in the urine). We recommend that you drink about an **extra** pint (half litre) of fluid in the 24 hours after each injection. Epirubicin is red in colour and may cause your urine to become pink or red for up to 24 hours following each treatment.

- **Eye irritation** (conjunctivitis) – we can prescribe eye drops to soothe your eyes and decrease the irritation.
- **Tissue damage** (extravasation) – this can happen if epirubicin 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.
- **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.

Side effects of Taxol chemotherapy

The above side effects are less likely to occur with the Taxol part of your treatment, but there are some other side effects which may occur with this treatment.

- **Muscle/bone pain** – this can sometimes occur with Taxol. If you experience this, you can treat it with a combination of paracetamol and ibuprofen. Discuss this with your doctor or nurse.
- **Peripheral neuropathy** (pins and needles/numbness) – pin and needles, tingling and eventual numbness in your hands and feet can sometimes occur with Taxol. Usually the symptoms are minor and not troublesome but if they become severe, you must inform your doctor or nurse immediately.

Long-term risks of EC chemotherapy

As far as we are aware, there are very few long-term risks with chemotherapy.

- **Damage to the heart muscle** – there is however, evidence that very large cumulative doses of epirubicin (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.
- **Serious blood disorders** – there is a very small risk of serious blood disorders including leukaemia. With current doses of drugs, the risk of this is far less than the gain associated with controlling your cancer.

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

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 patient) 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)

Notes and questions

Notes and questions

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

Telephone: Chelsea 020 7811 8438 / 020 7808 2083

Sutton 020 8661 3759 / 3951

Email: patientcentre@rmh.nhs.uk

No conflicts of interest were declared in the production of this booklet.

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

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