

Docetaxel (Taxotere) with GCSF for hormone sensitive prostate cancer (Urology)

Chemotherapy is the most commonly prescribed anti-cancer treatment but other types of treatment are also used. Your doctor will explain to you whether you will receive chemotherapy or another type of treatment, or a combination of both. Your team will be happy to answer any questions. You will find it useful to refer to the booklet *Chemotherapy: a guide* which gives general information on chemotherapy and side effects.

Your treatment

Your doctor or nurse clinician has prescribed for you a treatment which includes a pre-medication of a high dose steroid called dexamethasone for 3 days and:

- your chemotherapy docetaxel (also called Taxotere)
- GCSF a growth factor which stimulates the bone marrow to make white blood cells to help reduce the risk of infection.

Docetaxel is given into the vein (intravenously) through a fine tube (cannula) as an infusion over 1 hour. GCSF is given as an injection under your skin for 7 days starting the day after chemotherapy with each cycle.

Treatment is given every 3 weeks for 6 cycles.

You will have a routine blood test before the start of each cycle of treatment. Occasionally we may not be able to go ahead with your treatment until your blood counts are back to a safe level. If this happens, your chemotherapy may be delayed a week.

Docetaxel can interact with medicines, herbal products, and some food and drinks. We are unable to list all the possible interactions that may happen. An example is grapefruit or grapefruit juice which can increase the side effects of docetaxel.

Tell your healthcare team about any medicines you are taking. This includes vitamins, herbal supplements and over the counter remedies. Also let them know about any other medical conditions or allergies you may have.

(Warning!) Remember to take your dexamethasone tablets twice daily for 3 days (or according to your doctor's instruction). **Start taking the dexamethasone the day before your chemotherapy.** This is important – dexamethasone helps to prevent allergic reactions to the chemotherapy. If you forget, tell your chemotherapy nurse before you have treatment. (Note: For the first treatment this will be arranged in clinic).



This treatment can have serious or possibly life-threatening side effects. It is very important that you report side effects straight away. Don't delay, if you feel unwell, please ring The Christie Hotline on **0161 446 3658**. The lines are open 24 hours a day.

Please note:

- **Immediate allergic reaction**

Some people may have an **immediate allergic reaction** to the chemotherapy. You may feel short of breath, develop a rash on your body and have red flushes. This is temporary but call your nurse immediately. The nurse can give you an injection to stop this.

- **Steroid side effects**

Take your **prescribed steroid tablets** with food as they may cause indigestion. To help reduce this indigestion your doctor will also prescribe lansoprazole/omeprazole. The steroid tablets may also increase your appetite. It is better to take them earlier in the day, for example with breakfast and lunch, since they can make you feel more alert and prevent sleep.

Steroid tablets can alter your mood causing you to feel low, irritable or agitated. Please tell your doctor or nurse if this is a problem.

Steroids can cause your blood sugar to rise. If you are diabetic then you may need to increase the dose of any diabetic medication you take (insulin or tablets). You should discuss this with your doctor before starting the treatment.

- **GCSF side effects**

GCSF a growth factor which stimulates bone marrow to make white blood cells may be used during chemotherapy treatment to help reduce the risk of infection.

Possible side effects of GCSF may include nausea, vomiting, chest pain, musculoskeletal pain, tiredness, generalised weakness, hair loss, skin rash, constipation, anorexia, diarrhoea, cough, sore mouth/throat, headache and gout. These side effects are the most common side effects of GCSF. Some people may experience other less common side effects, therefore it is important to tell your hospital doctor or nurse about any side effects that you experience.

Possible side effects

Chemotherapy can cause many different side effects. Some are more likely to occur than others. Everyone is different and not everyone gets all the side effects. Most side effects are usually temporary, but in some rare cases they can be life-threatening. It is important to tell your hospital doctor or nurse about any side effects so they can be monitored and, where possible, treated.

Common side effects (more than 1 in 10)

Increased risk of serious infection (Warning!)

You are vulnerable to infection while you are having chemotherapy. Minor infections can become life threatening in a matter of hours if left untreated. Symptoms of infection include fever, shivering, sweats, sore throat, diarrhoea, discomfort when you pass urine, cough or breathlessness. We recommend that you use a digital thermometer so you can check your temperature. You can buy one from your local chemist.

If you feel unwell, you have symptoms of an infection or your temperature is 37.5°C or above, or below 36°C contact The Christie Hotline straight away.

- **Anaemia (low number of red blood cells)**

While having this treatment you may become anaemic. This may make you feel tired and breathless. Let your doctor or nurse know if these symptoms are a problem. You may need a blood transfusion.

- **Bruising or bleeding (Warning!)**

This treatment can reduce the production of platelets which help the blood clot. Let your doctor know if you have any unexplained bruising or bleeding, such as nosebleeds, bloodspots or rashes on the skin, and bleeding gums. You may need a platelet transfusion.

- **Lethargy**

Some chemotherapy may make you feel tired and lacking in energy. It can be frustrating when you feel unable to cope with routine tasks. Speak to your nurse or doctor for further information. If necessary, take time off work. Gentle exercise, such as walking, can be beneficial.

- **Hair loss**

Hair loss is usually total. The hair falls out gradually 10 to 14 days following your first course of treatment. Body and facial hair can also fall out. The time scale varies from person to person. Please remember that this is a temporary side-effect and your hair will begin to grow back a few weeks after your treatment has ended. In a small number of cases there has been prolonged or permanent hair loss.

The cancer information centre offers a coping with hair loss service to all patients where support, information and advice will be given. Drop in, contact **0161 446 8100** or email **the-christie.informationcentre@nhs.net**. Information about the wig service can also be found here and vouchers for wigs can also be obtained for eligible patients. The wig room provides a drop in service, please see The Christie leaflet 'The wig fitting service' for further information.

The Maggie's Centre can support you with hair loss by helping you consider the practicalities as well as the emotional impact. You can call into Maggie's Monday to Friday, 9.00am-5.00pm to speak with their professional team. Maggie's provide expert care and support to everyone with cancer and those who love them. Contact Maggie's on **0161 641 4848** or drop in, their address is The Robert Parfett Building, 15 Kinnaird Road, Manchester, M20 4QL

- **Heartburn**

Chemotherapy treatment can cause indigestion or reflux. If you experience this, please contact The Christie Hotline. Heartburn can be treated with medication from your GP.

- **Joint and muscle pain**

Pain in the joints (also called arthralgia) or muscles (also called myalgia) can be a temporary side effect while having chemotherapy. It is important to tell your doctor or nurse about this, so that appropriate painkillers can be prescribed.

- **Diarrhoea (Warning!)**

Diarrhoea is a common side effect of your treatment. If this is a mild problem while you are having treatment, anti-diarrhoea tablets can be bought from a pharmacy, prescribed by your GP or The Christie Pharmacy for a temporary period until this is resolved.

Follow these instructions **EXACTLY**: Take 2 loperamide capsules as soon as the first liquid stool occurs. If you continue to have episodes of liquid stools, then take 1 capsule/tablet with each episode (allow at least 2 hours between doses). The maximum dose of loperamide is 8 capsules/tablets per day, however some patients with a stoma may require more than this to control output.

If you have a stoma or notice capsules in stoma output, you should ask for tablets rather than capsules.

If the diarrhoea persists for more than 24 hours despite the loperamide, contact The Christie Hotline on **0161 446 3658**.

You must tell your doctor if:

- you have a temperature/fever as well as diarrhoea
- you have nausea/vomiting as well as diarrhoea
- you still have diarrhoea 48 hours after starting the diarrhoea treatment.

If the problem persists or becomes severe, do not delay in contacting The Christie.

Ask the staff for a copy of The Christie booklet 'Eating – help yourself' which has useful ideas about diet when you are having treatment.

- **Tingling and numbness in the fingers and toes**

This is due to the effect of the chemotherapy on the nerves and is known as peripheral neuropathy. You may also notice that you have difficulty doing up buttons or similar tasks. Tell your doctor if you notice any numbness or tingling in your hands or feet. This usually improves a few months after treatment has finished, although this may be permanent.

- **Changes in nails**

The nails may become brittle and their texture or colour may change. This change grows out over several months once the treatment has finished. The nail may lift from the nail bed. If this occurs be very diligent with hand washing. Contact this hospital straightaway if you notice any discharge or oozing from the nail.

- **Sore mouth**

Your mouth may become sore or dry, or you may notice small mouth ulcers during this treatment. Drinking plenty of fluids and cleaning your teeth regularly and gently with a soft toothbrush can help to reduce the risk of this happening. We can prescribe a mouthwash for you to use during treatment. You can dilute this with water if your mouth is sore. Ask your doctor or nurse for further advice. There is also general mouth care information in the chemotherapy booklet. If you continue to have a sore mouth, please contact The Christie Hotline.

- **Skin rash**

You may develop a skin rash. This is usually mild and easily treated. Please tell your doctor on your next visit.

- **Fluid retention**

The chemotherapy can cause fluid retention, so that your hands and feet become swollen. This will be temporary but should you experience this, contact your hospital doctor or nurse.

- **PPE (palmar-planter erythema)**

The skin on your hands and feet may become very dry, red and sore with some cracking. Tell your doctor as creams and tablets can be prescribed which can help. Your chemotherapy dose may need to change. Try to keep your hands and feet cool and if possible, uncovered.

- **Increased sensitivity to the sun**

Your skin will tan/burn in the sun more easily. Sit in the shade, avoid too much sun and use sunblock cream/hats.

- **Strange taste**

Chemotherapy can often leave a strange, metallic taste in your mouth. It can also make food seem tasteless and bland. Normal taste will usually come back after the treatment finishes. Ask the staff for dietary booklets which you may find helpful.

Uncommon side effects (less than 1 in 10)

- **Blood clots (Warning!)**

During chemotherapy you are more at risk of blood clots in the legs (DVT) or lungs (PE). Occasionally these clots can be life-threatening. To help prevent clots, keep mobile and drink plenty of non-alcoholic fluids.

- **Nausea and vomiting (sickness)**

The severity of this varies from person to person. Anti-sickness medication may be given along with your chemotherapy to prevent this. You will be given anti-sickness tablets to take at home. If you continue to feel or be sick, contact your GP or this hospital, because your anti-sickness medication may need to be changed or increased.

- **Constipation**

Try to drink plenty of fluids and eat foods high in fibre. Report this to your hospital doctor who may prescribe a suitable laxative. Ask the staff for a copy of The Christie booklet 'Eating – help yourself' which has useful ideas about diet when you are having treatment.

- **Hyperpigmentation**

Your skin may appear darker in colour or lightly tanned, especially around the joints. This is known as hyperpigmentation. Asian and African-Caribbean people may develop noticeable light patches on their skin. The skin will return to normal when treatment is finished.

Rare side effects (less than 1 in 100)

- **Extravasation**

Extravasation is when chemotherapy leaks outside the vein. If you develop redness, soreness or pain at the injection site at any time, please let us know straight away by ringing The Christie Hotline on **0161 446 3658** (24 hours a day, 7 days a week).

Serious and potentially life-threatening side effects

In a small proportion of patients, chemotherapy can result in very severe side effects which may rarely result in death. The team caring for you will discuss the risk of these side effects with you.

Sex, contraception and fertility

Protecting your partner and contraception: We recommend that you or your partner use a barrier method during sexual intercourse while you are having the course of chemotherapy. Chemotherapy is dangerous to unborn babies and this will also protect you and your partner from any chemotherapy drugs that may be present in semen and in the vagina. If you suspect that your partner may be pregnant please tell your doctor immediately.

Fertility: This chemotherapy may affect your ability to have children. Your doctor or nurse should have discussed this with you. If not, please ask them before you start treatment.

Late side effects

Some side effects may become evident only after a number of years. In reaching any decision with you about treatment, the potential benefit you receive from treatment will be weighed against the risks of serious long term side effects to the heart, lungs, kidneys and bone marrow. With some drugs there is also a small but definite risk of developing another cancer. If any of these problems specifically applies to you, the doctor will discuss these with you and note this on your consent form.

Contacts

If you have any general questions or concerns about your treatment, please ring:

Administration enquiries – **0161 918 7606/7610**

Chemotherapy nurse – **0161 918 7171**

Clinical trials unit – **0161 918 7663**

For advice ring The Christie Hotline on **0161 446 3658** (24 hours a day, 7 days a week)

Your consultant is:

Your hospital number is:

Your key worker is:

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If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact **the-christie.patient.information@nhs.net**

For information and advice visit the cancer information centres at Withington, Oldham, Salford or Macclesfield. Opening times can vary, please check before making a special journey.



Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week