

The ROYAL MARSDEN

NHS Foundation Trust

Raltitrexed (Tomudex) chemotherapy for bowel cancer

GI Unit

Patient Information



NHS

Introduction

Your doctor has suggested that you may benefit from a course of raltitrexed (Tomudex) chemotherapy treatment. This may be given on its own, or in combination with other chemotherapy drugs. It is usually given when there are concerns regarding giving you fluoropyrimidine chemotherapy drugs such as 5-fluorouracil or capecitabine tablets. For instance, you may have had cardiac (heart) problems when you have previously been given these drugs, or have a history of angina. Your doctors will have weighed the potential benefits of treatment, 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

Raltitrexed is a chemotherapy drug. Some patients may need to have a test of their kidney function performed before starting treatment with this drug. Raltitrexed is given as an injection over 15 minutes into a vein, during an outpatient visit, every three weeks. You may also receive (or continue to receive) other chemotherapy drugs.

Each chemotherapy treatment and following rest period over three weeks 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 Raltitrexed 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*.

- **Diarrhoea** – it is important that you inform the hospital team if you develop significant diarrhoea (more than four times in 24 hours). They may advise you to take anti-diarrhoeal medication. It is usually easy to control. Make sure that you drink plenty of fluids.

- **Nausea and vomiting** – chemotherapy sometimes causes this. It can usually be managed with anti-sickness (anti-emetic) drugs.
- **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.
- **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.
- **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.
- **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*.
- **Sore eyes (conjunctivitis)** – we can prescribe eye drops to soothe your eyes and decrease the irritation.
- **Skin rashes** – some may be very itchy, but they are usually mild. Medications can be given to help if the rash is itchy.
- **Changes in the way your liver works** – these are temporary effects and are unlikely to cause you any symptoms. Your doctors will monitor this carefully using blood tests. You may need to stop the treatment temporarily.

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 you may contact the hospital (see contact details on page 6).

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.

Contact details

Please contact us if you have any concerns or queries:

Sutton

Medical Day Unit	020 8661 3174 (NHS patients)
Medical Day Unit	020 8661 6670 (Private patients)
Clinical Nurse Specialist/Key Worker	

.....
Tel:

Chelsea

Medical Day Unit	020 7808 2325 / 2320 (NHS patients)
Medical Day Unit	020 7811 8092 (Private patients)
Clinical Nurse Specialist/Key Worker	

.....
Tel:

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

or

Email: 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)

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.

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

royalmarsden.org

Registered Charity No.1095197



Revised February 2023. Planned review February 2026
© The Royal Marsden NHS Foundation Trust GI-1011-05



Radiotherapy and
Chemotherapy Services
F538021 & F538022

