

Docetaxel (Taxotere)

Pronounce: DOE-se-TAX-el

Classification: Antineoplastic Agent

About Docetaxel (Taxotere)

Docetaxel affects the microtubular network in cells, which is needed for cells to work and divide. By affecting the microtubules, docetaxel makes the microtubule bundles inactive, causing cancer cells to die.

How to Take Docetaxel

Docetaxel is given by intravenous (IV, into a vein) infusion, usually over an hour. The dosage and schedule are determined by your size and type of cancer. It can be given alone or with other drugs. You will be given a corticosteroid (steroid) before the infusion to prevent severe fluid retention (swelling) and allergic reactions. The steroid is given in pill form or by IV, which will be determined by your healthcare provider.

This medication contains alcohol and may cause intoxication. You should not drive after the infusion until you know how it will affect you.

Grapefruit can change how your body absorbs this medication. Do not eat grapefruit or drink grapefruit juice during the 2 days before, the day of, and two days after each dose.

This medication can cause severe side effects if your liver function is abnormal. Your labs, including liver function tests (LFTs) will be closely monitored before each dose of docetaxel and the dose may be decreased or held if your liver function is not normal.

Even when carefully and correctly administered by trained personnel, this drug may cause a feeling of burning and pain. There is a risk that this medication 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 any time during or after the injection, notify your care team immediately. Do not apply anything to the site unless instructed by your care team.

This medication can also be given directly into your bladder. This is called [intravesical therapy](#). Talk to your provider about this type of treatment and if it is right for you.

Possible Side Effects of Docetaxel

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

Allergic Reactions

Allergic reactions are possible with this medication. Signs of a reaction can include: shortness of breath or difficulty breathing, swelling of the face, lips, tongue or throat, trouble swallowing, chest pain, rash, flushing, hives or itching, or a decrease in blood pressure. If you notice any changes in how you feel during the infusion, let your nurse know immediately. The infusion will be slowed or stopped if this occurs.

Fluid Retention

Docetaxel can cause your body to hold too much fluid, which can be a serious side effect. Medications will be given before each treatment to decrease the risk of this side effect. Call your healthcare provider if you do not urinate for more than 12 hours, experience shortness of breath, have an unexpected weight gain, or develop swelling in your hands, feet, ankles or legs.

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 /38°C), 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 bathe daily and perform frequent [mouth care](#).
- Do not cut cuticles or ingrown nails. You may wear nail polish, but not fake nails.
- Ask your oncology care team before scheduling dental appointments or procedures.
- Ask your oncology care team before you, or someone you live with has any vaccinations.

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 care team know if you have any shortness of breath, difficulty breathing, or pain in your chest. If the count gets too low, you may receive a blood transfusion.

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 oncology care team know if you have any excess bruising or bleeding, including nose bleeds, bleeding gums, or blood in your urine or stool. If the platelet count becomes too low, you may receive a transfusion of platelets.

- Do not use a razor (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/Advil (ibuprofen), Aleve (naproxen), Celebrex (celecoxib), etc. as these can all increase the risk of bleeding. Please consult with your healthcare team regarding the use of these agents and all over the counter medications/supplements while on therapy.
- Do not floss or use toothpicks and use a soft-bristle toothbrush to brush your teeth.

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.

Fatigue

Fatigue is very common during cancer treatment and is an overwhelming feeling of exhaustion that is not usually relieved by rest. While on cancer treatment, and for a period after, you may need to adjust your schedule to manage fatigue. Plan times to rest during the day and conserve energy for more important activities. Exercise can help combat fatigue; a simple daily walk with a friend can help. Talk to your healthcare team for helpful tips on dealing with this side effect.

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

Peripheral neuropathy is a toxicity that affects the nerves. It causes numbness or a tingling feeling in the hands and/or feet, often in the pattern of a stocking or glove. This can get progressively worse with additional doses of the medication. In some people, the symptoms slowly resolve after the medication is stopped, but for some, it never goes away completely. You should let the oncology care team know if you experience numbness or tingling in the hands and/or feet, as they may need to adjust the doses of your medication.

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 to 2 pm, when it is strongest. Wear sunscreen (at least SPF 15) every day, 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. If any nails fall off, clean the nail bed well with soap and water and cover with a Band-Aid.

Mouth Ulcers (Mucositis)

Certain cancer treatments can cause **sores or soreness in your mouth** and/or throat. Notify your oncology care team 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 with warm water mouth rinse (2 level teaspoons of baking soda or 1 level teaspoon of 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.

Diarrhea

Your oncology care 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 bread, cereals, and seeds. Soluble fiber is found in some foods and absorbs fluid, which can help relieve diarrhea. Foods high in soluble fiber include: applesauce, bananas (ripe), canned fruit, orange sections, boiled potatoes, white rice, products made with white flour, oatmeal, cream of rice, cream of wheat, and farina. Drink 8-10 glasses of non-alcoholic, un-caffeinated fluid a day to prevent dehydration.

Nausea and/or Vomiting

Talk to your oncology care team so they can prescribe medications to help you manage **nausea and vomiting**. 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 saltines, or ginger ale to lessen symptoms.

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

Constipation

There are several things you can do to prevent or relieve constipation. Include fiber in your diet (fruits and vegetables), drink 8-10 glasses of non-alcoholic fluids a day, and keep active. A stool softener once or twice a day may prevent constipation. If you do not have a bowel movement for 2-3 days, you should contact your healthcare team for [suggestions to relieve constipation](#).

Decrease in Appetite or Taste Changes

Nutrition is an important part of your care. Cancer treatment can affect your appetite and, in some cases, the side effects of treatment can make eating difficult. Ask your oncology care team about nutritional counseling services at your treatment center to help with food choices.

- 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 find that food has no taste at all. You may dislike foods or beverages that you liked before receiving cancer treatment. These symptoms can last for several months or longer after treatment ends.
- 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. Sometimes cold food has less of an odor.
- Add extra flavor to meat or fish by marinating it in sweet juices, sweet and sour sauce, or dressings. Use seasonings like basil, oregano, or rosemary to add flavor. Bacon, ham, and onion can add flavor to vegetables.

Muscle or Joint Pain/Aches

Your healthcare provider can recommend medications and other strategies to help relieve pain.

Important but Less Common Side Effects

- **Radiation Recall:** Radiation recall is when the administration of a medication causes a skin reaction that looks like a sunburn (redness, swelling, soreness, peeling skin) in areas where radiation was previously given. Notify your oncology team if you notice this side effect. Treatment can include topical steroid ointments and a delay in your next chemotherapy dose.
- **Vision Problems:** Docetaxel can cause eye problems that cause blurred vision or loss of vision. Report any vision changes to your healthcare team immediately.
- **Secondary Cancers:** A secondary cancer is one that develops as a result of cancer treatment for another cancer. This is quite rare, but you should be aware of the risk. In most cases, a secondary cancer related to chemotherapy is a blood cancer (leukemia, lymphoma, myelodysplastic syndrome, renal cancer). This can occur years after treatment. This is most often associated with repeated treatments or high doses. Your provider will monitor your labs closely. Consider having a complete blood count with differential checked annually by your healthcare provider if you received high risk therapies.
- **Skin Reactions:** This medication can cause a skin reaction that progresses from redness with swelling to peeling skin. Be sure to inform your provider of any skin changes you develop as skin reactions can become serious.
- **Neurologic Reactions:** This medication can cause abnormal burning or prickling sensations (paresthesia), abnormal sense of touch (dysesthesia), and pain. If you are having any of these symptoms, contact your care team.
- **Neutropenic enterocolitis/Typhlitis/Colitis:** Docetaxel can cause bowel problems that can be very serious. Notify your care team immediately if you experience stomach pain with or without a fever, tenderness in your stomach, or diarrhea.
- **Tumor Lysis Syndrome:** If there are a large number of tumor cells in your body prior to treatment,

you are at risk for tumor lysis syndrome. This happens when the tumor cells die too quickly and their waste overwhelms the body. You may be given medication (allopurinol) and IV fluids to help prevent this. If you experience nausea, vomiting, diarrhea, or become lethargic (drowsy, sluggish), notify your oncology team right away. TLS can affect your kidney function. Your provider will monitor your kidney function with blood work. Notify your provider if you have little or no urine output.

Sexual and Reproductive Concerns

This medication may affect a man's reproductive system, resulting in sperm production becoming irregular or stopping permanently. The desire for sex may decrease during treatment.

Exposure of an unborn child to this medication could cause birth defects, so you should not become pregnant or father a child while on this medication. Effective birth control is necessary during treatment and for 2 months after treatment for women. Men who are treated with this medication should use effective birth control during and for 4 months after the last dose. Even if your menstrual cycle stops or you believe you are not producing sperm, you could still be fertile and conceive. You should not breastfeed while receiving this medication or for 1 week after your last dose.

Gemcitabine (Gemzar®)

Pronounce: jem-SYE-ta-been

Classification: Antimetabolite

About Gemcitabine (Gemzar®)

Gemcitabine is a type of medication called an “antimetabolite.” Antimetabolites affect the DNA of cancer cells, leading to the slowing or stopping of cancer. Since cancer cells divide faster and with less error-correcting than healthy cells, cancer cells are more sensitive to this damage than normal cells.

How to Take Gemcitabine

Gemcitabine is given by intravenous (IV, into a vein) infusion. The dosage and schedule depends on your size and type of cancer. It can be given alone or with other medications or therapies, such as [radiation](#).

When given at the same time as radiation, there can be more side effects. At least one week should pass between the start or end of radiation therapy and a full gemcitabine dose. Please make sure all your healthcare providers are aware of your treatment history with gemcitabine and/or radiation.

Patients may have gemcitabine toxicity if the medication is infused for more than 60 minutes or if the medication is given more than once a week. Side effects of toxicity can include severe flu-like symptoms, fever, low blood pressure, and low blood counts. If you have any of these side effects, let your provider know. You may be told to take medication to manage these side effects and you will be closely monitored for toxicity.

Possible Side Effects of Gemcitabine

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

Nausea and/or Vomiting

Talk to your oncology care team so they can prescribe medications to help you manage [nausea and vomiting](#). 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 saltines, or ginger ale to lessen symptoms.

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

Liver Toxicity

This medication can cause liver toxicity, which your provider will monitor for using blood tests called liver function tests. Tell your healthcare provider if you notice yellowing of the skin or eyes, if your urine appears dark or brown, or if you have pain in your abdomen (belly), as these can be signs of liver toxicity.

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 oncology care team 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.

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/38°C), 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 bathe daily and perform frequent [mouth care](#).
- Do not cut cuticles or ingrown nails. You may wear nail polish, but not fake nails.
- Ask your oncology care team before scheduling dental appointments or procedures.
- Ask your oncology care team before you, or someone you live with has any vaccinations.

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 oncology care team know if you have any excess bruising or bleeding, including nose bleeds, bleeding gums, or blood in your urine or stool. If the platelet count becomes too low, you may receive a transfusion of platelets.

- Do not use a razor (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/Advil (ibuprofen), Aleve (naproxen), Celebrex (celecoxib), etc. as these can all increase the risk of bleeding. Please consult with your healthcare team regarding the use of these agents and all over-the-counter medications/supplements while on therapy.
- Do not floss or use toothpicks and use a soft-bristle toothbrush to brush your teeth.

Rash

Some patients may develop a rash, dry skin, or itching. This rash can become severe, so be sure to let your care team know if you develop a rash. Use an alcohol-free moisturizer on your skin and lips; avoid moisturizers

with perfumes or scents. Your doctor or nurse can recommend a topical medication if itching is bothersome. If your skin does crack or bleed, be sure to keep the area clean to avoid infection. Be sure to notify your healthcare provider of any rash that develops, as this can be a reaction. They can give you more tips on [caring for your skin](#).

Fluid Retention / Swelling

Some patients may develop fluid retention, which can cause swelling in the feet and/or ankles or face or gain weight. Fluid can also build up in the lungs and cause you to feel short of breath. Notify your healthcare team if you have any swelling, unexpected weight gain, or shortness of breath.

Important but Less Common Side Effects

- **Lung Problems:** This medication may cause pulmonary fibrosis (a scarring and stiffening of the lung tissue), interstitial pneumonitis, pulmonary edema, or acute respiratory distress syndrome (ARDS). These problems can develop during treatment or up to two weeks after treatment is completed. Call your physician right away if you have shortness of breath, cough, wheezing, or difficulty breathing.
- **Posterior Reversible Encephalopathy Syndrome (PRES):** PRES is a rare, reversible neurological disorder that can occur with the use of gemcitabine. Symptoms of PRES include seizure, high blood pressure, headache, confusion, fatigue, confusion, any changes in your vision, or difficulty walking or thinking. If you experience any of these symptoms, contact your care team or go to the emergency room immediately.
- **Hemolytic Uremic Syndrome (HUS):** This medication can also cause a rare complication called hemolytic uremic syndrome (HUS). Your healthcare team will monitor you for symptoms of HUS throughout your treatment. Notify your healthcare team if you notice changes in the color or amount of your urine or if you develop bleeding or increased bruising.
- **Capillary Leak Syndrome:** Capillary leak syndrome is a condition in which blood and components of blood leak out of vessels and into body cavities and muscles. The movement of this fluid out of the vessels can cause hypotension (low blood pressure) and organ failure. Signs and symptoms of capillary leak syndrome include a sudden drop in blood pressure, weakness, fatigue, sudden swelling of the arms, legs, or other parts of the body, nausea, and lightheadedness. If you are having any of these symptoms notify your infusion nurse or provider immediately.
- **Radiation Recall:** Radiation recall is when the administration of a medication causes a skin reaction that looks like a sunburn (redness, swelling, soreness, peeling skin) in areas where radiation was previously given. Notify your oncology team if you notice this side effect. Treatment can include topical steroid ointments and a delay in your next chemotherapy dose.
- **Severe cutaneous adverse reactions (SCARs), including Stevens Johnson Syndrome and toxic epidermal necrolysis (TEN):** This medication can cause rare, but serious allergic reactions that affect the skin and mucous membranes. These skin reactions often start as a rash or painful blister and can progress (get worse) to serious damage to the skin and, in some cases, death. If you notice a new rash, have a fever and flu-like symptoms, lesions on mucuous membranes, or swollen lymph nodes, call your care team right away.

Reproductive Concerns

This medication may 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](#). In addition, the desire for sex may decrease during treatment. You may want to consider sperm banking or egg harvesting if you may wish to have a child in the future. Discuss these options with your oncology team.

Exposure of an unborn child to this medication could cause birth defects, so you should not become pregnant or father a child while on this medication. For women, effective birth control is necessary during treatment and for

6 months after your last dose. For men, effective birth control is necessary during treatment and for 3 months after your last dose. Even if your menstrual cycle stops or you believe you are not producing sperm, you could still be fertile and conceive. You should not breastfeed while receiving this medication or for 1 week after your final dose.

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