



KEEP ALL MEDICINE OUT OF THE SIGHT AND REACH OF CHILDREN

TC (Taxotere and cyclophosphamide)

What is TC?

TC is the name of a combination of chemotherapy drugs used to treat breast cancer. It is made up of the drugs

- Docetaxel (also called Taxotere)
- Cyclophosphamide

How you have TC treatment

- You usually have docetaxel (Taxotere) and cyclophosphamide chemotherapy as cycles of treatment. Each cycle of treatment lasts 3 weeks. You have 4 cycles, taking 3 months (12 weeks) in total.
- You have Taxotere and cyclophosphamide into your bloodstream (intravenously). You can have them through a thin, short tube (a cannula) put into a vein in your arm each time you have treatment. Or you may have them through a central line, a portacath. 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.
- Every 3 weeks you have
 - Taxotere as a drip over about an hour
 - Cyclophosphamide as a drip over 30 to 60 minutes
- 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

- 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. Your doctor will check your blood counts regularly to see how well your bone marrow is working.
- Contact your treatment center straight away if you have any of these 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
- Weakness
- Fluid retention occurs in about 5 out of 10 people (50%) and may cause swelling of the hands and feet, breathlessness, and weight gain – the steroids you have with the drug can help to prevent this effect



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- Feeling or being sick, which is usually well controlled with anti sickness medicines
- Numbness and tingling in hands and feet – you may also have a change in how things feel when you touch them, which can make doing fiddly things difficult (for example, doing up buttons)
- Hair loss – in 8 out of 10 people hair falls out completely but it grows back once the treatment ends
- Diarrhoea – drink plenty of fluids and tell your doctor or nurse if diarrhoea becomes severe, or continues for more than 3 days
- Loss of appetite
- A sore mouth
- A rash, which may be itchy, affects 5 out of 10 people
- 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
- Your nails may become discoloured and ridged
- An allergic reaction during the drip – more than 2 out of 10 people (20%) have an allergic reaction to docetaxel. This nearly always happens in the first 10 minutes. If you are going to have a reaction, it is most likely the first or second time you have the drug. Your chemotherapy nurse will monitor you closely for this
- An immediate severe allergic reaction during the Docetaxel drip – your nurse will give you steroids and other medicines before treatment to try to stop this happening but let your nurse know if :
 - you feel hot
 - skin rash
 - itching
 - dizziness
 - headaches
 - shivering
 - breathlessness
 - anxiety, flushing of the face
 - pain in the lower back region
- These drugs may have a harmful effect on a developing baby – before having treatment, talk to your doctor or nurse about contraception 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 – 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 your fertility 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.

- Inflammation around the drip site – if you notice any signs of redness, swelling or leaking at your drip site, tell your chemotherapy nurse immediately
- Cystitis (inflammation of the bladder) can cause pain and occasionally blood when passing urine. If you see blood in your urine contact your doctor or nurse straight away. You need to drink about 2 pints of fluid a day. You will have extra fluids through the drip too
- Aching muscles and joints



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- A high temperature (fever)

Rare side effects

Fewer than 1 in 100 people have these effects.

- Changes in lung tissue may lead to a cough or breathlessness
- Damage to heart muscle, 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
- There is a small risk that you may get a second cancer some years after cyclophosphamide treatment

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 they can help you manage 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.

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.