

## Adjuvant CE (Cyclophosphamide and Epirubicin)

CE is a combination of two chemotherapy drugs used to treat patients who have had breast cancer.

Adjuvant means in addition to surgery. The surgery has removed all obvious cancer but with any cancer there is a risk that the cancer may have spread. The use of CE chemotherapy after surgery has been shown to further reduce the recurrence rate and to improve the survival of some patients in your situation. Unfortunately there is no test that will tell us if any cancer cells escaped. You could be cured already; but if cancer cells have escaped then the cancer will recur sometime in the future. If the cancer does recur it is, unfortunately, not curable; treatment at that stage may, however, control it for some time.

The aim of adjuvant chemotherapy is to kill any cancer cell that may have escaped thus improving the cure rate. In general CE can further reduce the recurrence by about 30% and improve survival by 25 to 30%. It unfortunately does not work in all cases but statistically you are better off having the adjuvant CE.

CE is given by intravenous injection once every 3 weeks, usually for 6 treatments. It is generally well tolerated but it may cause side effects. Occasionally a treatment may have to be delayed up to a week to allow recovery of normal cells – there is no need to worry if this occurs. Possible side effects include:

1. Mild to moderate nausea and vomiting can occur, usually in the first 24 hours after chemotherapy. In order to stop this you will be given an anti-nausea medication such as Zofran or Navoban before therapy. You should start the Zofran or Navoban on the morning of your chemotherapy and continue as per instructions on the packet.
2. Bone marrow suppression can cause a temporary decrease in white blood cells which may put you at risk of infection – there is no need to isolate yourself as the infection usually comes from your own body. If you do develop a temperature above 38° or rigors (shivers and shakes) go straight to the Emergency Department of the Hospital as you may require intravenous antibiotics. The risk of this happening is small but if ignored can be very serious.

There is an even smaller risk of bleeding; if you develop any abnormal bleeding or bruising you must go to the Hospital.

3. Bone marrow damage may cause anaemia, rarely a transfusion is required.
4. Hair loss may occur. Hair loss if it occurs, usually commences 3 to 4 weeks after the start of chemotherapy. Severe hair loss occurs in about 40% of patients receiving CE. Generally it affects scalp hair although in severe cases it may affect other hair such as eyebrows and eyelashes.

It always regrows after the treatment is stopped. If your hair starts to fall out or you are concerned about hair loss please talk to one of the Chemotherapy Nurses about wigs or scarves and about the "Look Good Feel Better" programme.

5. Lip, throat and mouth scores can occur. If you get a sore mouth gargle with water containing 1 teaspoon of bicarbonate of soda every few hours.
6. Changes in taste can occur and is temporary.
7. Diarrhoea may occur, it is usually mild – Lomotil or Imodium may help. If it gets severe ring Barbara Wren or your GP.
8. Bladder damage may occur but is very uncommon. To minimise the risk, drink extra fluids so that you are passing clear urine on the day of therapy.
9. Severe tissue damage can occur if this drug escapes into the tissues, if you develop pain or swelling at the site of the injection please inform the nurses so that the needle can be changed to a new site.
10. Nail changes such as ridges, bands, discolouration or retarded growth may occur.
11. Rashes may occur but are uncommon. The skin is slightly more sensitive to the sun – use a hat and blockout if you are going to be in the sun for a prolonged period of time.
12. Your urine may go a slightly orange or red colour for 24 hours after the chemotherapy – there is no need to worry about this.
13. This combination of drugs may cause menstrual irregularities or even early menopause.
14. Infertility may occur.
15. Very rare side effects include lung, liver, kidney and heart damage as well as leukaemia.

**Special Instructions:**

1. Report to Hospital if you develop any temperatures  $>38^{\circ}$ , rigors, abnormal bleeding or bruising, or severe diarrhoea.
2. If required take the anti-nausea medication as ordered by your doctor.
3. If you get diarrhoea, or mouth or lip ulcers, tell the Oncology Nurses as a delay in treatment of about a week may help. A slight dose reduction usually stops any recurrence.

4. Avoid Aspirin and other anti-inflammatory drugs (Panadol is safe), also try and avoid sulphur antibiotics such as Septrin and Bactrim at the time of treatment.
5. Drink extra fluids on the day of therapy so that you are passing clear urine.
6. Avoid pregnancy whilst on chemotherapy.

***If you are concerned or worried please contact Barbara Wren,  
NUM, Daffodil Cottage on 6339 5266 or after hours your GP.***