



KEEP ALL MEDICINE OUT OF THE SIGHT AND REACH OF CHILDREN

Carboplatin and etoposide

What is carbo etoposide?

Carbo etoposide is the name of a combination of chemotherapy drugs used to treat small cell lung cancer. It is made up of the drugs

- Carboplatin
- Etoposide

How you have carbo etoposide

- You usually have carboplatin and etoposide chemotherapy as cycles of treatment. Each cycle of treatment lasts 3 weeks. Depending on your needs, you may have up to 6 cycles, taking 4 to 5 months in total.
- You have carboplatin and etoposide into your bloodstream (intravenously).
- You have the treatment every 3 weeks in the following way
- On the first day you have carboplatin as a drip over about an hour and etoposide as a drip over about an hour
- On the second and third day of treatment you have etoposide as a drip over about an hour.
- The side effects of a combination of drugs are usually a mixture of those of each drug. The combination may increase or decrease your chance of getting each side effect or it may change the severity.

Common side effects

More than 10 in every 100 people have one or more of these effects.

- A temporary drop in the number of blood cells made by the bone marrow, leading to the following side effects
- An increased risk of getting an infection from a drop in white blood cells – it is harder to fight infections and you can become very ill. You may have headaches, aching muscles, a cough, sore throat, pain passing urine or feel cold and shivery.
- **Contact your treatment center straight away if you have any of these effects or if your temperature goes above 38°C**
- Tiredness and breathlessness due to a drop in red blood cells (anaemia) – you may need a blood transfusion
- Bruising more easily due to a drop in platelets – you may have nosebleeds, bleeding gums after brushing your teeth, or lots of tiny red spots or bruises on your arms or legs (known as petechia)
- **Some of these side effects can be life threatening, particularly infections. Contact your treatment centre straight away if you have any of these effects.** Your doctor will check your blood counts regularly to see how well your bone marrow is working.
- Tiredness (fatigue) during and after treatment – most people find their energy levels are back to normal within 6 months to a year
- Feeling or being sick, which is usually well controlled with anti sickness drugs
- Hair loss
- Loss of appetite



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- Loss of taste or a metallic taste
- Kidney changes – you will have blood tests before your treatment to make sure your kidneys are able to cope with the drug
- Your blood pressure can drop if etoposide is given too quickly – if you feel dizzy or faint, call your nurse straight away to slow your drip down
- Women may stop having periods (amenorrhoea) but this may be temporary
- Loss of fertility – you may not be able to get pregnant or father a child after treatment with this drug. It is important to talk to your doctor about fertility before starting treatment if you would like to have a baby in the future

Occasional side effects

Between 1 and 10 in every 100 people have one or more of these effects.

- Skin changes such as a rash, or your skin may redden or darken or get dry and flaky in areas where you have had radiotherapy – this goes away on its own but keep affected areas out of the sun
- Diarrhoea – drink plenty of fluids and tell your doctor or nurse if diarrhoea becomes severe, or continues for more than 3 days
- Constipation – your doctor or nurse may give you laxatives to help prevent this but do tell them if you are constipated for more than 3 days
- Loss of ability to hear some high pitched sounds, which usually gets better on its own
- Inflammation around the drip site – if you notice any signs of redness, swelling or leaking at your drip site, tell your chemotherapy nurse immediately
- About 1 in 100 people have ringing in their ears (tinnitus)

Rare side effects

Fewer than 1 in 100 people have these effects.

- An allergic reaction while having the chemotherapy (usually at the first or second treatment) – let your treatment team know immediately if you have any skin rashes, itching, or feel hot or shivery, go red in the face, feel dizzy, or have a headache, shortness of breath, anxiety or a sudden need to pass urine
- There is a small risk that you may get a second cancer some years after etoposide treatment – if this is going to happen, it most often occurs 5 to 8 years after treatment

Important points to remember

Not everyone will get these side effects. You may have 1 or 2 or several. A side effect may get worse through your course of treatment. Or you may have more side effects as the course goes on. This depends on

- How many times you've had a drug before
- Your general health
- How much of the drug you have (the dose)
- Other drugs you are having



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Coping with side effects

Talk to your doctor, pharmacist or nurse about all your side effects so they can help you manage them. They can give you advice or reassure you. Your nurse will give you a number to call if you have any questions or worries. If in doubt, call them.

Other medicines

Tell your doctor, nurse or pharmacist about any other medicines you are taking, including vitamins, herbal supplements and over the counter remedies – some drugs can react together.

Pregnancy and contraception

These drugs may have a harmful effect on a developing baby. Talk to your doctor or nurse about contraception before having treatment if there is any chance that you or your partner could become pregnant.

Breastfeeding

Breastfeeding is not advisable during this treatment because the drugs may come through in the breast milk.

Medical and dental treatment

If you need to go into hospital for any reason other than cancer, always tell the doctors and nurses that you are having chemotherapy. Give them contact details for your cancer doctor.

Talk to your cancer doctor or nurse if you think you need dental treatment. Always tell your dentist you are having chemotherapy.

Immunisations and chemotherapy

- You should not have immunisations with live vaccines while you are having chemotherapy or for at least 6 months afterwards. These include rubella, mumps, measles (usually given together as MMR), BCG, yellow fever and Zostavax (shingles vaccine).
- You can have other vaccines, but they may not give you as much protection as usual until your immune system has fully recovered from your chemotherapy. It is safe to have the flu vaccine.
- It is safe for you to be in contact with other people who've had live vaccines as injections. There can be problems with vaccines you take by mouth (oral vaccines), but not many people have these now.
- So there is usually no problem in being with any baby or child who has recently had any vaccination.
- You might need to make sure that you aren't in contact with anyone who has had oral polio, cholera or typhoid vaccination recently, particularly if you live abroad.