



For the Patient: GOTDEMACO

Other Names: Therapy for High Risk Gestational Trophoblastic Neoplasia Using Etoposide, Methotrexate, Leucovorin (Folinic Acid), Dactinomycin, Cyclophosphamide and Vincristine

GO = Gynecologic Oncology (tumor group)

TD = Trophoblastic Disease

E = Etoposide

M = Methotrexate

A = D-Actinomycin

C = Cyclophosphamide

O = Vincristine (Oncovin)

ABOUT THIS MEDICATION

What are these drugs used for?

Etoposide, Methotrexate, Dactinomycin, Cyclophosphamide, and Vincristine are intravenous drug treatments used to treat some types of cancers including gestational trophoblastic disease.

How do these drugs work?

Etoposide, Methotrexate, Dactinomycin, Cyclophosphamide, and Vincristine work by interfering with the genetic material of replicating cells and preventing an increase in the number of cancer cells.

INTENDED BENEFITS

- This therapy is being given to destroy the cancer cells in your body, with curative intent. Research has shown that patients with your diagnosis are likely to live longer after receiving chemotherapy treatment.

GOTDEMACO TREATMENT SUMMARY

How are these drugs given?

- Your treatment plan will consist of a number of chemotherapy “cycles”. Each cycle lasts 2 weeks (14 days). This 14-day cycle will repeat until 6 weeks after your β HCG reaches a normal level.
- In each cycle on Day 1, you will have three chemotherapy medications (Dactinomycin, Etoposide, Methotrexate) given to you intravenously (through the vein).
 - You will take two oral medicines called Ondansetron and Dexamethasone to prevent nausea and vomiting. Your nurse will advise you as to the exact timing of these doses.
 - The Dactinomycin is administered intravenously, directly into the tubing of a running IV.
 - The Etoposide is given second, and is administered over one hour.
 - The Methotrexate is given last, and is administered over 12 hours.
- In each cycle on Day 2, you will have two chemotherapy medications (Dactinomycin, Etoposide) given to you intravenously. Also, an oral medicine called Leucovorin (also called Folinic Acid) will be started 24 hours after the Methotrexate began on Day 1, and given every twelve hours for four doses.

- In each cycle on Day 8, you will have two chemotherapy medications (Vincristine and Cyclophosphamide) given to you intravenously.
 - The Vincristine is given first, and is administered over 10 minutes.
 - The Cyclophosphamide is given second, and is administered over 30 minutes.

Start Date: _____

Cycle 1:

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Blood Tests, Premedications, Dactinomycin, Etoposide, Methotrexate	Dactinomycin, Etoposide, Leucovorin (Folinic Acid)	No chemo Leucovorin (Folinic Acid)	No chemo	No chemo	No chemo	No chemo
Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Blood Tests, Premedications, Vincristine, Cyclophosphamide	No chemo	No chemo	No chemo	No chemo	No chemo	No chemo

This 14-day cycle will repeat until 6 weeks after the β HCG value has normalized.

What will happen when I get my drugs?

- A blood test is done each cycle, on each treatment day or the day before. The dose and timing of your treatment may be changed based on your blood counts and/or other side effects.
- Your first treatment will take longer than other treatments because a nurse will be reviewing the possible side effects of your chemotherapy plan and will discuss with you how to manage them. *It is a good idea to bring someone with you to your first chemotherapy appointment.*
- You will be given a prescription for anti-nausea medications (to be filled at your regular community pharmacy). Please bring your anti-nausea medications with you to each treatment. Your nurse will tell you when to take the anti-nausea medication.
- You will also need to take your anti-nausea drugs at home after therapy. It is easier to prevent nausea than to treat it once it has occurred, so follow directions closely.

MEDICATION INTERACTIONS

- Other drugs may ***interact*** with GOTDEMACO. Tell your doctor if you are taking other medications, 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 prescription or non-prescription medications.

SERIOUS SIDE EFFECTS OF CHEMOTHERAPY:

Unexpected and unlikely side effects can occur with any drug treatment. The ones listed below are particularly relevant to your treatment plan:

SERIOUS SIDE EFFECTS	How common is it?	MANAGEMENT
Your neutrophils (white blood cells, which protect your body from bacteria) may start to decrease after treatment. They usually return to normal before your next treatment. When neutrophils are low, you are at greater risk of serious infection from bacteria.	Low neutrophils: Very common Fever and infection: Much less common	To help prevent infection: <ul style="list-style-type: none"> • Wash your hands often and always after using the bathroom. • Take care of your skin and mouth by gently washing regularly. • Avoid people who are obviously sick, and places where small children or the elderly cluster, to reduce your chance of fever. • Call your doctor immediately at the first sign of an infection such as fever (over 100°F or 38°C by an oral thermometer), shaking chills, coughing up coloured sputum, red tender skin lesions with pus, or burning pain when you pass urine.
Your platelets may decrease after your treatment. They usually return to normal before your next treatment. Platelets help to make your blood clot when you hurt yourself. If platelets are low, you may bruise or bleed more easily than usual.	Decrease in platelets: Very common Marked decrease in platelets: Much less common Bleeding problems: Uncommon	To help prevent bleeding problems: <ul style="list-style-type: none"> • Be careful handling sharp or heavy objects and avoid trauma. • Clean your nose by blowing gently, do not insert objects in your nose. • Try to avoid constipation and straining. • Brush your teeth gently with a soft toothbrush as your gums may bleed more easily. Some medications such as ASA (e.g., ASPIRIN®) or ibuprofen (e.g., ADVIL®) may increase your risk of bleeding. <ul style="list-style-type: none"> • Do not stop taking any medication that has been prescribed to you by your doctor (e.g., ASA for your heart). • For minor pain, try acetaminophen (e.g., TYLENOL®) first, but occasional use of ibuprofen may be acceptable.

COMMON CHEMOTHERAPY SIDE EFFECTS AND MANAGEMENT:

SIDE EFFECT	How Common Is It?	MANAGEMENT
Nausea and/or vomiting may occur in the 24 hours after your treatment and can persist during the following days.	Common	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 to treat it once it has happened, so follow directions closely. <ul style="list-style-type: none"> • Eat and drink often in small amounts. • Try the ideas in “<i>Food Choices to Control Nausea</i>”.

SIDE EFFECT	How Common Is It?	MANAGEMENT
Sore mouth may occur a few days after 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.	Uncommon	<ul style="list-style-type: none"> Brush your teeth gently after eating and at bedtime with a very soft toothbrush. Make a mouthwash with ½ teaspoon baking soda or salt in 1 cup warm water and rinse several times a day.
Numbness or tingling of the fingers or toes may occur. More rarely numbness may affect your face. This almost always returns to normal, slowly, once your treatments are over. This may take several months.	Common; usually starts after several treatments	<ul style="list-style-type: none"> Be careful when handling items that are sharp, hot or cold. Tell your doctor at your next visit, especially if you have trouble with buttons, writing, or picking up small objects.
Skin rashes may occur.	Uncommon	To help itching: <ul style="list-style-type: none"> You can use calamine lotion. If very irritating, call your doctor during office hours. Otherwise make sure to mention it at your next visit.
Your skin may darken in some areas.	Uncommon	This will slowly return to normal once you stop treatment.
Your skin may sunburn easily.	Uncommon	To help prevent sunburn: <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 sunscreen with an SPF (sun protection factor) of at least 30.
Headache, jaw pain and/or muscle pain may occur.	Uncommon	For minor pain, take acetaminophen (e.g., TYLENOL®) every 4-6 hours if needed, to a maximum of 4 g (4000 mg) per day.
Pain or tenderness may occur where the needle was placed.	Uncommon	<ul style="list-style-type: none"> Apply cool compresses or soak in cool water for 15-20 minutes several times a day.
A flu-like illness may occur shortly after your treatment. You may have fever, chills, headache, muscle aches, and joint aches. Flu-like symptoms usually disappear on their own.	Uncommon	<ul style="list-style-type: none"> Take acetaminophen (e.g., TYLENOL®) every 4-6 hours if needed, to a maximum of 4 g (4000 mg) per day. Fever (over 100°F or 38°C by an oral thermometer) which occurs more than a few days after treatment may be a sign of an infection. Report this to your doctor immediately.

SIDE EFFECT	How Common Is It?	MANAGEMENT
Constipation or diarrhea may occur.	Mild symptoms: common Severe symptoms: rare	To help constipation: <ul style="list-style-type: none"> • Exercise if you can. • Drink plenty of liquids (6-8 cups a day). • Consider a stool softener or laxative at the time of chemotherapy, if constipation is particularly related to your treatment week. • Try ideas in <i>“Suggestions for Dealing with Constipation”</i>. To help diarrhea: <ul style="list-style-type: none"> • Drink plenty of liquids. • Eat and drink often in small amounts. • Avoid high fibre foods. • Tell you doctor promptly if you have pain, bleeding, or very frequent bowel movements.
Tiredness or lack of energy may occur.	Common	<ul style="list-style-type: none"> • Do not drive a car or operate machinery if you are feeling tired. • Try to keep up a regular schedule of exercise and/or walking during your chemotherapy cycle. Doing light weights regularly may help reduce fatigue. • Try the ideas in <i>“Your Bank of Energy Savings: How People with Cancer can Handle Fatigue”</i>.
Loss of appetite and weight loss may occur and may persist afterwards.	Uncommon	<ul style="list-style-type: none"> • Usually your appetite will recover on its own. You needn't worry if you have just a few days of reduced intake. Because of tiredness, if you are less active, you may actually gain weight. • Try ideas in <i>High Energy High Protein Ideas</i> and in <i>Healthy Eating Using High Energy, High Protein Foods</i>.
Hair loss or hair thinning sometimes occurs. Your hair will grow back once you stop treatment. Colour and texture may change.	Common	<ul style="list-style-type: none"> • Use a gentle shampoo and soft brush. • Care should be taken with use of 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.

Other important things to know:

- Alcohol may increase the risk of liver problems with methotrexate and should be avoided.
- This treatment may cause menopause in women.
- Do not breast feed during treatment.
- Tell all doctors or dentists you see that you are being treated with chemotherapy before you receive treatment of any kind.

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 or pinpoint red spots all over your skin.
- Signs of an **allergic reaction** soon after a treatment including flushing, rash, itching, dizziness, face swelling or breathing problems.
- Signs of **lung problems** such as shortness of breath or difficulty in breathing.
- **Seizures** or **loss of consciousness**.
- Sudden **abdominal pain** or tenderness.

TALK TO YOUR CANCER CLINIC DOCTOR AND/OR NURSE AS SOON AS POSSIBLE (DURING OFFICE HOURS) IF YOU HAVE:

- **Skin rash** or persistent **itching**.
- Uncontrolled **nausea, vomiting** or **diarrhea**.
- Signs of **anemia** such as unusual tiredness or weakness.
- **Stomach pain** not controlled by antacids or acetaminophen.
- **Worsening numbness** or **tingling** in feet or hands.
- **Muscle or joint pain**, which is severe despite mild pain-relievers.
- Signs of **liver problems** such as yellow eyes or skin, white or clay-coloured stools.
- Signs of **kidney problems** such as lower back or side pain, swelling of feet or lower legs or markedly decreased urine output.
- Signs of **bladder problems** such as decrease or increase in urination or painful or difficult urination.
- **Changes in eyesight**.

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

- Uncontrolled nausea, vomiting, or diarrhea.
- Easy bruising or bleeding.
- For diabetics: uncontrolled blood sugars.
- Headache not controlled with acetaminophen.
- Redness, swelling, pain or sores where the needle was placed or along the arm.
- Redness, swelling, pain or sores on your lips, tongue, mouth or throat.
- Skin rash or itching.

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 _____.