



For the Patient: GIGECC

Treatment of operable cancer of the stomach, stomach-esophagus junction or lower 1/3 esophagus, given before and after surgery, using Epirubicin, Cisplatin and Capecitabine.

GI = GastroIntestinal

G = Gastric (stomach)

ECC = Epirubicin, Cisplatin, Capecitabine

ABOUT THIS MEDICATION

What are these drugs used for?

- Epirubicin, cisplatin and capecitabine are drugs given to treat operable cancer of the stomach, stomach-esophagus junction or lower 1/3 of the esophagus that would benefit from surgical removal of the cancer.

How do these drugs work?

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

INTENDED BENEFITS

- You are being asked to take these drugs as a treatment to reduce the risk of recurrence of your cancer.
- This treatment is given only if your cancer is able to be removed through surgery. The treatment is given both before and after your surgery.

TREATMENT SUMMARY

How are these drugs given?

- You will receive epirubicin and cisplatin directly into the vein (IV). Capecitabine is a tablet taken by mouth.
- You will receive epirubicin and cisplatin at the clinic by a chemotherapy nurse on the first day of treatment **for one day only**. You will be given capecitabine tablets to start on the same day. They are to be taken twice a day, every day **for three weeks in a row**.
- This three week or 21 day period of time is called a “cycle”. **Three** cycles are usually given **before surgery**. Surgery should then take place about 3 to 6 weeks after finishing your 3rd cycle, depending on how you respond to treatment. Another three cycles of treatment are given **after surgery**, and should begin about 6 to 12 weeks after surgery, depending on how you recover from your operation. Your doctor(s) will be monitoring your treatment and determine when it is best for you to have surgery, and when to continue with treatment after surgery.
- Each treatment will take **about 3 hours**. Your first treatment will probably take longer, as the nurse will review information on the chemotherapy drug with you.
- Capecitabine will be given to you by a pharmacist when you come in for each treatment. You will be given enough tablets so you can take them while at home.

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 x 1 day + cisplatin IV x 1 day → capecitabine orally in a.m. & p.m. x 7 days with food.
	1	▶ Week 2 → capecitabine orally in a.m. & p.m. x 7 days with food.
		▶ Week 3 → capecitabine orally in a.m. & p.m. x 7 days with food.

Your overall treatment plan is as follows:

DATE	TREATMENT PLAN
	Cycle 1 ▶ chemotherapy as described above
	Cycle 2 ▶ chemotherapy as described above
	Cycle 3 ▶ chemotherapy as described above
	Surgery ▶ usually given after completion of 3 cycles of above chemotherapy
	Cycle 4 ▶ chemotherapy usually started 6 – 12 weeks after surgery, as described above.
	Cycle 5 ▶ chemotherapy as described above
	Cycle 6 ▶ chemotherapy as described above

What will happen when I get my drugs?

- A **blood test** is done each cycle, on or before the first day of each treatment cycle. The dose and timing of your chemotherapy may be changed based on your blood counts and/or other side effects.
- You will be given **hydration fluid** directly into the vein (IV) before receiving your cisplatin. This helps prevent kidney problems.
- Your doctor may ask you to **drink water** on the morning of your **cisplatin** (2 – 3 cups). Following your treatment your doctor may ask you to drink plenty of liquids.
- You will have been given a prescription for **anti-nausea medication** (to be filled at your regular community pharmacy) that you bring in each time for your **IV** treatment. Your chemo nurse will tell you when to take the anti-nausea medication. It is easier to prevent nausea than to treat it once it has occurred, so follow directions closely.

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 epirubicin and cisplatin and how to manage those side effects with you on the day you receive your first treatment. The pharmacist will review how to take the capecitabine and possible side effects with you on the day you first pick up your medication.

SERIOUS SIDE EFFECTS DURING TREATMENT	MANAGEMENT
Allergic reactions may rarely occur. Signs of an allergic reaction are dizziness, confusion and wheezing. This reaction occurs immediately or several hours after receiving cisplatin. This reaction can occur after the first dose of cisplatin or after many doses of cisplatin.	Tell your nurse if this happens while you are receiving cisplatin or contact your oncologist immediately if this happens after you leave the clinic.
Epirubicin and cisplatin burn if either drug leaks under the skin.	Tell your nurse or doctor immediately if you feel burning, stinging, or any other change while the drug is being given.
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).	You will be given a prescription for anti-nausea drug(s) 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. <ul style="list-style-type: none">• Drink plenty of fluids.• Eat and drink often in small amounts.• Try the ideas in <i>Food Choices to Control Nausea*</i> Your doctor may manage delayed nausea and vomiting differently. Be sure to let your doctor know if you experience this.

SERIOUS SIDE EFFECTS DURING TREATMENT	MANAGEMENT
<p>Diarrhea may occur.</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 outline in <i>Coping with Diarrhea*</i>. <p>If you have an increase of less than 4 stools per day more than normal, or a mild increase in ostomy output, start the following:</p> <ul style="list-style-type: none"> • Loperamide (IMODIUM®) 2 mg, take 2 tablets (4 mg) to start, followed by 1 tablet (2 mg) every 4 hours, or after each unformed stool to a maximum of 8 tablets (16 mg) daily, unless otherwise directed by a physician <p>Stop taking capecitabine and call your cancer doctor if you have four stools a day more than usual or diarrhea during the night, or a moderate increase in ostomy output, as your capecitabine dose may need to be changed.</p> <ul style="list-style-type: none"> • Note: If lactose in milk usually gives you diarrhea, the lactose in the tablet may be causing your diarrhea. Take LACTAID® tablets just before your capecitabine dose.
<p>Your white blood cells will decrease 1-2 weeks 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 commonly 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>.

SERIOUS SIDE EFFECTS DURING TREATMENT	MANAGEMENT
<p>Hand-foot skin reaction may occur very commonly during capecitabine treatment. The palms of your hands and soles of your feet may tingle, become red, numb, painful, or swollen. Skin may also become dry or itchy. You may not be able to do your normal daily activities if blisters, severe pain or ulcers occur.</p>	<ul style="list-style-type: none"> • Avoid tight-fitting shoes or rubbing pressure to hands and feet, such as that caused by heavy activity. • Clean hands and feet with lukewarm water and gently pat to dry; avoid hot water. • Apply lanolin-containing creams (e.g. BAG BALM®, UDDERLY SMOOTH®) to hands and feet liberally and often. • Tell your cancer doctor at the next visit if you have any signs of hand-foot skin reaction. • Stop taking capecitabine and call your cancer doctor if the skin reaction is painful, as your dose may need to be changed. Taking a lower dose does not affect the usefulness of capecitabine.

OTHER SIDE EFFECTS DURING TREATMENT	MANAGEMENT
<p>Pain or tenderness may occur where the needle was placed.</p>	<p>Apply warm compresses or soak in warm water for 15-20 minutes several times a day.</p>
<p>Your urine may be pink or reddish for 1 – 2 days after your treatment.</p>	<p>This is expected as epirubicin is red and is passed in your urine.</p>
<p>Your platelets may decrease during or after your treatment. They will return to normal after your last treatment. This is common. Platelets help to make your blood clot when you hurt yourself. You may bruise or bleed more easily than usual.</p>	<p>To help prevent bleeding problems:</p> <ul style="list-style-type: none"> • Try not to bruise, cut, or burn yourself. • Clean your nose by blowing gently. Do not pick your nose. • Avoid constipation. • Brush your teeth gently with a soft toothbrush as your gums may bleed more easily. Maintain good oral hygiene. <p>Some medications such as ASA (e.g. ASPIRIN®) or ibuprofen (e.g. ADVIL®) may increase your risk of bleeding.</p> <ul style="list-style-type: none"> • Do not stop taking any medication that has been prescribed 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.
<p>Tiredness and lack of energy may occur.</p>	<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>.

OTHER SIDE EFFECTS DURING TREATMENT	MANAGEMENT
Your skin may sunburn easily from the capecitabine.	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 sun block lotion with an SPF (sun protection factor) of at least 30. • Refer to Your Medication Sun Sensitivity and Sunscreens* or the BC Health Guide for more information. • After sun exposure, if you have a severe sunburn or skin reaction such as itching, rash, or swelling, contact your doctor.
Hair loss is common 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 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. <p>If you lose your eyelashes and eyebrows, protect your eyes from dust and grit with a broad-rimmed hat and glasses.</p>
Your skin may redden where you have had radiation treatments.	This will slowly return to normal once you stop treatment with epirubicin.

***Please ask your chemotherapy nurse, dietician or pharmacist for a copy.**

Special note:

Heart Problems: Serious heart problems can occur when starting capecitabine. These can rarely be fatal. Problems such as chest pain, heart attack, abnormal heart rhythm, or heart failure can occur. Having a history of heart problems with fluorouracil, a related chemotherapy drug, is a risk factor, as is having a history of prior angina (heart pain) or heart attack. Seek medical attention promptly if you experience feelings of heavy pressure or pain in the chest, trouble breathing, significant worsening leg swelling, or marked lightheadedness. These symptoms can occur within days after starting capecitabine. If your symptoms are severe, you may need to call for emergency help.

INSTRUCTIONS FOR THE PATIENT

- Tell your doctor if you have ever had an unusual or **allergic reaction** to epirubicin, doxorubicin, daunorubicin, idarubicin, mitoxantrone or mitomycin before starting epirubicin treatment, or to cisplatin (PLATINOL®) or carboplatin (PARAPLATIN®) before starting cisplatin treatment, or to fluorouracil (5FU, ADRUCIL®) before taking capecitabine.
- The **drinking of alcohol** (in small amounts) does not appear to affect the safety or usefulness of epirubicin, cisplatin or capecitabine.
- Epirubicin and cisplatin may cause **sterility** in men and **menopause** in women. If you plan to have children, discuss this with your doctor before being treated with either of these drugs.
- Epirubicin, cisplatin and capecitabine 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.
- **Tell** doctors, dentists, and other health professionals that you are being treated with epirubicin, cisplatin and capecitabine before you receive any treatment from them.

Capecitabine

- Capecitabine is taken by mouth twice a day, about 10-12 hours apart, with equal numbers of tablets taken at each dose. You may be given tablets of more than one strength to make the right dose. Capecitabine should be taken within 30 minutes following the end of a meal (breakfast and dinner) with a glass of water. It is usually given for 21 days, or three weeks, in a row.
- The tablet contains lactose.
- If you **vomit after taking capecitabine**, do not take a second dose. Call your doctor during office hours for advice.
- If you **miss a dose** of capecitabine, take it as soon as you can if it is within 6 hours of the missed dose. If it is over 6 hours since the missed dose, skip the missed dose and go back to the usual dosing time. Let your doctor know during office hours if you have missed a dose.
- Sometimes capecitabine treatment has to be **stopped for a short time** because of side effects. When you **restart** capecitabine treatment, do not make up for the missed dose; instead, take as directed by your cancer doctor and finish the treatment on the same day as originally planned. For example, if you stop on day 3 of your 21-day treatment course and then restart at a later day, you would still take the last dose on day 21. You may be told to take a different dose and you may have extra tablets left over. Return the extra tablets to the clinic at your next visit. Taking a lower dose does not affect the usefulness of capecitabine.
- **Store** capecitabine tablets out of the reach of children; at room temperature; away from heat, light and moisture.

Other important things to know:

- Cisplatin can cause changes in kidney function. It is important that you are well-hydrated before and after treatment.

- Sometimes, the nerve which allows you to hear can be affected by cisplatin. This could result in you experiencing “tinnitus” (ringing in the ears) or a change in your hearing. Report any of these problems to your doctor and/or nurse.

Medication Interactions

Some drugs such as cimetidine (TAGAMET®) and verapamil (CHRONOVERA®, ISOPTIN®) may **interact** with epirubicin. Some antibiotic given by vein (e.g. tobramycin, vancomycin), furosemide (LASIX®) and phenytoin (DILANTIN®) may interact with cisplatin. Warfarin (COUMADIN®), phenytoin (DILANTIN®) and fosphenytoin (CEREBYX®) may **interact** with capecitabine. 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

STOP TAKING CAPECOTABINE AND SEE YOUR DOCTOR OR GET EMERGENCY HELP IMMEDIATELY IF YOU HAVE:

- Signs of an **allergic reaction** (rare) soon after a treatment including dizziness, fast heart beat, face swelling, or breathing problems.
- 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 **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 **stroke** such as sudden onset of severe headache, eyesight changes, slurred speech, loss of coordination, weakness or numbness in arm or leg.
- 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.
- **Seizures** or **loss of consciousness** with or without **confusion, headache, or changes in eyesight.**
- **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
- **Diarrhea** with four stools a day more than usual, or diarrhea during the night.
- **Nausea** that causes you to eat a lot less than usual or **vomiting** more than 2 times in 24 hours.
- **Muscle weakness**
- **Painful redness, swelling or sores on your lips, tongue, mouth or throat.**
- 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.

- Signs of **anemia** such as unusual tiredness or weakness.
- **Severe abdominal or stomach cramping or pain.**
- **Severe skin reaction** where you have had radiation.
- **Skin rash** or itching.

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,
- Painless redness, swelling or sores on your lips, tongue, mouth or throat.
- Changes in fingernails or toenails.
- Heartburn; mild to moderate abdominal or stomach pain.
- Easy bruising or minor bleeding.
- Ringing in your ears or hearing problems.
- Redness, swelling, pain or sores where the needle was placed.
- Numbness or tingling in feet or hands or painful leg cramps.
- Watery, irritated eyes.

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: _____