OncoLink
Abramson Cancer Center of the University of Pennsylvania

Docetaxel (Taxotere®)

Pronounced: DOE-se-TAX-el
Classification: Antineoplastic Agent

About Docetaxel

Docetaxel works by disrupting the microtubular network in cells, which is essential for cell division and other normal cellular functions. Docetaxel interferes with the function of microtubules, resulting in inactive microtubule bundles, causing cells to die.

How to Take Docetaxel

Docetaxel is given by intravenous (IV, into a vein) infusion, over an hour. The dosage and schedule is determined by the person's size and type of cancer. It can be given alone or with other drugs. You will be given a corticosteroid to take for 3 days prior to the infusion to prevent the severity of fluid retention and allergic reactions.

Possible Side Effects of Docetaxel

There are a number of things you can do to manage the side effects of Docetaxel. Talk to your doctor or nurse about these recommendations. They can help you decide what will work best for you. These are some of the most common side effects:

Low White Blood Cell Count (Leukopenia or Neutropenia)

White blood cells (WBC) are important for fighting infection. While receiving treatment, your WBC count can drop, putting you at a higher risk of getting an infection. You should let your doctor or nurse know right away if you have a fever (temperature greater than 100.4 F), sore throat or cold, shortness of breath, cough, burning with urination, or a sore that doesn't heal.

Tips to preventing infection:

- Washing hands, both yours and your visitors, is the best way to prevent the spread of infection.
- Avoid large crowds and people who are sick (i.e.: those who have a cold, fever or cough or live with someone with these symptoms).
- When working in your yard, wear protective clothing including long pants and gloves.
- Do not handle pet waste.
- Keep all cuts or scratches clean.

- Shower or bath daily and perform frequent mouth care.
- Do not cut cuticles or ingrown nails. You may wear nail polish, but not fake nails.
- Ask your doctor or nurse before scheduling dental appointments or procedures.
- Ask your doctor or nurse before you, or someone you live with, has any vaccinations.

For more suggestions, read the Neutropenia Tip Sheet.

Low Red Blood Cell Count (Anemia)

Your red blood cells are responsible for carrying oxygen to the tissues in your body. When the red cell count is low, you may feel tired or weak. You should let your doctor or nurse know if you experience any shortness of breath, difficulty breathing or pain in your chest. If the count gets too low, you may receive a blood transfusion. Read the anemia tip sheet for more information.

Low Platelet Count (Thrombocytopenia)

Platelets help your blood clot, so when the count is low you are at a higher risk of bleeding. Let your doctor or nurse know if you have any excess bruising or bleeding, including nosebleeds, bleeding gums or blood in your urine or stool. If your platelet count becomes too low, you may receive a transfusion of platelets.

- Do not use a razor to shave (an electric razor is fine).
- Avoid contact sports and activities that can result in injury or bleeding.
    - Do not take aspirin (salicylic acid), non-steroidal, anti-inflammatory medications (NSAIDs) such as Motrin®, Aleve®, Advil®, etc. as these can all increase the risk of bleeding. Unless your healthcare team tells you otherwise, you may take acetaminophen (Tylenol).
- Do not floss or use toothpicks and use a soft-bristle toothbrush to brush your teeth.

Read the thrombocytopenia tip sheet for more information.

Flu-Like Symptoms

You may develop fever, chills, muscle aches, and fatigue. Your doctor or nurse can recommend a mild pain reliever, such as acetaminophen or ibuprofen, to relieve these symptoms. These symptoms may last several days after treatment.

Fluid Retention

Call your doctor or nurse if you do not urinate for more than 12 hours, experience shortness of breath, have an unexpected weight gain or your hands, feet or legs become swollen. Medications will be given before each treatment to decrease this side effect.

Mouth Ulcers (Sores)

Certain cancer treatments can cause sores or soreness in your mouth and/or throat. Notify your doctor or nurse if your mouth, tongue, inside of your cheek or throat becomes white, ulcerated or painful. Performing regular mouth care can help prevent

or manage mouth sores. If mouth sores become painful, your doctor or nurse can recommend a pain reliever.

- Brush with a soft-bristle toothbrush or cotton swab twice a day.
- Avoid mouthwashes that contain alcohol. A baking soda and/or salt warm water mouth rinse (2 level teaspoons of baking soda or 1 level teaspoon salt in an eight ounce glass of warm water) is recommended 4 times daily.
- If your mouth becomes dry, eat moist foods, drink plenty of fluids (6-8 glasses), and suck on sugarless hard candy.
- Avoid smoking and chewing tobacco, drinking alcoholic beverages and citrus juices.

Read the mouth ulcer tip sheet for more information.

Decrease in Appetite

Visit OncoLink's section on Nutrition for tips on dealing with this side effect. Ask your nurse about nutritional counseling services.

- Try to eat five or six small meals or snacks throughout the day, instead of 3 larger meals.
- If you are not eating enough, nutritional supplements may help.
- You may experience a metallic taste or dislike foods or beverages that you liked before receiving chemotherapy. These symptoms can last up to several months.
- Avoid any food that you think smells or tastes bad. If red meat is a problem, eat chicken, turkey, eggs, dairy products and fish without a strong smell.
- Flavor meat or fish by marinating it in sweet juices, sweet and sour sauce or dressings. Use seasonings like basil, oregano or rosemary. Bacon, ham and onion can also add flavor to vegetables.

Nail and Skin Changes

Your fingernails/toenails may become dark, brittle or fall off. You may notice dry skin or changes in the color or tone of your skin. Your skin will be more sensitive to the sun, which can result in severe sunburn or rash. Sun sensitivity can last even after chemotherapy is completed. Avoid the sun between 10-2pm, when it is strongest. Wear sunscreen (at least SPF 15) everyday; wear sunglasses, a hat and long sleeves/pants to protect your skin. Keep your fingernails and toenails clean and dry. You may use nail polish, but do not wear fake nails. Notify your doctor or nurse if any nails fall off. For more suggestions, read the Nail and Skin Care Tip Sheet.

Loss or Thinning of Scalp and Body Hair (Alopecia)

Your hair may become thin, brittle, or may fall out. This typically begins two to three weeks after treatment starts. This hair loss can be all body hair, including pubic, underarm, legs/arms, eyelashes, and nose hairs. The use of scarves, wigs, hats and hairpieces may help. Hair generally starts to regrow soon after treatment is completed. Remember your hair helps keep you warm in cold weather, so a hat is particularly important in cold weather or to protect you from the sun. Read more on alopecia.

Peripheral Neuropathy (Numbness or Tingling in the Hands and/or Feet)

Peripheral neuropathy is a toxicity that affects the nerves. It causes a numbness or tingling feeling in the hands and feet, often in the pattern of a stocking or glove. This can get progressively worse with additional doses of the drug. In some people, the symptoms slowly resolve after the drug is stopped, but for some it never goes away completely. You should let your healthcare provider know if you experience numbness or tingling in the hands and feet, as they may need to change the doses of your medication. See OncoLink's section on peripheral neuropathy for tips on dealing with this side effect.

Nausea and/or Vomiting

Take anti-nausea medications as prescribed. If you continue to have nausea or vomiting, notify your doctor or nurse so they can help you manage this side effect. In addition, dietary changes may help. Avoid things that may worsen the symptoms, such as heavy or greasy/fatty, spicy or acidic foods (lemons, tomatoes, oranges). Try antacids, (e.g. milk of magnesia, calcium tablets such as Tums), saltines, or ginger ale to lessen symptoms. Read the Nausea & Vomiting Tip Sheet for more suggestions.

Call your doctor or nurse if you are unable to keep fluids down for more than 12 hours or if you feel lightheaded or dizzy at any time.

Other Side Effects

Other less common side effects that have been reported include: allergic-type reaction, blood pressure and heart changes, diarrhea, sexual/reproductive changes, and liver changes.

Doxorubicin (Adriamycin®, Rubex®)

Pronounced: DOX-oh-ROO-bi-sin
Classification: Anthracycline

About Doxorubicin

Doxorubicin interferes with the growth of cancer cells and slows their spread in the body by inhibiting DNA synthesis and causing the production of harmful free radicals.

How to Take Doxorubicin

Doxorubicin is given through intravenous (into a vein) infusion or injection. It can be given alone or with other drugs. The dosage and schedule is determined by the person's size, type of cancer, and mode of administration. This medication is red and may cause your urine to be red or orange for about 48 hours after the treatment. If this continues or you have pain or burning with urination, notify your doctor or nurse.

Even when carefully and correctly administered by trained personnel, this drug may cause feeling of burning and pain. There is a risk that this drug may leak out of the vein at the injection site, resulting in tissue damage that can be severe. If the area of

injection becomes red, swollen, or painful at anytime during or after the injection, notify your doctor or nurse immediately. Do not apply anything to the site unless instructed by your doctor or nurse.

Possible Side Effects of Doxorubicin

There are a number of things you can do to manage the side effects of Doxorubicin. Talk to your doctor or nurse about these recommendations. They can help you decide what will work best for you. These are some of the most common side effects:

Low White Blood Cell Count (Leukopenia or Neutropenia)

White blood cells (WBC) are important for fighting infection. While receiving treatment, your WBC count can drop, putting you at a higher risk of getting an infection. You should let your doctor or nurse know right away if you have a fever (temperature greater than 100.4 F), sore throat or cold, shortness of breath, cough, burning with urination, or a sore that doesn't heal.

Tips to preventing infection:

- Washing hands, both yours and your visitors, is the best way to prevent the spread of infection.
- Avoid large crowds and people who are sick (i.e.: those who have a cold, fever or cough or live with someone with these symptoms).
- When working in your yard, wear protective clothing including long pants and gloves.
- Do not handle pet waste.
- Keep all cuts or scratches clean.
- Shower or bath daily and perform frequent mouth care.
- Do not cut cuticles or ingrown nails. You may wear nail polish, but not fake nails.
- Ask your doctor or nurse before scheduling dental appointments or procedures.
- Ask your doctor or nurse before you, or someone you live with, has any vaccinations.

For more suggestions, read the Neutropenia Tip Sheet.

Low Red Blood Cell Count (Anemia)

Your red blood cells are responsible for carrying oxygen to the tissues in your body. When the red cell count is low, you may feel tired or weak. You should let your doctor or nurse know if you experience any shortness of breath, difficulty breathing or pain in your chest. If the count gets too low, you may receive a blood transfusion. Read the anemia tip sheet for more information.

Low Platelet Count (Thrombocytopenia)

Platelets help your blood clot, so when the count is low you are at a higher risk of bleeding. Let your doctor or nurse know if you have any excess bruising or bleeding, including nosebleeds, bleeding gums or blood in your urine or stool. If your platelet count becomes too low, you may receive a transfusion of platelets.

- Do not use a razor to shave (an electric razor is fine).
- Avoid contact sports and activities that can result in injury or bleeding.
- Do not take aspirin (salicylic acid), non-steroidal, anti-inflammatory medications (NSAIDs) such as Motrin®, Aleve®, Advil®, etc. as these can all increase the risk of bleeding. Unless your healthcare team tells you otherwise, you may take acetaminophen (Tylenol).
- Do not floss or use toothpicks and use a soft-bristle toothbrush to brush your teeth.

Read the thrombocytopenia tip sheet for more information.

Nausea and/or Vomiting

Take anti-nausea medications as prescribed. If you continue to have nausea or vomiting, notify your doctor or nurse so they can help you manage this side effect. In addition, dietary changes may help. Avoid things that may worsen the symptoms, such as heavy or greasy/fatty, spicy or acidic foods (lemons, tomatoes, oranges). Try antacids, (e.g. milk of magnesia, calcium tablets such as Tums), saltines, or ginger ale to lessen symptoms. Read the Nausea & Vomiting Tip Sheet for more suggestions.

Call your doctor or nurse if you are unable to keep fluids down for more than 12 hours or if you feel lightheaded or dizzy at any time.

Mouth Ulcers (Sores)

Certain cancer treatments can cause sores or soreness in your mouth and/or throat. Notify your doctor or nurse if your mouth, tongue, inside of your cheek or throat becomes white, ulcerated or painful. Performing regular mouth care can help prevent or manage mouth sores. If mouth sores become painful, your doctor or nurse can recommend a pain reliever.

- Brush with a soft-bristle toothbrush or cotton swab twice a day.
- Avoid mouthwashes that contain alcohol. A baking soda and/or salt warm water mouth rinse (2 level teaspoons of baking soda or 1 level teaspoon salt in an eight ounce glass of warm water) is recommended 4 times daily.
- If your mouth becomes dry, eat moist foods, drink plenty of fluids (6-8 glasses), and suck on sugarless hard candy.
- Avoid smoking and chewing tobacco, drinking alcoholic beverages and citrus juices.

Read the mouth ulcer tip sheet for more information.

Nail and Skin Changes

Your fingernails/toenails may become dark, brittle or fall off. You may notice dry skin or changes in the color or tone of your skin. Your skin will be more sensitive to the sun, which can result in severe sunburn or rash. Sun sensitivity can last even after chemotherapy is completed. Avoid the sun between 10-2pm, when it is strongest. Wear sunscreen (at least SPF 15) everyday; wear sunglasses and long sleeves/pants to protect your skin. Keep your fingernails and toenails clean and dry. You may use nail polish, but do not wear fake nails. Notify your doctor or nurse if any nails fall off. For

more suggestions, read the Nail and Skin Care Tip Sheet.

This medication can also cause a "radiation recall". This is redness, swelling or blistering of the skin in an area that was previously treated (even years ago) with radiation. The goal of "treatment" for radiation recall is to manage the symptoms until it heals. Topical steroids or anti-inflammatory agents or cool compresses may help. Avoid sun exposure and tight fitting clothes that would rub on the area.

Loss or Thinning of Scalp and Body Hair (Alopecia)

Your hair may become thin, brittle, or may fall out. This typically begins two to three weeks after treatment starts. This hair loss can be all body hair, including pubic, underarm, legs/arms, eyelashes, and nose hairs. The use of scarves, wigs, hats and hairpieces may help. Hair generally starts to regrow soon after treatment is completed. Remember your hair helps keep you warm in cold weather, so a hat is particularly important in cold weather or to protect you from the sun. Read more on alopecia.

Heart Damage

In rare cases, the heart muscle is weakened on this medication. It is important that you report immediately to your doctor or nurse any shortness of breath, cough, ankle swelling, chest pain, rapid or irregular heartbeats. Your doctor may order tests to check your heart function prior to receiving this drug or to evaluate your heart when symptoms develop.

Other Side Effects

Other less common side effects that have been reported include: decreased appetite, smell and taste changes, diarrhea and sexual/reproductive changes.

Cyclophosphamide (Cytoxan®, Neosar®, Endoxan®)

Pronounced: SYE-kloe-FOS-fa-mide
Classification: Alkylating Agent

About Cyclophosphamide

Cyclophosphamide exerts its anti-cancer affect by a process called alkylation. Alkylation damages the DNA of cells, which prevents them from dividing, and causes them to die. Since cancer cells, in general, divide faster and with less error correcting than healthy cells, cancer cells are more sensitive to this damage.

How to Take Cyclophosphamide

Cyclophosphamide can be given through intravenous (into a vein) infusion or taken orally (by mouth) as a pill. Oral doses should be taken whole (not crushed or broken) and with food to decrease nausea. The dosage and schedule is determined by the person's size, type of cancer, and mode of administration.

Possible Side Effects of Cyclophosphamide

There are a number of things you can do to manage the side effects of Cyclophosphamide. Talk to your doctor or nurse about these recommendations. They can help you decide what will work best for you. These are some of the most common side effects:

Low White Blood Cell Count (Leukopenia or Neutropenia)

White blood cells (WBC) are important for fighting infection. While receiving treatment, your WBC count can drop, putting you at a higher risk of getting an infection. You should let your doctor or nurse know right away if you have a fever (temperature greater than 100.4 F), sore throat or cold, shortness of breath, cough, burning with urination, or a sore that doesn't heal.

Tips to preventing infection:

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- When working in your yard, wear protective clothing including long pants and gloves.
- Do not handle pet waste.
- Keep all cuts or scratches clean.
- Shower or bath daily and perform frequent mouth care.
- Do not cut cuticles or ingrown nails. You may wear nail polish, but not fake nails.
- Ask your doctor or nurse before scheduling dental appointments or procedures.
- Ask your doctor or nurse before you, or someone you live with, has any vaccinations.

For more suggestions, read the Neutropenia Tip Sheet.

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Low Platelet Count (Thrombocytopenia)

Platelets help your blood clot, so when the count is low you are at a higher risk of bleeding. Let your doctor or nurse know if you have any excess bruising or bleeding, including nosebleeds, bleeding gums or blood in your urine or stool. If your platelet count becomes too low, you may receive a transfusion of platelets.

- Do not use a razor to shave (an electric razor is fine).

- Avoid contact sports and activities that can result in injury or bleeding.
- Do not take aspirin (salicylic acid), non-steroidal, anti-inflammatory medications (NSAIDs) such as Motrin®, Aleve®, Advil®, etc. as these can all increase the risk of bleeding. Unless your healthcare team tells you otherwise, you may take acetaminophen (Tylenol).
- Do not floss or use toothpicks and use a soft-bristle toothbrush to brush your teeth.

Read the thrombocytopenia tip sheet for more information.

Nausea and/or Vomiting

Take anti-nausea medications as prescribed. If you continue to have nausea or vomiting, notify your doctor or nurse so they can help you manage this side effect. In addition, dietary changes may help. Avoid things that may worsen the symptoms, such as heavy or greasy/fatty, spicy or acidic foods (lemons, tomatoes, oranges). Try antacids, (e.g. milk of magnesia, calcium tablets such as Tums), saltines, or ginger ale to lessen symptoms. Read the Nausea & Vomiting Tip Sheet for more suggestions.

Call your doctor or nurse if you are unable to keep fluids down for more than 12 hours or if you feel lightheaded or dizzy at any time.

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Certain cancer treatments can cause sores or soreness in your mouth and/or throat. Notify your doctor or nurse if your mouth, tongue, inside of your cheek or throat becomes white, ulcerated or painful. Performing regular mouth care can help prevent or manage mouth sores. If mouth sores become painful, your doctor or nurse can recommend a pain reliever.

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- Avoid mouthwashes that contain alcohol. A baking soda and/or salt warm water mouth rinse (2 level teaspoons of baking soda or 1 level teaspoon salt in an eight ounce glass of warm water) is recommended 4 times daily.
- If your mouth becomes dry, eat moist foods, drink plenty of fluids (6-8 glasses), and suck on sugarless hard candy.
- Avoid smoking and chewing tobacco, drinking alcoholic beverages and citrus juices.

Read the mouth ulcer tip sheet for more information.

Decrease in Appetite

Visit OncoLink's section on Nutrition for tips on dealing with this side effect. Ask your nurse about nutritional counseling services.

- Try to eat five or six small meals or snacks throughout the day, instead of 3 larger meals.
- If you are not eating enough, nutritional supplements may help.
- You may experience a metallic taste or dislike foods or beverages that you liked before receiving chemotherapy. These symptoms can last up to several months.
- Avoid any food that you think smells or tastes bad. If red meat is a problem, eat

chicken, turkey, eggs, dairy products and fish without a strong smell.
- Flavor meat or fish by marinating it in sweet juices, sweet and sour sauce or dressings. Use seasonings like basil, oregano or rosemary. Bacon, ham and onion can also add flavor to vegetables.

Heart Concerns

In rare cases, the heart muscle is weakened on this medication. It is important that you report immediately to your doctor or nurse any shortness of breath, cough, ankle swelling, chest pain, rapid or irregular heartbeats. Your doctor may order tests to check your heart function prior to receiving this drug or to evaluate your heart if symptoms develop.

Sexual and Reproductive Changes

This drug can affect your reproductive system, resulting in the menstrual cycle or sperm production becoming irregular or stopping permanently. Women may experience menopausal effects including hot flashes and vaginal dryness – read more about coping with vaginal dryness. In addition, the desire for sex may decrease during treatment. See OncoLink's section on sexuality for helpful tips for dealing with these side effects.

Diarrhea

Your oncology team can recommend medications to relieve diarrhea. Also, try eating low-fiber, bland foods, such as white rice and boiled or baked chicken. Avoid raw fruits, vegetables, whole grain breads, cereals and seeds. Soluble fiber is found in some foods that absorbs fluid and can help relieve diarrhea. Foods high in soluble fiber include: applesauce, bananas (ripe), canned fruit, orange and grapefruit sections, boiled potatoes, white rice and products made with white flour, oatmeal, cream of rice, cream of wheat, and farina. Drink 8-10 glasses on non-alcoholic, un-caffeinated fluid a day to prevent dehydration. Read Low Fiber Diet for Diarrhea for more tips.

Taste and smell changes

You may experience a metallic taste or dislike foods or beverages that you liked before receiving chemotherapy. These symptoms can last up to several months. Avoid any food that you think smells or tastes bad. If red meat is a problem, eat chicken, turkey, eggs, dairy products and fish without a strong smell. Flavor meat or fish by marinating it in sweet juices, sweet and sour sauce or dressings. Use seasonings like basil, oregano or rosemary. Bacon, ham and onion can add flavor to vegetables. Ask your nurse about nutritional counseling services.

Loss or Thinning of Scalp and Body Hair (Alopecia)

Your hair may become thin, brittle, or may fall out. This typically begins two to three weeks after treatment starts. This hair loss can be all body hair, including pubic, underarm, legs/arms, eyelashes, and nose hairs. The use of scarves, wigs, hats and hairpieces may help. Hair generally starts to regrow soon after treatment is completed. Remember your hair helps keep you warm in cold weather, so a hat is particularly important in cold weather or to protect you from the sun. Read more on alopecia.

Bladder Irritation

Cyclophosphamide may irritate your bladder, cause blood in your urine or pain with urination. Drink at least 6 to 8 glasses of fluid/day to flush out your bladder. Let your doctor or nurse know if you have difficulty, pain, or bleeding during urination. When given in high doses, your doctor may give you a mediation to protect your bladder.

Other Concerns

Notify your healthcare team if you develop any of the following:

- Call your doctor or nurse if you have shortness of breath, cough or difficulty breathing.
- Call your doctor or nurse if you do not urinate for more than 12 hours, experience shortness of breath, unexpected weight gain or swelling in your hands, feet or legs.
- If during the infusion you develop a rash, itching, or difficulty breathing, call your nurse.
- You may experience nasal congestion for several days after treatment. Call your doctor or nurse if you experience sinus pain.

Secondary Malignancies

There is a slight risk of developing leukemia or other type of cancer due to treatment with this medication. This is most often associated with repeated treatments or high doses.

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