

Regimen Information Sheet

AC-PACLitaxel Treatment

This document provides general information about your cancer treatment. It does not replace the advice of your health care professional. Always discuss your therapy with your health care team.

What medications are in this treatment?

- This treatment consists of Doxorubicin (Adriamycin®) and Cyclophosphamide, then PACLitaxel (Taxol®)
- Refer to the medication information sheet for each drug for more information

What is this treatment for?

- AC-PACLitaxel is a drug combination for treating breast cancer.

What should I do before I have this treatment?

- It is important to tell your oncologist about any other medical conditions you have, as some conditions may affect therapy with this treatment.
- Intravenous medications (dexamethasone, ranitidine and diphenhydramine) will be given to you to prevent allergic reactions. Instead of or in addition to intravenous dexamethasone, your doctor may prescribe dexamethasone tablets for you to take at home before your paclitaxel treatment. It is important that you take the dexamethasone tablets exactly as prescribed by your doctor.

How will this treatment affect sex, pregnancy and breastfeeding?

- Since these medications may harm your baby if used during pregnancy, women who have not yet reached menopause should use effective forms of birth control while on treatment. Do not use birth control pills. Please discuss this with your oncologist.
- If you become pregnant, tell your oncologist right away.
- Do not breastfeed while undergoing treatment.
- Also, if you plan to have children in the future, discuss this with your oncologist before starting your first treatment, as chemotherapy may affect your fertility and your chances of having a baby in the future.

*The most updated version and more symptom control information can be found on: <http://www.cancercare.on.ca/druginfo>

Prepared with input from the Cancer Care Ontario-Medication Information Sheets Working Group.

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How is this treatment given?

- Your treatment plan consists of a total of 8 chemotherapy cycles. Each cycle lasts 3 weeks (21 days).
- For the first 4 cycles, you will receive two drugs (Doxorubicin, Cyclophosphamide) through a vein in your arm (IV) on first day (Day 1) of each cycle.
- For the next 4 cycles, Paclitaxel will be infused through a vein in your arm over 3 hours on Day 1 of each cycle.
- Days 2 to 21 are rest days for all 8 cycles.
- You will have a blood test before each treatment to check if your blood counts are high enough for you to receive the next cycle of chemotherapy.

What else do I need to know while on this treatment?

With AC Regimen:

- Doxorubicin can cause damage to surrounding tissues if it leaks out of the vein and into the surrounding area. The nurses are extremely careful when they give you the medication, but tell them immediately if you experience burning or pain with the injection.
- Doxorubicin can have an effect on the function of the heart, which in some patients might cause shortness of breath, palpitation, fatigue and leg swelling. Your oncologist may order special heart tests, usually before you start your very first treatment. Tell your oncologist if you have had any heart problems in the past and if you experience any of these symptoms.
- Cyclophosphamide can irritate your bladder. Starting the day before treatment, for a total of 2-3 days, drink plenty of fluids (at least 8 glasses per day) during the day and empty your bladder (pass urine) frequently. Tell your oncologist or nurse if you experience pain on urination, see blood in your urine, or need to urinate small amounts frequently.

With Paclitaxel Regimen:

- Allergic reactions can occur during the infusion of paclitaxel. Symptoms of an allergic reaction include: lower back pain, flushing, shortness of breath, swelling, chest pain, dizziness, itching and rash. Your nurse will watch you closely, especially at the beginning of each treatment, when the paclitaxel will be given at a slower rate. Tell your nurse if you are experiencing any type of discomfort as soon as they occur. You may experience these symptoms even after you leave the cancer centre. Please contact your oncologist if these symptoms occur. *Please go to the nearest emergency department if you experience signs of an allergic reaction after you have been discharged.*

With both regimens:

- All patients will experience some or total hair loss. This generally starts 2 to 3 weeks after the

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first injection. Your scalp may feel tender. It's a good idea to consider a wig or other head covering before starting treatment. Hair loss on your face (e.g. eyebrows, eyelashes) and body can also occur. Your hair will usually start to grow back once your treatment is over, but hair loss may be permanent in some cases. The colour and texture of your new hair may be different.

- Medications in this regimen may make your periods heavier or lighter. Your periods may even stop completely. This may be permanent. You may develop symptoms of menopause such as hot flashes, vaginal dryness, mood swings and changes in sexual desire. Please discuss any concerns you might have with your nurse or oncologist.
- Tell your oncologist, nurse, and pharmacist about other prescription and non-prescription medications you are currently taking. Check with your oncologist, nurse or pharmacist before you start taking any new drugs, including herbal or alternative treatments. Also tell other healthcare professionals you are seeing that you are having chemotherapy treatment.
- Due to increased risk of developing infections, check with your oncologist before having any vaccinations. Also check with your oncologist before any surgery or dental work.
- If you are taking ASA (Aspirin®, acetylsalicylic acid), please discuss this with your oncologist as this may interfere with your chemotherapy treatment. For headache, fever, or occasional aches and pains, use acetaminophen (Tylenol®) instead of ASA.

What are the side effects of this treatment?

The table below contains some common or important side effects with this treatment. You may not have all of the side effects. Other side effects may occur. If you have any unusual or bothersome symptoms, discuss with your doctor.

Side effects and what to do	When to contact doctor?
More Common Side Effects	
<p><i>Hair thinning or loss</i></p> <ul style="list-style-type: none"> • Generally starts 2 to 3 weeks after the first injection. • Use a gentle shampoo and a soft hairbrush. Avoid dyes, perms, bleaches and hair sprays. • Protect your scalp from sun exposure and cold weather. • This is expected. In most cases, your hair usually grows back after your chemotherapy is finished, but hair loss may be permanent in some cases. 	<p>Contact your health care team if no improvement or if severe</p>
<p><i>Muscle or joint pain</i></p> <ul style="list-style-type: none"> • May happen during or after treatment. This can last up to a year. • Take 1-2 Acetaminophen tablets every 4 hours if needed for pain. • Contact your oncologist if this becomes bothersome. 	<p>Contact your health care team if no improvement or if severe</p>

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Side effects and what to do	When to contact doctor?
More Common Side Effects	
<p><i>Tiredness or weakness; lack of energy</i></p> <ul style="list-style-type: none"> • May increase with the number of cycles given. • Eat well-balanced meals. Some mild exercise, such as walking, may help. • Rest when feeling tired or weak. Don't drive a motor vehicle or operate machinery. • Your energy level will improve over time. However, it may take a few months for the tiredness to go away even after your chemotherapy is finished. 	<p>Contact your health care team if no improvement or if severe</p>
<p><i>Metallic Taste</i></p> <ul style="list-style-type: none"> • May occur soon after treatment. • It may help to chew sugarless gum or suck on hard candy. • Drinking fluids with a strong flavour may be helpful. • This will return to normal after you have completed the chemotherapy. 	<p>Contact your health care team if no improvement or if severe</p>
<p><i>Irritated and watery eyes</i></p> <ul style="list-style-type: none"> • Avoid wearing contact lenses during your treatment. • You might be more sensitive to sunlight. Wear sunglasses. • Use of artificial tears may help soothe your eyes. 	<p>Contact your health care team if no improvement or if severe</p>
<p><i>Sores in the mouth or the lips</i> (Worse with AC)</p> <ul style="list-style-type: none"> • May occur a few days after treatment begins. • Maintain good mouth hygiene. Brush teeth often with a soft toothbrush. • Avoid hot, spicy and acidic foods. • Avoid commercial mouthwashes. • See Mouth Care pamphlet.* Check with your oncologist or nurse as soon as you notice sores on lips or tongue and in the mouth. 	<p>Contact your health care team as soon as possible</p>
<p>Signs of infection, for example, fever, chills, cough, sore throat</p> <ul style="list-style-type: none"> • The risk of infection is greatest between days 10 to 21. • Limit contact with people who are sick or have colds. Wash your hands often. • Phone your oncologist or go to the closest emergency room right away if you have a fever* • *You have a fever if your temperature taken in your mouth (oral temperature) is: <ul style="list-style-type: none"> • 38.3°C (100.9°F) or higher at any time OR • 38.0°C (or 100.4°F) or higher for at least one hour. • While you are getting chemotherapy treatments: 	<p>Get emergency medical help right away</p>

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AC-PACL (Breast)

Side effects and what to do	When to contact doctor?
More Common Side Effects	
<ul style="list-style-type: none"> • Keep a digital thermometer at home and take your temperature if you feel hot or unwell (for example, chills). • Avoid taking medications that treat a fever before you take your temperature (for example, Tylenol®, acetaminophen, Advil® or ibuprofen) as they may hide a fever. • Do not eat or drink anything hot or cold right before taking your temperature. • Check with your doctor before getting any vaccines, surgeries, medical procedures or visiting your dentist. 	
<p><i>Nausea and vomiting</i> (Worse with AC)</p> <ul style="list-style-type: none"> • Usually worst in the first 12 –24 hours and usually wears off by days 3 to 7. (AC portion of regimen only). • Most patients experience very little nausea with Paclitaxel • Take prescribed medicine for nausea and vomiting. Continue drinking clear fluids. Get fresh air and rest. • If you vomit within 1 hour of taking anti-vomiting tablets, you may take another dose. A suppository may be ordered if you can't keep pills down. • Phone your oncologist if vomiting lasts more than 24 hours or nausea longer than 48 hours. • See Nausea and Vomiting pamphlet.* 	<p>Contact your health care team if nausea lasts more than 48 hours or vomiting lasts for more than 24 hours</p>
<p><i>Numbness and tingling in hands and feet</i> (mainly with Paclitaxel)</p> <ul style="list-style-type: none"> • This sometimes occurs after the first dose of Paclitaxel • Usually mild and temporary, gradually goes away. • Check with your oncologist or nurse if this is bothersome and affecting your daily living. 	<p>Contact your health care team if no improvement or if severe</p>
<p><i>Red coloured urine</i> (For AC only)</p> <ul style="list-style-type: none"> • Your urine will turn pink or red up to 24 hours after you receive the drug Doxorubicin. • This is normal and is due to the colour of the drug. 	<p>Contact your health care team if no improvement or if severe</p>

Side effects and what to do	When to contact doctor?
Less Common Side Effects, but may be Severe	
<p><i>Lung problems</i></p>	<p>Get emergency</p>

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AC-PACL (Breast)

Side effects and what to do	When to contact doctor?
Less Common Side Effects, but may be Severe	
(increased cough, breathing problems, chest pain, coughing blood)	medical help right away

For more links on how to manage your symptoms go to www.cancercare.on.ca/symptoms.

The information set out in the medication information sheets, regimen information sheets, and symptom management information (for patients) contained in the Drug Formulary (the "Formulary") is intended to be used by health professionals and patients for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or side effects of a certain drug, nor should it be used to indicate that use of a particular drug is safe, appropriate or effective for a given condition.

A patient should always consult a healthcare provider if he/she has any questions regarding the information set out in the Formulary. The information in the Formulary is not intended to act as or replace medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

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