

The ROYAL MARSDEN

NHS Foundation Trust

Gemcitabine and cisplatin (GemCis) chemotherapy for biliary tract cancer

GI Unit

Patient Information



NHS

Introduction

Your doctors have suggested that you may benefit from a course of gemcitabine and cisplatin 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

Cisplatin is a chemotherapy drug. It is given as an infusion (drip) through a cannula (fine tube) into a vein in your arm on day one of treatment. It is given over one hour and is followed by one litre of intravenous fluid to protect your kidneys. The infusion is given during an outpatient visit and will be repeated on day eight followed by a one week rest.

It is possible you may need to have a central venous access device for the cisplatin to be given into one of your larger veins for this treatment. Please see The Royal Marsden booklet *Central venous access devices* for further information.

Gemcitabine is a chemotherapy drug. It is given by injection into a vein over 30 minutes on day one of treatment. It will be repeated on day eight followed by a one week rest.

The treatment is repeated every three weeks. Each three week period is called a cycle. 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.

You will also have a CT scan between nine and 12 weeks. The review of your CT scan and response will be discussed with you by the doctor at your next clinic/treatment appointment. 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 gemcitabine and capecitabine 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*.

- **Tiredness and 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.
- **Hair thinning** – occasionally thinning of the hair may occur. However, it is unlikely that you will need a wig and your hair will regrow six to eight weeks after treatment is completed. For further information, please refer to the Macmillan booklet *Coping with hair loss*.
- **Changes in the way your liver works** - the drugs (especially gemcitabine) can affect the function of your liver. Likewise, patients with inadequate liver function may not be able to have this drug. You will have a blood test to check how well your liver is functioning before each session of treatment.
- **Damage to the kidneys** – cisplatin may affect your kidneys. This is generally mild and unlikely to cause you any symptoms, but rarely the kidneys may be permanently damaged. Your kidney function will be checked by a blood test before each treatment and the cisplatin will be stopped if the blood test shows any signs of damage.
- **Effects on sensation (peripheral neuropathy)** – a feeling of tingling (pins and needles) or loss of feeling (numbness) in the hands and feet. If you develop persistent changes then the cisplatin may need to be stopped. This will usually resolve over a few months once the cisplatin is stopped but can be permanent.
- **Effects on hearing** – you may develop ringing in your ears (tinnitus) and your hearing can be affected, especially by high-pitched sounds. This usually improves once the cisplatin is stopped although it can be permanent. Please inform the doctor if you notice any hearing loss or tinnitus.
- **Allergic reaction** – this can be associated with skin rash, itching and fever, shivering, dizziness, redness of face or headache. You will be monitored during the infusion. Tell the doctor if you experience any symptoms.

- **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.
- **Skin rashes** – some may be very itchy, but they are usually mild. Medications can be given to help if the rash is itchy.
- **Flu-like condition** (fever, headaches, pain) – this reaction does not last very long and can be treated with paracetamol.

The less common side effects are:

- **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.
- **Constipation or diarrhoea** – you may experience either of these. Constipation can be treated with laxatives and diarrhoea can be treated with medications that slow the bowel.
- **Scarring on the lungs** – this is a rare side effect causing stiffening of the lungs and shortness of breath. If this happens, the chemotherapy will be stopped.
- **Heart disturbance** – cisplatin may rarely affect the heart rhythm.

With certain side effects a treatment break or dose reduction may be necessary. If you have any concerns regarding these side effects, you can contact the hospital (see contact details on page 7).

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

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

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

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