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

### **FCR**

#### **What is FCR?**

FCR is the name of a combination of cancer drugs used to treat chronic lymphocytic leukaemia. It is made up of the drugs

- Fludarabine
- Cyclophosphamide
- Rituximab

#### **How you have FCR**

- You usually have FCR chemotherapy as cycles of treatment. Each cycle of treatment lasts 4 weeks. Depending on your needs, you may have up to 6 cycles, taking about 6 months in total.
- You may have FCR as a combination of tablets and a drip into your bloodstream or all of the drugs into your bloodstream (intravenously).
- The drugs can be given into your bloodstream/ intravenously.
- You have each cycle of treatment in the following way
- On the first day you have all 3 drugs – fludarabine, cyclophosphamide and rituximab
- On the second and third day you have fludarabine.
- The rituximab and cyclophosphamide given in a drip into your bloodstream, the fludarabine are in tablet form.
- After the third day you have no treatment for 25 days. Your next cycle of treatment then starts. So the whole cycle takes 4 weeks (28 days).
- The side effects of a combination of drugs are usually a mixture of those of each drug.

#### **Common side effects**

More than 10 in every 100 people have one or more of the side effects listed below.

- Temporary drop in the number of blood cells made by the bone marrow, causing
  - 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
  - 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 centre if you have any of these effects.
- **Contact your treatment center straight away if you have any of these effects or if your temperature goes above 38°C**
- Feeling or being sick happens in about 4 out of every 10 people (40%) but it is usually well controlled with anti sickness medicines



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- Tiredness (fatigue) affects 2 in 10 people (20%) during and after treatment – most people find their energy levels are back to normal within 6 months to a year
- Feeling weak occurs in just over 1 in 10 people (10%)
- Constipation affects just over 1 out of 10 people (10%) – 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
- Diarrhoea happens in 1 out of 10 people (10%) – drink plenty of fluids and tell your doctor or nurse if diarrhoea becomes severe or continues for more than 3 days
- Flu like symptoms, including a cough, headache, and fever and chills occur in 1 in 10 people (10%) – taking paracetamol can help
- 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 combination of drugs affects fertility so do talk with your doctor before starting treatment if having a baby is important to you

### **Occasional side effects**

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

- Loss of appetite
- Warmth and reddening of the face during the rituximab drip occurs in about 1 in 20 people (5%) – tell your nurse straight away if this happens to you;
- Symptoms include: fever; shivering; flushed face; feeling short of breath.
- Dizziness
- Indigestion
- Skin and nail changes including a rash, and darkening of your nails and skin
- About 1 in 20 people (5%) have a more severe allergic reaction to the rituximab, with wheezing, an itchy rash and a drop in blood pressure – your doctor or nurse will give you medicines beforehand to try to prevent a reaction. If you do have a reaction, your nurse will slow or stop your drip for a while

### **Rare side effects**

Fewer than 1 in 100 people have these effects.

- There is a small risk that you may get a second cancer some years after cyclophosphamide treatment
- Damage to your kidneys may be caused by chemicals from the broken down cancer cells collecting in the blood (tumour lysis syndrome). You will have regular blood tests to check the chemical balance of your blood and your doctor may give you allopurinol tablets
- Damage to the heart muscle is usually temporary but for a small number of people may be permanent – your doctor will check your heart before and after your treatment



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### **Important points to remember**

Not everyone will get these side effects. You may have one or two 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

### **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.

### **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



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with anyone who has had oral polio, cholera or typhoid vaccination recently, particularly if you live abroad.