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Chemotherapy for breast cancer

Chemotherapy for breast cancer

Chemotherapy is a common treatment for breast cancer. It uses anti cancer (cytotoxic) drugs to destroy cancer cells. The drugs circulate throughout the body in the bloodstream. They work by disrupting the growth of cancer cells.

Common types of chemotherapy drugs used for breast cancer include epirubicin and cyclophosphamide.



When you have it

You usually have chemotherapy as cycles of treatment. This means that you have one chemotherapy drug or a combination of drugs then a rest to allow your body to recover. Each cycle of treatment varies depending on what you are having. But usually, it's every 2 to 4 weeks.

Chemotherapy before surgery

Chemotherapy before surgery is called neo adjuvant treatment. The aim is to shrink the cancer before the operation. This means that some people may be able to have breast conserving surgery (lumpectomy), instead of a mastectomy.

You might have chemotherapy before surgery if you have:


- a large cancer
- [HER 2 positive](#)  breast cancer
- [triple negative](#)  breast cancer
- a type of breast cancer called inflammatory breast cancer

Find out more about the types of breast cancer

Chemotherapy after surgery

Chemotherapy after surgery is also called adjuvant therapy. You might have this if your doctor thinks that there is a risk that cancer cells could have spread to another part of the body. The aim is to reduce the risk of the cancer coming back.

You might have chemotherapy after surgery for one or more of the following reasons:

- cancer cells were found in the [lymph nodes](#) 
- the cancer cells don't have hormone receptors. These are called hormone receptor negative breast cancer
- the breast cancer cells are high grade (grade 3)
- you have a small HER 2 positive breast cancer

Find out more about having surgery for breast cancer

Chemotherapy for secondary breast cancer

Breast cancer can spread from where it started to other parts of the body. This is secondary or advanced breast cancer.

Chemotherapy is a common treatment for secondary breast cancer. It can help control or shrink the cancer and relieve symptoms. For some people, treatment can control the cancer for many months or years.

Find out about secondary breast cancer

Other treatments

You might have other types of treatment alongside chemotherapy. For example, you might have:

- radiotherapy. You usually have this after your chemotherapy
- a targeted cancer drug called trastuzumab (Herceptin) alongside chemotherapy, or after chemotherapy
- a targeted drug called pembrolizumab with paclitaxel chemotherapy

Read more information about treatments for breast cancer

Types of chemotherapy

There are a large number of chemotherapy drugs used to treat breast cancer. You usually have a combination of 2 or 3 drugs, but you might also just have one.

The type of drugs you have depends on different factors. These factors include the risk of the cancer coming back and whether you have other medical conditions, such as heart problems.

Some examples of chemotherapy drugs you might have include:

- paclitaxel
- docetaxel
- epirubicin
- carboplatin
- capecitabine
- eribulin
- epirubicin and cyclophosphamide (EC)
- doxorubicin and cyclophosphamide (AC)
-

docetaxel and cyclophosphamide (TC)

This is not a complete list of all the types of chemotherapy drugs used to treat breast cancer. You can check what is the name of your regimen with your doctor or nurse, then take a look at our A to Z list of cancer drugs.

A to Z list of cancer drugs

How you have chemotherapy

You have most chemotherapy drugs for breast cancer as a drip into your bloodstream (intravenously). You may also have some drugs as tablets that you swallow.

Drip into your bloodstream

You have treatment through a thin short tube (a cannula) that goes into a vein in your arm each time you have treatment.

Or you might have treatment through a long line: a central line, a PICC line or a portacath. These are long plastic tubes that give the drug into a large vein in your chest. The tube stays in place throughout the course of treatment. This means your doctor or nurse won't have to put in a cannula every time you have treatment.

Taking your tablets

You must take tablets according to the instructions your doctor or pharmacist gives you.

Whether you have a full or empty stomach can affect how much of a drug gets into your bloodstream.

You should take the right dose, not more or less.

Never stop taking a cancer drug without talking to your specialist first.

Where you have chemotherapy

You usually have treatment into your bloodstream at the cancer day clinic. You might sit in a chair for a few hours so it's a good idea to take things in to do. For example, newspapers, books or electronic devices can all help to pass the time. You can usually bring a friend or family member with you.

You have some types of chemotherapy over several days. You might be able to have some drugs through a small portable pump that you take home.

For some types of chemotherapy you have to stay in a hospital ward. This could be overnight or for a couple of days.

Some hospitals may give certain chemotherapy treatments to you at home. Your doctor or nurse can tell you more about this.

Watch the video below about what happens when you have chemotherapy. It is almost 3 minutes long.

[Hide Transcript](#)

 [Download transcript \[pdf\]](#)

Clare Disney (nurse): Hello, my name is Clare and this is a cancer day unit.



So when you arrive and you've reported into with the receptionist, one of the nurses will call you through when your treatment is ready, sit you down and go through all the treatment with you.

Morning, Iris. My name is Clare. I am the nurse who is going to be looking after you today. We're going to start by putting a cannula in the back of your hand and giving you some anti

Before you start chemotherapy

You need to have blood tests to make sure it's safe to start treatment. You usually have these a few days before or on the day you start treatment. You have blood tests before each round or cycle of treatment.

Your blood cells need to recover from your last treatment before you have more chemotherapy. Sometimes your blood counts are not high enough to have chemotherapy. If this happens, your doctor usually delays your next treatment. They will tell you when to repeat the blood test.

The pharmacists make chemotherapy for each person individually. They do this once your blood test results have come through. It's worked out based on your weight, height and general health.

DPD Deficiency

Between 2 and 8 out of 100 people (2 to 8%) have low levels of an enzyme called dihydropyrimidine dehydrogenase (DPD) in their bodies. A lack of DPD can mean you're more likely to have severe side effects from capecitabine or fluorouracil. It might take you a bit longer to recover from the chemotherapy. These side effects can rarely be life threatening.

Before starting treatment with capecitabine or fluorouracil you have a blood test to check levels of DPD. So you may start treatment with a lower amount (dose) of the drug or have a different treatment. Your doctor or nurse will talk to you about this.

Find out more about having a DPD deficiency

Side effects

Common chemotherapy side effects include:

- feeling sick
- loss of appetite
- losing weight
- feeling very tired
- increased risk of getting an infection
- bleeding and bruising easily
- diarrhoea or constipation
- hair loss

Contact your doctor or nurse immediately if you have signs of infection. These include a temperature above 37.5C or below 36C, or generally feeling unwell. Infections can make you very unwell very quickly.

Side effects depend on:

- which drugs you have
- how much of each drug you have
- how you react

Tell your treatment team about any side effects that you have.

Most side effects only last for a few days or so. Your treatment team can help to manage any side effects that you have.

Find out more about the possible side effects of chemotherapy

Early menopause

If you are still having periods (pre menopausal), chemotherapy can stop your ovaries from making the hormone oestrogen. This means you might have an early menopause and become infertile. This can be very difficult to cope with if you wanted to have a child in the future.

For some women, the ovaries begin to work again after treatment. This depends on your age when you have treatment, and the types of chemotherapy drugs you have. Your doctor will talk to you before starting treatment about possible ways of preserving fertility.

Read about ways of preserving fertility when you have breast cancer

When you go home

Chemotherapy for breast cancer can be difficult to cope with. Tell your doctor or nurse about any problems or side effects that you have. The nurse will give you telephone numbers to call if you have any problems at home.

If you have any questions about chemotherapy, you can talk to Cancer Research UK's information nurses on freephone 0808 800 4040, 9am to 5pm, Monday to Friday.

Dietary or herbal supplements and chemotherapy

Let your doctors know if you:

- take any supplements
- have been prescribed anything by alternative or complementary therapy practitioners

It's unclear how some nutritional or herbal supplements might interact with chemotherapy. Some could be harmful.

Read about safety issues with herbal, vitamin and diet supplements

+ References

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The information on this page is based on literature searches and specialist checking. We used many references and there are too many to list here. Please contact patientinformation@cancer.org.uk with details of the particular issue you are interested in if you need additional references for this information.

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 [Print page](#)

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Related links

A-Z list of cancer drugs

There are many cancer drugs, cancer drug combinations and they have individual side effects.

Treatment options for secondary breast cancer

Deciding about treatment can be difficult when you have secondary breast cancer. Treatments such as chemotherapy or radiotherapy can help to reduce symptoms and might make you feel better.

Breast cancer treatment

Treatment for breast cancer depends on a number of factors. Find out about breast cancer treatments, where and how you have them, and how to cope with possible side effects.

Living with breast cancer

Get practical, physical and emotional support to help you cope with a diagnosis of breast cancer, and life during and after treatment.

Breast cancer survival

Survival is generally very good for breast cancer, particularly if you are diagnosed early. This is probably because of screening, early diagnosis and improved treatment. Find out more.

Breast cancer main page

Find out about breast cancer, including symptoms, diagnosis, treatment, survival, and how to cope with the effects on your life and relationships.

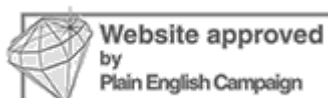


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