

*The* ROYAL MARSDEN

NHS Foundation Trust

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## Bevacizumab for bowel cancer

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**GI Unit**

**Patient Information**



**NHS**



## Introduction

Your doctors have suggested that you are likely to benefit from a type of drug treatment called a monoclonal antibody. They are recommending a drug called bevacizumab. 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 treatment you have been offered is called palliative treatment. The aim of palliative treatment is to control the growth of your cancer and relieve or improve any symptoms. Although this treatment may result in your cancer shrinking and/or prolonging your life, it is unlikely to get rid of your 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 drug you will receive.

Bevacizumab (sometimes called Avastin®) is a type of targeted therapy called a monoclonal antibody. An antibody is a protein that normally is produced by the body to fight infection. Bevacizumab is an antibody that combines with substance in the body called VEGF (Vascular Endothelial Growth Factor). VEGF is important for the growth of new blood vessels. In turn, the growth of new blood vessels is essential for the growth of cancer.

One of the ways that bevacizumab works is to reduce the blood supply to cancers and to slow their growth. It is more effective when it is given with chemotherapy and has little effect when it is given on its own.

## Treatment plan

Bevacizumab can be given once every two or three weeks. How often it is given depends on how often the chemotherapy is given. This is so that both treatments can be given at the same time.

- The side effects of bevacizumab may be different to the ones you may experience with chemotherapy. Bevacizumab is given in a drip over 10 minutes. Sometimes patients get 'flu like' symptoms (temperature and shivering) when the drip is given. If this happens, future drips will be given over a longer period of time (60 to 90 minutes).

## Side effects

Bevacizumab, like all drugs, can produce severe side effects. Some of the side effects are due to the effects of bevacizumab on your normal blood vessels.

The more common side effects are:

- **High blood pressure** – your blood pressure will be checked throughout the treatment. If you develop high blood pressure, we will treat it with the appropriate medication. High blood pressure usually settles down when bevacizumab is stopped. If you already have high blood pressure before starting treatment, your doctor may need to increase your existing blood pressure medications. About 10 to 15 in 100 patients (10 to 15%) treated with bevacizumab develop high blood pressure during treatment.
- **Protein in your urine** – we will test your urine before and during treatment for protein (proteinuria). If your urine contains protein, you may need further tests to check if your kidneys are working normally.
- **Bleeding** – this can range from mild nose bleeds to more severe bleeding (haemorrhage). Serious bleeding is, however, less common.

- **Blood clots** – some patients have developed blood clots which can increase the risk of having a stroke or heart attack. This risk is slightly increased if you are 65 years or older, or if you have had blood clots before.

**Less common side effects are:**

- **Bleeding at tumour sites** – if this happens in the brain, it could result in permanent disability or death. Therefore, if there is evidence of tumours in the brain before treatment, it is unlikely that bevacizumab would be used for you.
- **Heart failure** – some patients have developed heart failure during bevacizumab treatment. However, we do not know whether bevacizumab contributed to the heart failure in these patients.
- **Perforation of the bowel** – rarely, a few patients on this treatment have experienced perforation of the bowel. You will be prescribed a gastro-protective medicine during treatment.
- **Delayed wound healing** – bevacizumab may delay wound healing. If you have had recent surgery, bevacizumab will only be started 28 days after major surgery or when your wound has fully healed.
- **Reversible posterior leukoenceopathy** – this is a very rare neurological complication of bevacizumab and it may present with headaches, visual disturbances, confusion and seizures.

## **Fertility, pregnancy and breastfeeding**

We do not know what effect bevacizumab has on fertility or a developing baby. Therefore we recommend the following advice given for chemotherapy drugs.

- **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.

Some cancers can increase the risk of developing blood clots. Some chemotherapy drugs (and some other anti-cancer drugs) can also increase the risk of developing blood clots. The type of blood clot seen most often occurs in the veins causing problems like deep vein thrombosis (DVT). This usually refers to a clot in one of the leg veins, causing swelling of the leg. 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.

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

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.

## Contact details

Please contact us if you have any concerns or queries.

Clinical Nurse Specialist (Sutton)            020 8661 3113

Clinical Nurse Specialist (Chelsea)        020 7808 2074

Pharmacy Medicines Helpline                via the Hotline below  
(Monday to Friday, 9am – 5pm)

or

Email: [medicines.information@rmh.nhs.uk](mailto:medicines.information@rmh.nhs.uk) giving full details of your enquiry and a contact telephone number.

Alternatively, 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](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.

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Registered Charity No.1095197



## Notes and questions

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Revised July 2022. Planned review July 2025  
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