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## **KEEP ALL MEDICINE OUT OF THE SIGHT AND REACH OF CHILDREN**

### **EOX**

#### **What is EOX?**

EOX is the name of a combination of chemotherapy drugs used to treat stomach cancer and gastro oesophageal cancer. It is made up of the drugs

- Epirubicin
- Oxaliplatin
- Capecitabine (Xeloda)

#### **How you have EOX treatment**

- You usually have EOX chemotherapy as cycles of treatment. Each cycle of treatment lasts 3 weeks. Depending on your needs, you may have up to 8 cycles, taking around 6 months in total.
- You have epirubicin and oxaliplatin every 3 weeks into your bloodstream (intravenously). You may have them through a central line, a portacath or a PICC line. These are long, plastic tubes that give the drugs directly into a large vein in your chest. You have the tube put in just before your course of treatment starts and it stays in place as long as you need it.
- You have each cycle of treatment in the following way.
- On the first day you have epirubicin as an injection and oxaliplatin as a drip (an infusion) over a couple of hours. Epirubicin is a red liquid. You also start taking capecitabine every day. Capecitabine is a peach coloured tablet. You take the tablets twice a day – one dose in the morning and one in the evening. You swallow them whole with plenty of water after food. The body changes capecitabine into the chemotherapy drug fluorouracil.
- Your next cycle of treatment then starts 3 weeks later when you have the epirubicin and oxaliplatin again.
- It is very important that you take tablets according to the instructions your doctor or pharmacist gives you. For example, whether you have a full or empty stomach can affect how much of a drug gets into your bloodstream. You should take the right dose, not more or less. And never stop taking a cancer drug without talking to your specialist first.
- 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 the side effects listed below.

- A temporary drop in the number of blood cells made by the bone marrow, causing
- 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
- Tiredness and breathlessness due to a drop in red blood cells (anaemia) – you may need a blood transfusion



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- 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. You should contact your treatment team if you have any of these effects. Your doctor will check your blood counts regularly to see how well your bone marrow is working.
- Contact your treatment centre if you have any of these side effects or if your temperature goes above 38°C
- Tiredness (fatigue) during and after treatment – most people find their energy levels are back to normal within 6 months to a year
- Epirubicin can turn your urine pink or red for about one day after treatment – this won't harm you
- Feeling or being sick can be severe with epirubicin and oxaliplatin but is usually well controlled with anti sickness medicines – if your sickness is not controlled tell your doctor or nurse as they can change your anti sickness drugs to others that work better for you
- Diarrhoea in 2 out of 3 people (more than 60%) – drink plenty of fluid and tell your doctor or nurse immediately if diarrhoea becomes severe or if it continues for more than 3 days
- A sore mouth
- Numbness or tingling in fingers and toes affects up to 8 out of 10 people (80%) and can cause difficulty with fiddly things such as doing up buttons – it starts within a few days or weeks and usually goes within a few months of finishing treatment
- Some people develop soreness, redness and peeling on the palms of the hands and soles of the feet (palmar – plantar syndrome) which may cause tingling, numbness, pain and dryness
- Hair loss – you may have complete hair loss but the hair will grow back once the treatment ends
- Skin changes including rashes (which may be itchy) and darker skin
- Skin sensitivity to sunlight and redness or soreness in areas previously treated with radiotherapy
- These drugs may have a harmful effect on a developing baby – do talk to your doctor or nurse about contraception before having treatment if there is any chance that you or your partner could become pregnant
- Women may stop having periods (amenorrhoea) but this may be temporary
- Loss of fertility – we don't know exactly how this drug affects fertility so do talk with your doctor before starting treatment if this is important to you
- Loss of appetite

### **Occasional side effects**

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

- Difficulty swallowing or breathing can be triggered by cold air in the first 5 days after you have oxaliplatin but usually clears up on its own – tell your doctor or nurse if you have this side effect and avoid cold drinks or ice cubes for the first few days



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- Inflammation around the drip site – if you notice any signs of redness, swelling or leaking at your drip site, tell your chemotherapy nurse immediately
- Sore eyes – your doctor or nurse can prescribe eye drops to help
- Blurred vision
- Watery eyes from increased production of tears
- You may have ringing in the ears (tinnitus) which nearly always gets better on its own
- Loss of taste or a metallic taste in your mouth
- Some people have an allergic reaction while having EOX treatment, usually at the first or second treatment – let your treatment team know immediately if you have any skin rashes, itching, dizziness, headaches, shortness of breath, anxiety, shivering, or if you feel hot, go red in the face, or have a sudden need to pass urine

### **Rare side effects**

- Fewer than 1 in 100 people have these.
- Damage to heart muscle from epirubicin, which is usually temporary but for a small number of people may be permanent – your doctor will check your heart before and after your treatment
- Swelling of hands and feet due to fluid build up
- Confusion or unsteadiness

### **Important points to remember**

You won't get all these side effects. Any that you have may be mild. 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

### **Coping with side effects**

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

### **Other medicines**

Tell your doctor 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 and it is not advisable to become pregnant or father a child if you are having this treatment. Talk about contraception with your doctor or nurse before treatment starts.



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**Breastfeeding**

Breastfeeding is not advisable during this treatment because the drug 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.