



Northern Care Alliance
NHS Group

Treatment CODOX-M

An information guide



Treatment CODOX-M

This leaflet is offered as a guide to you and your family.

The possible benefits of treatment vary; for some people chemotherapy may reduce the risk of the cancer coming back, for others it may control the cancer and its symptoms.

Chemotherapy is the most commonly prescribed anti-cancer treatment but other types of treatment are also used. Your doctor will explain to you whether you will receive chemotherapy or another type of treatment, or a combination of both.

Your doctor or nurse will be happy to answer any questions you have about your treatment.

Your treatment

Your doctor or nurse clinician has prescribed for you a treatment called CODOX-M.

You will have your treatment in hospital and stay in until your blood counts recover, this may vary from person to person. This cycle will be repeated when your blood levels recover, for 2 to 3 cycles.

You will also have two infusions of rituximab (antibody treatment) per cycle during this time (please see separate information leaflet). Some patients may need an additional chemotherapy treatment (IVAC) in between each cycle of CODOX-M. Your treatment includes the following:

Day 1

- Vincristine given as an infusion into a line (cannula or central line) over 5 to 10 minutes
- Doxorubicin given via a syringe into a line over 5 to 10 minutes

- Cyclophosphamide given via a syringe into a line over 5 to 10 minutes
- Cytarabine given via a needle into the base of the spine (lumbar puncture) known as the intrathecal route or IT over a few minutes – the timing of this treatment is not crucial and may vary slightly by a few days

Days 2, 3, 4 and 5 - Cyclophosphamide as on Day 1

Day 3 - Cytarabine as on Day 1

Day 6 - Vincristine as on Day 1

Day 10 - Methotrexate is given as an infusion (drip) for 1 hour, then followed by a 23 hour infusion. You will also have fluids running alongside the **chemotherapy**.

Day 15 - Methotrexate given via a needle into the base of the spine (IT).

You will also have a drug called folinic acid given intravenously 36 hours from the beginning of the methotrexate - then every 6 hours until your methotrexate levels are satisfactory. Folinic acid helps to reduce the side effects of methotrexate and is often called folinic acid rescue. You may have this in tablet form after the first 2 doses.

This treatment can have serious or possibly life threatening side effects. It is very important that you report side effects straight away.

Don't delay, if you feel unwell, you have symptoms of an infection or your temperature is 37.5°C or above please contact F11 24hr chemotherapy hotline on 0161 656 1166.

Possible side effects

Chemotherapy can cause many different side effects. Some are more likely to occur than others.

Everyone is different and not everyone gets all the side effects. Most side effects are usually temporary, but in some rare cases they can be life-threatening. It is important to tell your hospital doctor or nurse about any side effects so they can be monitored and, where possible, treated.

Common side effects

Increased risk of serious infection

You are vulnerable to infection while you are having chemotherapy. Minor infections can become life-threatening in a matter of hours if left untreated.

Symptoms of infection include fever, shivering, sweats, sore throat, diarrhoea, discomfort when you pass urine, cough or breathlessness.

Whilst at home we recommend that you use a digital thermometer so you can check your temperature which will be provided for you on discharge.

If you feel unwell or have a temperature of 37.5°C or above please contact the F11 24 hour chemotherapy hotline number **0161 656 1166**. **Do not leave a message** – make sure you speak to someone. **Call immediately** – any delay could be harmful.

Bruising or bleeding

This treatment can reduce the production of platelets which help the blood clot. Let your nurse or doctor know if you have any unexplained bruising or bleeding, such as nosebleeds, bloodspots or rashes on the skin, or bleeding gums. You may need a platelet transfusion.

Anaemia (low number of red blood cells)

While having this treatment you may become anaemic. This may make you feel tired and breathless. Let your doctor or nurse know if these symptoms are a problem. You may need a blood transfusion. You will have a routine blood test every day while you are in hospital to monitor the effects of the chemotherapy, but please tell your nurse if you experience any of the symptoms listed above.

Nausea and vomiting (sickness)

The severity of this varies from person to person.

Anti-sickness medication will be given along with your chemotherapy to prevent this. If you continue to feel or be sick, then please contact us, because your anti-sickness medication may need to be changed or increased.

Urinary symptoms

Doxorubicin is red in colour and may discolour your urine red or pink for the first few times after having this drug. This is normal and nothing to worry about.

Cyclophosphamide can cause irritation of the bladder. It is important to drink plenty of fluids to prevent any irritation. If you notice any blood in your urine, please tell your nurse or doctor.

Hair loss

Hair loss is usually total. The hair falls out gradually 10 to 14 days following the start of your first course of treatment. The time scale varies from person to person.

Please remember that this is a temporary side effect and your hair will grow back when your treatment is completed. If you would like an appointment with the wig service, this can be arranged for you, please ask a member of staff.

Lethargy

Some chemotherapy may make you feel tired and lacking in energy. It can be frustrating when you feel unable to cope with routine tasks. If you do feel tired, rest and get help with household chores. Gentle exercise such as walking can be beneficial.

Uncommon side effects

Diarrhoea

If this becomes a problem while you are having treatment tell your doctor or nurse as this may be a sign of infection.

Constipation

Vincristine can sometimes cause constipation and abdominal cramps.

If you do not have your bowels open as regularly as normal or have abdominal cramps, let your doctor or nurse know. Try to drink plenty of fluids and eat foods high in fibre. Tell your doctor who may prescribe a suitable laxative.

Tingling & numbness in the fingers or toes

This is common but is usually only mild and temporary. It can sometimes last for some time or become permanent. Please report these symptoms to your doctor.

Sore mouth

Your mouth may become sore or dry, or you may notice small mouth ulcers during this treatment.

Drinking plenty of fluids and cleaning your teeth regularly and gently with a soft toothbrush can help to reduce the risk of this happening. We can prescribe a mouthwash for you to use during treatment. You can dilute this with water if your mouth is sore. Ask your doctor or nurse for further advice.

There is also general mouth care information in the chemotherapy booklet. If you continue to have a sore mouth, please talk to the nurse/doctor.

Rare side effects

Extravasation

Extravasation is when chemotherapy leaks outside the vein. If you develop redness, soreness or pain at the injection site at any time please let us know straight away.

Skin changes

Sometimes as a result of the chemotherapy, your skin may appear darker in colour or lightly tanned, especially around the joints. This is known as hyperpigmentation.

Some chemotherapy can make your skin more sensitive to the sun than usual. Sit in the shade, avoid too much sun and use a sunblock cream. Asian and African-Caribbean people may develop noticeable light patches on their skin. Your nails may also discolour or become brittle during treatment. The skin and nails will usually return to normal when treatment is finished.

Gritty eyes/blurred vision

Your eyes may feel 'gritty' and/or sore. If this occurs please tell your nurse or doctor who will prescribe soothing eye drops.

Liver function

Chemotherapy can sometimes cause changes in the way that your liver works. This is unlikely to cause you any harm and should return to normal, but your doctor will monitor this carefully. Blood samples will be taken daily to check your liver is working properly.

Kidney function

Methotrexate in high doses can affect your kidney function. Fluids through a drip can prevent this from happening. Your kidney function will be closely monitored during and after your treatment by blood tests and 24 hour urine collections.

Heart function

Doxorubicin may cause changes in the muscle of the heart, which can affect how the heart works.

The effect on the heart depends on the dose given. It is unusual for the heart to be affected if you receive standard doses. Tests to see how well your heart is working will sometimes be carried out before the drug is given.

Serious and potentially life threatening side effects

In a small proportion of patients chemotherapy can result in very severe side effects which may rarely result in death. The team caring for you will discuss the risk of these side effects with you.

Sex, contraception & fertility

Protecting your partner and contraception:

We recommend that you or your partner use a condom during sexual intercourse while you are having the course of chemotherapy.

Chemotherapy is dangerous to unborn babies and this will also protect you and your partner from any chemotherapy drugs that may be present in semen and in the vagina. If you suspect that you may be pregnant please tell your doctor immediately.

Fertility:

This chemotherapy may affect your ability to have children. Your doctor or nurse should have discussed this with you. If not, please ask them before you start treatment.

Late side effects

Some side effects may become evident only after a number of years.

In reaching any decision with you about treatment, the potential benefit you receive from treatment will be weighed against the risks of serious long term side effects to the heart, lungs, kidneys and bone marrow.

Higher doses of Doxorubicin may cause changes in the muscle of the heart. This can affect how the heart works. With some drugs there is also a small but definite risk of developing another cancer.

If any of these problems specifically applies to you, the doctor will discuss these with you and note this on your consent form.

Urgent contact number

F11 24hr chemotherapy hotline on **0161 656 1166**

Useful contacts

F11 Day case reception: 0161 778 5527/5515 (8am – 4pm)

F11 Day case nurses station: 0161 778 5584/5586 (8am – 6pm)

F11 Inpatient nurses station: 0161 778 5514/5519 (24hrs)

Macmillan Haematology Clinical Nurse Specialist Team:

Telephone: 0161 778 5297

Monday - Friday 9:00am - 5:00pm

Your consultant is

Your hospital no. is

Notes:

If English is not your first language and you need help, please contact the Interpretation and Translation Service

Jeśli angielski nie jest twoim pierwszym językiem i potrzebujesz pomocy, skontaktuj się z działem tłumaczeń ustnych i pisemnych

اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو مدد کی ضرورت ہے تو ، براہ کرم ترجمانی اور ترجمہ خدمت سے رابطہ کریں

Dacă engleza nu este prima ta limbă și ai nevoie de ajutor, te rugăm să contactezi Serviciul de interpretare și traducere

ইংরাজী যদি আপনার প্রথম ভাষা না হয় এবং আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে দোভাষী এবং অনুবাদ পরিষেবাটিতে যোগাযোগ করুন

إذا لم تكن الإنجليزية هي لغتك الأولى وتحتاج إلى مساعدة ، فيرجى الاتصال بخدمة الترجمة الشفوية والتحريرية

☎ : 0161 627 8770

@ : interpretation@pat.nhs.uk

To improve our care environment for Patients, Visitors and Staff, **Northern Care Alliance NHS Group** is Smoke Free including buildings, grounds & car parks.

For advice on stopping smoking contact the Specialist Stop Smoking Service on 01706 517 522

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897


For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

The Northern Care Alliance NHS Group (NCA) is one of the largest NHS organisations in the country, employing 17,000 staff and providing a range of hospital and community healthcare services to around 1 million people across Salford, Oldham, Bury, Rochdale and surrounding areas. Our Care Organisations are responsible for providing our services, delivering safe, high quality and reliable care to the local communities they serve.

The NCA brings together Salford Royal NHS Foundation Trust and the hospitals and community services of The Royal Oldham Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary (currently part of The Pennine Acute Hospitals NHS Trust).

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