

For the Patient: GIGAVECF

Palliative therapy for metastatic or locally advanced cancer of the stomach or esophagus using Epirubicin, Cisplatin and Infusional Fluorouracil

GIG = **G**astroIntestinal, **G**astric

AV = **A**dvanced

ECF = **E**pirubicin, **C**isplatin, **F**luorouracil

ABOUT THIS MEDICATION

What are these drugs used for?

- Epirubicin, cisplatin and fluorouracil are drugs given to treat cancer of the stomach or esophagus.

How do these drugs work?

- Epirubicin, cisplatin and fluorouracil work by interfering with dividing cells and preventing an increase in the number of cancer cells.

INTENDED BENEFITS

- This therapy is being given to destroy and/or limit the growth of cancer cells in your body. This treatment may improve your current symptoms, and delay the onset of new symptoms.
- It may take several treatments before your doctor can judge whether or not this treatment is helping.

TREATMENT SUMMARY

How are these drugs given?

- Epirubicin, cisplatin and fluorouracil are given directly into the vein (IV).
- You will receive epirubicin and cisplatin at the clinic by a chemotherapy nurse on the first day of treatment **for one day** only. On the first day of treatment, you will also be given the fluorouracil using a disposable infusion device, called an INFUSOR®, which will deliver the fluorouracil over a 7 day period of time. You will receive this infusion device once a week for three weeks in a row. This means you will receive a constant dose of fluorouracil over 21 days, or a three week period of time.
- The infusion device is connected to your veins by either a peripherally inserted central catheter (PICC Line) or a PORT-A-CATH®. If using a PICC line, this is inserted in your upper arm. If using a PORT-A-CATH®, this is inserted under the skin of the chest using local freezing. The insertion would be done before your treatment starts and would be removed once the treatment program is finished.
- The chemotherapy nurse will connect the infusion device to your IV site at the clinic and then you can go home while your treatment is delivered over the 7 days. You will return to the clinic after 7 days for the nurse to disconnect the infusion device, and connect you to a second 7 day infusion device. You will receive a third infusion device after another 7 days.

- This 21 days or three week period of time is called a “cycle”. The cycle is repeated as long as you are benefiting from treatment and not having too many side effects, as determined by your oncologist.
- Each treatment will take **about 3 hours**. This includes a dressing change if you have a PICC line. If you have a PORT-A-CATH®, a dressing change is not needed, so your treatment will take less time. Your first treatment will probably take longer, as the nurse will review information on the chemotherapy drugs and infusion device with you.

The calendar below shows how the medications are given each 3 week cycle.

C Y C L E	DATE	TREATMENT PLAN
		▶ Week 1 → Epirubicin IV and Cisplatin IV on Day 1 + Fluorouracil infusion over 7 days starting on day 1
	1	▶ Week 2 → Fluorouracil infusion over 7 days starting on day 8
		▶ Week 3 → Fluorouracil infusion over 7 days starting on day 15

C Y C L E	DATE	TREATMENT PLAN
		▶ Week 1 → Epirubicin IV and Cisplatin IV on Day 1 + Fluorouracil infusion over 7 days starting on day 1
	2	▶ Week 2 → Fluorouracil infusion over 7 days starting on day 8
		▶ Week 3 → Fluorouracil infusion over 7 days starting on day 15

Treatment may continue for as long as you are benefiting from treatment and not having too many side effects.

What will happen when I get my drugs?

- A **blood test** is done each cycle, on or before the first day of each cycle. The dose and timing of your chemotherapy may be changed based on your blood counts and/or other side effects.

SIDE EFFECTS AND WHAT TO DO ABOUT THEM

Unexpected and unlikely side effects can occur with any drug treatment. The ones listed below are particularly important for you to be aware of as they are directly related to the common actions of the drugs in your treatment plan.

Your doctor will review the risks of treatment and possible side effects with you before starting treatment. The chemotherapy nurse will review possible side effects of the drugs and how to manage those side effects with you on the day you receive your first treatment.

SERIOUS SIDE EFFECTS DURING TREATMENT	MANAGEMENT
<p>Allergic reactions may very rarely occur. Signs of an allergic reaction are dizziness, feeling faint, confusion, shortness of breath, and wheezing. This may occur immediately or several hours after receiving the drugs. It can occur after the first dose, or after many doses.</p>	<p>Tell your nurse if this happens while you are receiving the drugs or contact your doctor immediately if this happens after you leave the clinic.</p>
<p>Epirubicin, cisplatin and fluorouracil burn if any of these drugs leak under the skin.</p>	<p>Tell your nurse or doctor immediately if you feel burning, stinging, or any other change while the drug is being given.</p>
<p>Nausea and vomiting may occur after your treatment and may last for up to 24 hours. Nausea may last longer for some patients (i.e. delayed nausea and vomiting).</p>	<p>You will be given a prescription for anti-nausea drug(s) to take before your chemotherapy treatment and/or at home. It is easier to prevent nausea than treat it once it has occurred, so follow directions closely.</p> <ul style="list-style-type: none"> • Drink plenty of liquids. • Eat and drink often in small amounts. • Try the ideas in <i>Food Choice to Control Nausea*</i> <p>Your doctor may manage delayed nausea and vomiting differently. Be sure to let your doctor know if you experience this.</p>
<p>Diarrhea may occur during your treatment.</p>	<p>To help diarrhea:</p> <ul style="list-style-type: none"> • Drink plenty of fluids • Eat and drink often in small amounts • Eat low fibre foods and avoid high fibre foods as outlined in <i>Food Ideas to Help with Diarrhea during Chemotherapy*</i>.

SERIOUS SIDE EFFECTS DURING TREATMENT	MANAGEMENT
<p>Your white blood cells will decrease 7 – 10 days after your treatment. They usually return to normal 3 weeks after your last treatment. White blood cells protect your body by fighting bacteria (germs) that cause infection. When they are low, you are at greater risk of having an infection.</p>	<p>To help prevent infection:</p> <ul style="list-style-type: none"> • Wash your hands often and always after using the bathroom. • Take care of your skin and mouth. • Call your doctor immediately at the first sign of an infection such as fever (over 100°F or 38°C by an oral thermometer), chills, cough, or burning when you pass urine.
<p>Sore mouth may occur during treatment. Mouth sores can occur on the tongue, the sides of the mouth or in the throat. Mouth sores or bleeding gums can lead to an infection.</p>	<ul style="list-style-type: none"> • Brush your teeth gently after eating and at bedtime with a very soft toothbrush. If your gums bleed, use gauze instead of a brush. Use baking soda instead of toothpaste. • Make a mouthwash with ½ teaspoon baking soda or salt in 1 cup warm water and rinse several times a day. • Try soft, bland foods like puddings, milkshakes and cream soups. • Avoid spicy, crunchy or acidic food, and very hot or cold foods. • Try ideas in <i>Easy to Chew, Easy to Swallow Food Ideas*</i>.

OTHER SIDE EFFECTS DURING TREATMENT	MANAGEMENT
Pain or tenderness may occur where the needle was placed.	<ul style="list-style-type: none"> • Apply cool compresses or soak in cool water for 15-20 mins. Several times a day.
Your urine may be pink or reddish for 1 – 2 days after your treatment.	This is expected as epirubicin is red and is passed in your urine.
Your skin may sunburn easily.	<p>To help prevent sunburn:</p> <ul style="list-style-type: none"> • Avoid direct sunlight. • Wear a hat, long sleeves and long pants or skirt outside on sunny days. • Apply a sun block lotion with an SPF (sun protection factor) of at least 15.
Skin rashes may occur.	<p>To help itching:</p> <ul style="list-style-type: none"> • You can use calamine lotion. • If very irritating, call your doctor during office hours. • Otherwise mention it at your next visit.
Tiredness and lack of energy may occur.	<ul style="list-style-type: none"> • Do not drive a car or operate machinery if you are feeling tired. • Try the ideas in <i>Your Bank of Energy Savings: How People with Cancer Can Handle Fatigue*</i>
Hair loss is common with epirubicin and may begin within a few days or weeks of treatment. Your hair may thin or you may become totally bald. Your scalp may feel tender. You may lose hair on your face and body. Your hair will grow back once your treatments are over and sometimes between treatments. Colour and texture may change.	<ul style="list-style-type: none"> • Use a gentle shampoo and soft brush. • Care should be taken with hair spray, bleaches, dyes and perms. • Protect your scalp with a hat, scarf or wig in cold weather. Some extended health plans will pay part of the cost of a wig. • Cover your head or apply sunblock on sunny days. • Apply mineral oil to your scalp to reduce itching. • If you lose your eyelashes and eyebrows, protect your eyes from dust and grit with a broad-rimmed hat and glasses.
Your skin may redden where you have had radiation treatments.	This will slowly return to normal once you stop treatment with epirubicin.
Loss of appetite may occur and may persist long after discontinuation of fluorouracil.	Try the ideas in <i>Food Ideas to Help with Decreased Appetite*</i> .

* Please ask your chemotherapy nurse or pharmacist for a copy

INSTRUCTIONS FOR THE PATIENT

- Tell your doctor if you have ever had an **allergic reaction** to epirubicin, doxorubicin, daunorubicin, idarubicin, mitoxantrone, mitomycin, cisplatin, capecitabine or fluorouracil (5-FU, ADRUCIL®) before taking epirubicin, cisplatin or fluorouracil.
- The **drinking of alcohol** (in small amounts) does not appear to affect the safety or usefulness of epirubicin, cisplatin, or fluorouracil.
- Epirubicin, cisplatin and fluorouracil may cause **sterility** in men and **menopause** in women. If you plan to have children, discuss this with your doctor before being treated.
- Epirubicin, cisplatin and fluorouracil may damage sperm and may harm the baby if used during pregnancy. It is best to **use birth control** while being treated with these drugs. Tell your doctor right away if you or your partner becomes pregnant. Do not breast feed during treatment.
- Your doctor may ask you to take a **hearing test** before and at various times during your treatment with cisplatin. This helps to detect hearing problems.
- **Tell** doctors or dentists that you are being treated with epirubicin, cisplatin, and fluorouracil before you receive any dental treatment.

Medication Interactions

Other drugs may **interact** with your chemotherapy treatment.

- Cimetidine (TAGAMET®) and verapamil (CHRONOVERA®, ISOPTIN®) **may interact with epirubicin.**
- Some antibiotics given by vein (e.g. tobramycin, vancomycin) and furosemide (LASIX®), phenytoin (DILANTIN®) and pyridoxine **may interact with cisplatin.**
- Warfarin (COUMADIN®), phenytoin (DILANTIN®) and fosphenytoin (CEREBYX®) **may interact with fluorouracil.**

Tell your doctor if you are taking these or any other drugs as you may need extra blood tests or your dose may need to be changed. Check with your doctor or pharmacist before you start taking any new drugs.

THE FOLLOWING INFORMATION IS VERY IMPORTANT

SEE YOUR DOCTOR OR GET EMERGENCY HELP IMMEDIATELY IF YOU HAVE:

- Signs of an **infection** such as fever (over 100°F or 38°C by an oral thermometer); chills; cough; pain or burning when you pass urine.
- Signs of **bleeding problems** such as black tarry stools; blood in urine; pinpoint red spots on skin
- Signs of an **allergic reaction** (rare) soon after a treatment including dizziness, fast heart beat, face swelling or breathing problems.
- Signs of a **stroke**, such as sudden onset of: severe headache, eyesight changes, slurred speech, loss of coordination, weakness or numbness in arm or leg.
- Signs of **heart or lung problems** such as fast or uneven heartbeat, chest pain, chest pressure, shortness of breath, or difficulty in breathing, swelling of ankles, or fainting.
- Signs of a **blood clot** such as tenderness or hardness over a vein, calf swelling and tenderness, sudden onset of cough, chest pain or shortness of breath.
- Sudden **abdominal pain** or tenderness.
- **Seizures** or **loss of consciousness.**
- **Uncontrolled nausea, vomiting or diarrhea.**

SEE YOUR DOCTOR AS SOON AS POSSIBLE (DURING OFFICE HOURS) IF YOU HAVE:

- **Painful hand-foot skin reaction** such as painful redness, peeling, tingling, numbness, swelling or blistering of the palms of your hands and/or bottoms of your feet. If there is a delay in seeing your doctor, stop taking your capecitabine tablets until you are seen or have discussed with your doctor
- **Muscle weakness.**
- Signs of **kidney problems** such as lower back or side pain, swelling of feet or lower legs.
- **Signs of anemia** such as unusual tiredness or weakness.
- **Severe skin reaction** where you have had radiation.
- **Skin rash or itching**, or severe **skin irritation.**

CHECK WITH YOUR DOCTOR IF ANY OF THE FOLLOWING CONTINUE OR BOTHER YOU:

- Painless hand-foot skin reaction such as redness, peeling, tingling, numbness, swelling or blistering of the palms of your hands and/or bottoms of your feet,
- Redness, swelling, pain or sores on your lips, tongue, mouth or throat.
- Redness, swelling, pain or sores where the needle was placed.
- Heartburn; mild to moderate abdominal or stomach pain.
- Easy bruising or minor bleeding.
- Ringing in your ears or hearing problems.
- Numbness or tingling in feet or hands or painful leg cramps.
- Dizziness or trouble walking.
- Eye irritation or changes in eyesight.

If you experience symptoms or changes in your body that have not been described above but worry you, or if any symptoms are severe, contact:

_____ at telephone number: _____