

*The* ROYAL MARSDEN

NHS Foundation Trust

---

# Irinotecan chemotherapy for bowel cancer

---

**GI Unit**

**Patient Information**



**NHS**



## Introduction

Your doctors have suggested that you may benefit from a course of irinotecan 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.

Although this treatment may result in the cancer shrinking and/or prolonging your life, it is unlikely to get rid of the cancer entirely. However, the benefits you may receive from treatment may last for some time. It is not possible to predict, before you start treatment, how your cancer will respond or for how long treatment will be beneficial. If you are still unsure about the benefits, then please ask. This leaflet explains what you can expect from the chemotherapy you will receive.

## Treatment plan

Irinotecan is given by injection into a vein over 60 minutes, once every two to three weeks. Each chemotherapy treatment and following rest period over three weeks is called a cycle.

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. 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.

The treatment is usually given over a period of six months. You will also have a CT scan every 12 weeks. The doctors will examine the scans and blood test results to assess how you are responding to the treatment. If the CT scan shows that your tumour is not responding, this treatment will stop and your doctor will discuss further treatment options with you.

## Side effects

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

The more common side effects are:

- **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 bruising and 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), 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.
- **Hair loss** (alopecia) – temporary hair loss usually happens. It can occur on all parts of the body, including the head, face, arms and legs, underarms, and pubic area. You may want to ask for information on wigs. For further information, please refer to the Macmillan booklet *Coping with hair loss*.

- **Increased sweating, production of saliva, watery eyes, stomach cramps and diarrhoea during the infusion** – this collection of side effects is known as ‘acute cholinergic syndrome’. To help reduce these side effects, you will be given an injection of a drug called atropine under the skin, before the irinotecan is given after the infusion.
- **Diarrhoea** – a few days after irinotecan, you may develop severe diarrhoea. You will be given medication for this and you need to follow these instructions:
  - Take loperamide 4mg after the first loose stool followed by loperamide 2mg every loose motion. Do not take more than the maximum dose of 16mg per day.
  - Please contact The Royal Marsden Macmillan Hotline if you experience four episodes of diarrhoea in one day and when to commence ciprofloxacin 250mg.

Please contact the hospital for advice as soon as diarrhoea starts. If it continues beyond 48 hours or you also have a fever or nausea or vomiting, then you may need to be admitted to hospital. You may become dehydrated if you have a lot of diarrhoea and may need intravenous fluids.

- **Tiredness and lethargy** – during your chemotherapy, you may become very tired a few days following treatment. Pace yourself and rest as necessary.
- **Sore mouth and mouth ulcers** – keep your mouth clean and healthy by drinking plenty of fluids and carrying out good oral hygiene. If you develop a sore mouth, we can prescribe mouthwash to help with this.
- **Taste changes** – you may find taste changes affect your appetite. However, it is important to make sure you drink plenty of fluids, at least 10 glasses or cups a day, and eat well.

It is important that you inform your doctor at your next hospital visit, if you experience any of these side effects. With certain side effects, a treatment break or dose reduction may be necessary. If you have any concerns regarding these side effects, please contact The Royal Marsden Macmillan Hotline.

## 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.

## Blood clots

Some cancers increase the risk of developing blood clots. Chemotherapy drugs can also cause an increase in the risk of patients developing blood clots whilst they are on treatment. The most common place for blood clots to form is in the calf. This is called a deep vein thrombosis (DVT) and causes the leg to swell. If a part of the clot breaks free, it may travel to the lungs, causing shortness of breath or chest pain. This is called a pulmonary embolus (PE).

Blood clots can be life threatening and treatment with blood-thinning drugs (anti-coagulants) is usually given to help 'dissolve' the clot and prevent further problems. Please inform your doctor immediately if you are worried you may have a blood clot.

Airline travel is also associated with an increased risk of blood clots. It is important that you inform your hospital team of any travel plans whilst you are on treatment.

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 or lead to death and occur in 0.5-5% of cases (less than one in 100 people). All side effects will be discussed with you, however please raise any questions that you may have with your medical team or Clinical Nurse Specialist (CNS).

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.



## 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  
Freephone: 0800 783 7176  
Email: [patientcentre@rmh.nhs.uk](mailto: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.

The patient information service is generously supported by The Royal Marsden Charity.

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

Registered Charity No.1095197



Revised July 2022. Planned review July 2025  
© The Royal Marsden NHS Foundation Trust GI-0920-08



Radiotherapy and  
Chemotherapy Services  
F538021 & F538022

