

FOLFIRI+BEVA Treatment

This handout gives general information about this cancer treatment.

You will learn:

- · who to contact for help
- · what the treatment is
- how it is given
- what to expect while on treatment



This handout was created by Ontario Health (Cancer Care Ontario) together with patients and their caregivers who have also gone through cancer treatment. It is meant to help support you through your cancer treatment and answer some of your questions.

This information does not replace the advice of your health care team. Always talk to your health care team about your treatment.

Who do I contact if I have questions or need help?			
My cancer health care provider is:			
During the day I should contact:			
Evenings, weekends and holidays:			

What is this treatment?

FOLFIRI+BEVA is the code name of your colorectal cancer treatment regimen.

A regimen is a combination of medications to treat cancer.

This regimen name is made up of 1 or more letters from the names of the 4 medications in your treatment.

Here are the name(s) of the medication(s) in this regimen:

FOL = FOLinic acid (also called leucovorin)

F = Fluorouracil (also called 5-FU)

IRI = IRInotecan

+

BEVA = BEVAcizumab

Treatment is divided into cycles. Each cycle is **2 weeks** long. Your health care team will tell you how many cycles you need.

Here is a picture of the schedule for FOLFIRI+BEVA treatment:



During each 2-week cycle, you will have FOLFIRI+BEVA treatment on day 1 at the hospital. Your nurse will also start an IV of fluorouracil that will continue at home for a total of 46 hours. See below for more information.

Each cycle looks like this:

	Day 1	2	3	4	5	6	7
(C	Treatment Day: Go to the hospital for FOLFIRI+ BEVA treatment. Fluorouracil infusion will continue for 46 hours.	Fluorouracil infusion continues at home.	Fluorouracil infusion continues at home. A nurse will disconnect it.	No FOLFIRI+ BEVA Treatment			
	8	9	10	11	12	13	14
							,



Remember To:

- ✓ Tell your health care team about all of the other medications you are taking.
- ✓ Keep taking other medications that have been prescribed for you, unless you have been told not to by your health care team.

Your health care team may ask you to have a blood test to check for DPD deficiency before starting treatment.

- DPD deficiency is when you have low or no activity of an enzyme called DPD (dihydropyrimidine dehydrogenase). A deficiency can cause you to have severe side effects from fluorouracil.
- See the <u>Testing for people taking capecitabine or 5-fluorouracil (5-FU) pamphlet</u> for more information.

You will have a blood test to check for hepatitis B before starting treatment. See the <u>Hepatitis B and Cancer Medications</u> pamphlet for more information.

How is this treatment given?

The medications in your treatment are given through an IV (injected into a vein) at the hospital on day 1 of your treatment. You will also be given a device to take home that will continue to give you fluorouracil at home. The device looks like a bottle. It slowly gives you fluorouracil over 46 hours.

Your health care team may suggest that you get a PICC line or a Port-a-Cath.

- These are special IV's used to give medicines and fluids into larger veins.
- A PICC or Port-a-Cath can be safer for some medications that can cause reactions when given through an IV in your hand.
- If you have a PICC or Port-a-Cath you do not need an IV (needle) put into your arm every time you come for treatment.
- ✓ Talk to your healthcare team about the benefits and risks of a PICC or a Port-a-Cath to see if one of these options is right for you.

You will have a blood test before each treatment cycle to make sure it is safe for you to get treatment.

What other medications are given with this treatment?

To Prevent Nausea and Vomiting

You will be given medications to help prevent nausea (feeling like throwing up) and vomiting (throwing up) before they start.

• These are called anti-nausea medications and include medications such as ondansetron (Zofran®), granisetron (Kytril®), dexamethasone or others.

To Treat Diarrhea

The Irinotecan in your treatment regimen can cause diarrhea. Diarrhea is when you have loose bowel movements (watery poo) or you need to go poo (have bowel movements) more often than usual. Diarrhea may start a few days after your treatment.

You will be given a medication called loperamide (Imodium[®]) to help treat your diarrhea. Take this medication only if you need it.

Keep your loperamide with you all the time. When diarrhea starts, take the loperamide right away

If you start to have diarrhea

- Take 2 tablets (4mg) of loperamide right away.
- Take 1 tablet (2mg) every 2 hours after that.
- During the night you may take 2 tablets (4mg) every 4 hours.
- Keep taking loperamide until you have no diarrhea for 12 hours.

DO this while on treatment

✓ DO tell your health care team about any other medical conditions that you have such as heart, liver, lung or kidney problems, diabetes or any allergies.

- ✓ DO check with your health care team before getting any vaccinations, surgery, dental work or other medical procedures.
- ✓ DO protect your skin from the sun. Wear a long sleeved shirt, long pants and a hat. Apply sunscreen with UVA and UVB protection and an SPF of at least 30. Your skin may be more sensitive to the sun and you could develop a bad sunburn or rash more easily.
- ✓ DO talk to your health care team about your risk of heart problems with this treatment.
- ✓ DO consider asking someone to drive you to and from the hospital on your treatment days. You may feel drowsy or dizzy after your treatment.

DO NOT do this while on treatment



- X DO NOT take any other medications, such as vitamins, over-the-counter (nonprescription) drugs, or natural health products, without checking with your health care team.
- X DO NOT start any complementary or alternative therapies, such as acupuncture or homeopathic medications, without checking with your health care team.
- X DO NOT eat or drink grapefruit, starfruit, Seville oranges or their juices (or products that contain these) while on this treatment. They may increase side effects.
- X DO NOT smoke or drink alcohol while on treatment without talking to your health care team first. Smoking and drinking can make side effects worse and make your treatment not work as well.

Will this treatment interact with other medications or natural health products?

Yes, the medications in this regimen can interact with other medications, vitamins, foods and natural health products. Interactions can make the treatment not work as well or cause severe side effects.

Tell your health care team about all of your:

- prescription and over-the-counter (non-prescription) medications
- natural health products such as vitamins, herbal teas, homeopathic medicines and other supplements

Check with your health care team before starting or stopping any of them.

If you are taking seizure medications (such as phenytoin), your health care team will monitor your blood levels closely and may change your dose.



Talk to your health care team BEFORE taking or using these :

- Anti-inflammatory medications such as ibuprofen (Advil[®] or Motrin[®]), naproxen (Aleve[®]) or Aspirin[®].
- Over-the-counter products such as dimenhydrinate (Gravol[®])
- Natural health products such as St. John's Wort
- Supplements such as vitamin C
- Alcoholic drinks
- Tobacco
- All other drugs, such as marijuana (medical or recreational)

What should I do if I feel unwell, have pain, a headache or a fever?

- ✓ **Always** check your temperature to see if you have a fever **before** taking any medications for fever or pain (such as acetaminophen (Tylenol®) or ibuprofen (Advil®)).
 - Fever can be a sign of infection that may need treatment right away.
 - If you take these medications before you check for fever, they may lower your temperature and you may not know you have an infection.

How to check for fever:

Keep a digital (electronic) thermometer at home and take your temperature if you feel hot or unwell (for example, chills, headache, mild pain).

- You have a fever if your temperature taken in your mouth (oral temperature) is:
 - 38.3°C (100.9°F) or higher at any time

OR

• 38.0°C (100.4°F) or higher for at least one hour.



If you do have a fever:

- ✓ Try to contact your health care team. If you are not able to talk to them for advice, you MUST get emergency medical help right away.
- ✓ Ask your health care team for the <u>Fever</u> pamphlet for more information.

If you do not have a fever but have mild symptoms such as headache or mild pain:

✓ Ask your health care team about the right medication for you. **Acetaminophen (Tylenol®)** is a safe choice for most people.



Talk to your health care team before you start taking ibuprofen (Advil[®], Motrin[®]), naproxen (Aleve[®]) or ASA (Aspirin[®]), as they may increase your chance of bleeding or interact with your cancer treatment.



Talk to your health care team if you already take **low dose aspirin** for a medical condition (such as a heart problem). It may still be safe to take.

How will this treatment affect sex, pregnancy and breast feeding?

Talk to your health care team about:

- How this treatment may affect your sexual health.
- How this treatment may affect your ability to have a baby, if this applies to you.

This treatment may harm an unborn baby. Tell your health care team if you or your partner are pregnant, become pregnant during treatment, or are breastfeeding.

- If there is **any** chance of pregnancy happening, you and your partner together must use **2 effective forms of birth control** at the same time while you are on treatment. Talk to your health care team about which birth control options are best for you, and how long you should use them after your last treatment dose.
- Do not breastfeed while on this treatment. Talk to your health care team about how long to wait before you start breastfeeding after your last treatment dose, if this applies to you.

What are the side effects of this treatment?

The following table lists side effects that you may have when getting FOLFIRI+BEVA treatment. The table is set up to list the most common side effects first and the least common last. It is unlikely that you will have all of the side effects listed and you may have some that are not listed.

Read over the side effect table so that you know what to look for and when to get help. Keep this information during your treatment, so that you can refer to it if you need to.

It is common for people who are treated with FOLFIRI+BEVA to have mild side effects only.

Very Common Side Effects (50 or more out of 100 people)		
Side effects and what to do	When to contact health care team	
Low neutrophils (white blood cells) in the blood (neutropenia) (May be severe) When neutrophils are low, you are at risk of getting an infection more easily. Ask your health care team for the Neutropenia (Low white blood cell count) pamphlet for more information. What to look for: • If you feel hot or unwell (for example if you have chills or a new cough), you must check your temperature to see if you have a fever. • Do not take medications that treat a fever before you take your temperature (for example, Tylenol® (acetaminophen), or Advil® (ibuprofen)). • Do not eat or drink anything hot or cold right before taking your temperature. You have a fever if your temperature taken in your mouth (oral temperature) is: • 38.3°C (100.9°F) or higher at any time	If you have a fever, try to contact your health care team. If you are unable to talk to the team for advice, you MUST get emergency medical help right away.	
• 38.0°C (100.4°F) or higher for at least 1 hour.		

Very Common Side Effects (50 or more out of 100 people	e)
Side effects and what to do	When to contact health care team
What to do:	
If your health care team has told you that you have low neutrophils:	
 Wash your hands often to prevent infection. Check with your health care team before getting any vaccines, surgeries, medical procedures or visiting your dentist. Keep a digital thermometer at home so you can easily check for a fever. 	
If you have a fever:	
If you have a fever, try to contact your health care team. If you are unable to talk to the team for advice, you must get emergency medical help right away.	
Low platelets in the blood	Talk to your health care team
(May be severe)	if you have any
When your platelets are low you are at risk for bleeding and bruising. Ask your health care team for the <u>Low Platelet Count</u> pamphlet for more information.	signs of bleeding. If you have bleeding
What to look for:	that doesn't stop or is severe (very heavy),
Watch for signs of bleeding:	you MUST get
 Bleeding from your gums Unusual or heavy nosebleeds Bruising easily or more than normal Black coloured stools (poo) or blood in your stools (poo) Coughing up red or brown coloured mucus Dizziness, constant headache or changes in your vision Heavy vaginal bleeding Red or pink coloured urine (pee) 	emergency medical help right away.
What to do:	
If your health care team has told you that you have low platelets:	
 Tell your pharmacist that your platelet count may be low before taking any prescriptions or over-the-counter medication. Check with your healthcare team before you go to the dentist. 	

Very Common Side Effects (50 or more out of 100 people)		
Side effects and what to do	When to contact health care team	
 Take care of your mouth and use a soft toothbrush. Try to prevent cuts and bruises. Ask your healthcare team what activities are safe for you. Your treatment may have to be delayed if you have low platelets. Your health care team may recommend a blood transfusion. 		
If you have signs of bleeding:		
If you have a small bleed, clean the area with soap and water or a saline (salt water) rinse. Apply pressure for at least 10 minutes.		
If you have bleeding that does not stop or is severe (very heavy), you must get emergency medical help right away.		
Anemia (low red blood cells) (May be severe)	Talk to your health care team if it does not improve or if it is severe	
What to look for:	of it it is severe	
 You may feel more tired or weaker than normal. Pale skin and cold hands and feet. You may feel short of breath, dizzy or lightheaded. This may occur in days to weeks after your treatment starts. 		
What to do:		
If your health care team has told you that you have anemia (low red blood cells):		
 Rest often and eat well. Light exercise, such as walking may help. You may need medication or a blood transfusion. If it is very bad, your doctor may need to make changes to your treatment regimen. 		

Very Common Side Effects (50 or more out of 100 people)			
Side effects and what to do	When to contact health care team		
Nausea and vomiting	Talk to your health care		
(Generally mild)	team if nausea		
What to look for:	48 hours or vomiting lasts		
 Nausea is feeling like you need to throw up. You may also feel light- headed. 	more than 24 hours or if it is		
You may feel nausea within hours to days after your treatment.	severe		
What to do:			
To help prevent nausea:			
 It is easier to prevent nausea than to treat it once it happens. Take your anti-nausea medication(s) as prescribed, even if you do not feel like throwing up. Drink clear liquids and have small meals. Get fresh air and rest. 			
 Do not eat spicy, fried foods or foods with a strong smell. Limit caffeine (like coffee, tea) and avoid alcohol. 			
If you have nausea or vomiting:			
 Take your rescue (as-needed) anti-nausea medication(s) as prescribed. Ask your health care team for the <u>Nausea & Vomiting</u> pamphlet for more information. Talk to your health care team if: 			
 Nausea lasts more than 48 hours Vomiting lasts more than 24 hours or if it is severe 			
Fatigue	Talk to your health care team if it		
What to look for:	does not improve or if it is severe		
 Feeling of tiredness or low energy that lasts a long time and does not go away with rest or sleep. 			

Very Common Side Effects (50 or more out of 100 people)			
Side effects and what to do	When to contact health care team		
What to do:			
 Be active. Aim to get 30 minutes of moderate exercise (you are able to talk comfortably while exercising) on most days. Check with your health care team before starting any new exercise. Pace yourself, do not rush. Put off less important activities. Rest when you need to. Ask family or friends to help you with things like housework, shopping, and child or pet care. Eat well and drink at least 6 to 8 glasses of water or other liquids every day (unless your health care team has told you to drink more or less). Avoid driving or using machinery if you are feeling tired. Ask your health care team for the <u>Fatigue</u> pamphlet for more information.			
Hair thinning or loss	Talk to your health care team if this		
(Generally mild)	bothers you		
What to look for:			
 Your hair may become thin or fall out during or after treatment. In most cases, your hair will grow back after treatment. The texture or colour may change. In very rare cases, hair loss may be permanent. 			
What to do:			
Use a gentle soft brush.Do not use hair sprays, bleaches, dyes and perms.			
Low Appetite, weight loss	Talk to your health care team if it		
What to look for:	does not improve or if it is severe		
Loss of interest in food or not feeling hungry.Weight loss.			

Very Common Side Effects (50 or more out of 100 people)		
Side effects and what to do	When to contact health care team	
What to do:		
 Try to eat your favourite foods. Eat small meals throughout the day. You may need to take meal supplements to help keep your weight up. Talk to your health care team if you have no appetite. See our Loss of Appetite pamphlet for more information.		
Diarrhea and other early side effects of irinotecan that start during	Tell your health	
treatment or within 24 hours	care team right	
What to look for:	away if you have any of these symptoms	
Loose, watery, unformed stool (poo)	Symptoms	
 Some other symptoms you may have include sweating a lot, belly cramps, runny nose, watery eyes, more saliva (spit) in your mouth 		
than usual, redness (flushing) on your face or neck.		
Let your healthcare team know right away if this		
happens. Medication(s) may be given to you to control these symptoms.		
Diarrhea that starts more than 24 hours after treatment.	Talk to your	
• Lagge water, unformed steel (nee)	health care team if no	
 Loose, watery, unformed stool (poo) Diarrhea may be severe in some cases and it might cause dehydration 	improvement	
(when your body doesn't have enough water)	after 24 hours of	
What to look for:	taking diarrhea	
wriat to look for:	medication or if severe (more	
If you have diarrhea:	than 7 times in 1	
Take the loperamide (Imodium®) that your health care team prescribed or told you to take.	day)	
 Do not have foods or drinks with artificial sweetener (like chewing gum or 		
'diet' drinks), coffee and alcohol.		
 Eat many small meals and snacks instead of 2 or 3 large meals. Drink at least 6 to 8 cups of liquids each day, unless your health care team 		
has told you to drink more or less.		
Talk to your health care team if you can't drink 6 to 8 cups of liquids each day when you have diarrhea. You may need to drink enecial liquids with		
day when you have diarrhea. You may need to drink special liquids with salt and sugar, called Oral Rehydration Therapy.		
 Talk to your health care team if your diarrhea does not get better after 24 		
hours of taking diarrhea medication or if you have diarrhea more than 7 times in 1 day.		
unico in ruay.		

Very Common Side Effects (50 or more out of 100 people)		
Side effects and what to do	When to contact health care team	
Ask your health care team for the <u>Diarrhea</u> pamphlet for more information.		

Common Side Effects (25 to 49 out of 100 people)			
Side effects and what to do	When to contact health care team		
High blood pressure What to look for:	Talk to your health care team if it does not improve or if it is severe		
 There are usually no signs of high blood pressure. Rarely, you may have headaches, shortness of breath or nosebleeds. 			
What to do:			
 Check your blood pressure regularly. Your doctor may prescribe medication to treat high blood pressure. 			
If you have a severe headache get emergency help right away as it may be a sign your blood pressure is too high.			
Proteins in Urine (pee)	Talk to your health care team if it		
Your health care team may do urine tests to check for proteins in your pee.	does not improve or if it is severe		
What to look for:			
 Swelling in your face, legs, or belly. Recent weight gain that is not normal for you. Foamy, frothy or bubbly-looking pee. 			
What to do:			
Talk to your health care team if it does not improve or if it is severe.			

Side effects and what to do	When to contact
Headache, mild joint, muscle pain or cramps	Talk to your health care team if it
What to look for:	does not improve or if it is severe
New pain in your muscles or joints, muscle cramps, or feeling achy.	
What to do:	
 Take pain medication (acetaminophen or opioids such as codeine, morphine, hydromorphone, oxycodone) as prescribed. Read the above section: "What should I do if I feel unwell, have pain, a headache or a fever?" before taking acetaminophen (Tylenol®), ibuprofen (Advil®, Motrin®), naproxen (Aleve®) or Aspirin. These medications may hide an infection that needs treatment or they may increase your risk of bleeding. Rest often and try light exercise (such as walking) as it may help. 	
Ask your health care team for the <u>Pain</u> pamphlet for more information.	
Liver problems	Get emergency medical help
Your health care team may check your liver function with a blood test. Liver changes do not usually cause any symptoms.	right away
What to look for:	
 Rarely, you may develop yellowish skin or eyes, unusually dark pee or pain on the right side of your belly. This may be severe. 	
What to do:	
If you have any symptoms of liver problems, get emergency medical help right away.	

Common Side Effects (25 to 49 out of 100 people)			
Side effects and what to do	When to contact health care team		
Constipation What to look for:	Talk to your health care team if it does not improve or if it is severe		
 Have bowel movements (going poo) less often than normal. Small hard stools (poo) that look like pellets. The need to push hard and strain to have any stool (poo) come out. Stomach ache or cramps. A bloated belly, feeling of fullness, or discomfort. Leaking of watery stools (poo). Lots of gas or burping. Nausea or vomiting 			
What to do:			
To help prevent constipation:			
 Try to eat more fiber rich foods like fruits with skin, leafy greens and whole grains. Drink at least 6 to 8 cups of liquids each day unless your health care team has told you to drink more or less. Be Active. Exercise can help to keep you regular. If you take opioid pain medication, ask your health care team if eating more fibre is right for you. 			
To help treat constipation:			
 If you have not had a bowel movement in 2 to 3 days you may need to a laxative (medication to help you poo) to help you have regular bowel movements. Ask your health care team what to do. 			
See the Constipation pamphlet for more information.			
Mouth sores What to look for: • Round, painful, white or gray sores inside your mouth that can occur on the	Talk to your health care team as soon as you notice mouth or lip sores, or if it		
 Round, painful, white or gray sores inside your mouth that can occur on the tongue, lips, gums, or inside your cheeks. In more severe cases they may make it hard to swallow, eat or brush your teeth. They may last for 3 days or longer. 	hurts to eat, drink or swallow		

Common Side Effects (25 to 49 out of 100 people)		
Side effects and what to do	When to contact health care team	
What to do:		
To help prevent mouth sores:		
 Take care of your mouth by gently brushing and flossing regularly. Rinse your mouth often with a homemade mouthwash. To make a homemade mouthwash, mix 1 teaspoonful of baking soda and 1 teaspoonful of salt in 4 cups (1L) of water. Do not use store-bought mouthwashes, especially those with alcohol, because they may irritate your mouth. 		
If you have mouth sores:		
 Avoid hot, spicy, acidic, hard or crunchy foods. Your doctor may prescribe a special mouthwash to relieve mouth sores and prevent infection. Talk to your health care team as soon as you notice mouth or lip sores or if it hurts to eat, drink or swallow. 		
Ask your health care team for the Mouth Care pamphlet for more information.		
Eye problems What to look for:	Talk to your health care team as soon as possible	
 Your eyes may feel dry, irritated, or painful. They may look red and have a lot of tears. They may feel sensitive to light and your vision may be blurry. 		
What to do:		
 Avoid wearing contact lenses. Wear sunglasses with UV protection. Use protective eyewear (goggles or helmet with face mask) when playing sports, mowing the lawn or doing anything that may get particles or fumes in your eyes. You may try artificial tears (eye drops) or ointment. 		

Less Common Side Effects (10 to 24 out of 100 people)		
Side effects and what to do	When to contact health care team	
Rash; dry, itchy skin	Talk to your health care team if it does not improve	
What to look for:	or if it is severe	
 You may have cracked, rough, flaking or peeling areas of the skin. Your skin may look red and feel warm, like a sunburn. Your skin may itch, burn, sting or feel very tender when touched. 		
What to do:		
To prevent and treat dry skin:		
 Use fragrance-free skin moisturizer. Protect your skin from the sun and the cold. Use sunscreen with UVA and UVB protection and an SPF of at least 30. Avoid perfumed products and lotions that contain alcohol. Drink 6 to 8 cups of non-alcoholic, non-caffeinated liquids each day, 		
unless your health care team has told you to drink more or less.		
Rash may be severe in some rare cases and cause your skin to blister or peel. If this happens, get emergency medical help right away.		
Trouble Sleeping	Talk to your health care team if it	
Your medications may cause trouble sleeping. It may get better once your body gets used to the medication or when your treatment ends.	does not improve or if it is severe	
What to look for:		
 You may find it hard to fall asleep or stay asleep. How well you sleep may change over your treatment. For example, you may have several nights of poor sleep followed by a night of better sleep. You may wake up too early or not feel well-rested after a night's sleep. You may feel tired or sleepy during the day. 		
What to do:		
Talk to your health care team if it does not improve or if it is severe.		

Less Common Side Effects (10 to 24 out of 100 people)		
Side effects and what to do	When to contact health care team	
Blood clots	Get emergency medical help	
What to look for:	right away	
 Blood clots can cause pain, swelling and hardening of the vein in the body part that has the clot. If the clot is severe it can block a big artery or vein. 		
A blood clot in your lungs can cause: coughing, problems breathing, pain in your chest or coughing up blood		
A blood clot in your brain (stroke) can cause: trouble seeing, speaking, or using your arms and legs		
A blood clot in your heart (heart attack) can cause: chest pain, shortness of breath and pain in your belly or arms		
What to do:		
Get emergency medical help right away.		
Swelling inside your nose	Talk to your health care team if it	
What to look for:	does not improve or if it is severe	
You may have a stuffy, sneezy, itchy, runny nose.		
What to do:		
Talk to your health care team if it does not improve or if it is severe.		
Dizziness	Talk to your health care team if it	
What to look for:	does not improve or if it is severe	
You may feel light headed and like you might faint (pass out).		
What to do:		
 Lay down right away so you do not fall. Slowly get up and start moving once you feel better. Do not drive a motor vehicle or use machinery if you feel dizzy. 		

Less Common Side Effects (10 to 24 out of 100 people)			
Side effects and what to do	When to contact health care team		
Cough and feeling short of breath	Talk to your health care team. If you are not able to talk to your health care team for advice,		
What to look for:You may have a cough and feel short of breath.			
 Symptoms that commonly occur with a cough are: Wheezing or a whistling breathing 	and you have a fever or severe symptoms, you		
 Runny nose Sore throat Heartburn Weight loss 	MUST get emergency medical help right away.		
 Fever and chills Rarely this may be severe with chest pain, trouble breathing or coughing up blood. 	anaj.		
What to do:			
 Check your temperature to see if you have a fever. Read the above section "What should I do if I feel unwell, have pain, a headache or a fever?". 			
 If you have a severe cough with chest pain, trouble breathing or you are coughing up blood, get medical help right away. If you have a fever, try to talk to your health care team. If you are not able to talk to them for advice, you MUST get emergency medical help right away. 			
Heart problems	Get emergency medical help right away		
What to look for:	rigiit away		
 You may have an irregular heartbeat, shortness of breath, chest pain or fainting spells. Swelling in your legs, ankles and belly. Sharp pain in the centre or left side of the chest (often worsens when 			

Less Common Side Effects (10 to 24 out of 100 people) Side effects and what to do When to con health care to		
What to do:		
Get emergency medical help right away.		
Rash on your hands and feet (hand-foot syndrome) What to look for:	Talk to your health care team if it does not improve or if it is severe	
 Tingling or swelling of the skin on the palms of your hands and the bottoms of your feet. This can become painful, red and numb. In worse cases your skin may start to peel and you can get blisters or sores. 		
 This may occur days to weeks after the dose is given or after you start treatment. 		
What to do?		
To help prevent Hand-foot syndrome:		
 Do not do activities that cause rubbing or pressure on your skin, like heavy-duty washing, gripping tools, typing, playing musical instruments, and driving. Moisturize your hands and feet often, especially in the skin folds. 		
 Wear loose, comfortable footwear and clothes. Rest and try to keep off your feet. Do not let your hands and feet get too hot. 		
Ask your health care team for the <u>Hand-foot syndrome</u> pamphlet for more information.		
Heartburn, upset stomach and bloating	Talk to your health care team if it	
What to look for:	does not improve or if it is severe	
 You may feel pain or burning in the middle or top part of your chest. It may get worse when you are lying down, bending over or when you swallow. 		
You may have a bitter or acidic taste in your mouth.		

Less Common Side Effects (10 to 24 out of 100 people)		
Side effects and what to do	When to contact health care team	
What to do:		
 Avoid acidic, fatty or spicy foods including caffeine. Drink clear liquids and eat small meals. Avoid smoking or being around tobacco. Stay upright after eating. Raise the head of your bed six to eight inches so that your head is higher than your belly. 		
Flushing	Talk to your health care team if it	
What to look for:	does not improve or if it is severe	
 Your face may feel warmth and the skin on your neck, upper chest, or face may quickly get red. 		
What to do:		
Talk to your health care team if no improvement or if severe.		
Speech problems What to look for:	Talk to your health care team if it does not improve	
Your voice may become hoarse or raspy.	or if it is severe	
What to do:		
Talk to your health care team if no improvement or if severe.		
Mild swelling	Talk to your health	
What to look for:	care team if it does not improve or if it is severe	
 You may have mild swelling or puffiness in your arms and/or legs. Rarely, this may be severe. 		
What to do:		
To help prevent swelling:		
Eat a low-salt diet.		

Less Common Side Effects (10 to 24 out of 100 people)	
Side effects and what to do	When to contact health care team
If you have swelling:	
Wear loose-fitting clothing.For swollen legs or feet, keep your feet up when sitting.	

Other rare, but serious side effects are possible with this treatment.

If you have **any** of the following, talk to your cancer health care team or get emergency medical help right away:

- Signs of allergic reaction: flushing, itchiness, rash, swollen lips, face or tongue, wheezing, chest and throat tightness
- Severe belly pain
- Any new teeth or mouth pain and swelling, mouth sores that do not heal, unusual discharge from gums, loosening of teeth and the feeling of numbness or heaviness in the jaw
- Severe headache, passing out (fainting)
- Confusion, seizures
- Any changes to your vision
- Severe weakness, problems with your balance or have falls
- Unusual muscle spasms, tremors, irregular or jerky movements
- Redness or rash in areas where you had radiation before
- Red-brown coloured pee
- Wounds that take longer than normal to heal or don't fully heal

For more information on how to manage your symptoms ask your health care provider, or visit: https://www.cancercareontario.ca/symptoms.

Notes			

FOLFIRI+BEV/
December 2023 Updated "How will this treatment affect sex, pregnancy and breast feeding?" section
For more links on how to manage your symptoms go to <u>www.cancercareontario.ca/symptoms</u> .
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.