GemCarbo

GemCarbo is a chemotherapy treatment. It is used to treat different types of cancer.

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What is GemCarbo?

GemCarbo is a combination of cancer drugs. It is used to treat different types of cancer.

GemCarbo is named after the chemotherapy drugs used in the treatment. They are:

- gem – gemcitabine
- carbo – carboplatin.

It is best to read this information with our general information about chemotherapy and the type of cancer you have.

Your cancer team will talk to you about this treatment and its possible side effects before you agree (consent) to have treatment.

More information about this treatment

This information is correct at time of publishing. But sometimes the types of cancer this treatment is used for, or treatment side effects, may change between revision dates.

You can talk to your cancer team if you want more detailed information about this treatment. Or visit the electronic Medicines Compendium (eMC) website, which has patient information leaflets (PIL) for individual drugs.

How GemCarbo is given

You usually have GemCarbo in a chemotherapy day unit or clinic as an outpatient.

During your course of treatment, you will meet someone from your cancer team, such as a:

- cancer doctor
- chemotherapy nurse or specialist nurse
- specialist pharmacist.

This is who we mean when we mention doctor, nurse or pharmacist in this information.

Before or on the day of each treatment, you will have a blood test. This is to check that it is safe for you to have treatment.

You will meet with a doctor, nurse or pharmacist before you have treatment. They will talk to you about your blood results and ask how you have been feeling. If your blood results are okay, the pharmacy team will prepare your cancer drugs.

Your nurse will usually give you anti-sickness drugs before the cancer drugs. You will have your cancer treatment through 1 of the following:

- a cannula – a short, thin tube the nurse puts into a vein in the arm or hand
- a central line – a fine tube that goes under the skin of the chest and into a vein close by
- a PICC line – a fine tube that is put into a vein in the arm and goes up into a vein in the chest
- an implantable port (portacath) – a disc that is put under the skin on the chest or arm and goes into a vein in the chest.

Your cancer team may also give you anti-sickness drugs and other medicines to take home. Take all your capsules or tablets exactly as they tell you to.

Your course of chemotherapy

You usually have a course of several cycles of treatment over a few months. Your cancer team will discuss your treatment plan with you.

Each cycle takes 21 days (3 weeks):

- On day 1, you have gemcitabine and carboplatin.
- On day 8, you have gemcitabine only.

After this, you will then have a rest period with no treatment for 13 days.

After your rest period, you will start your second cycle of GemCarbo. This is the same as the first cycle. Your doctor or nurse will tell you how many cycles you are likely to have.

About side effects

We explain the most common side effects of this treatment here. We also include some that are less common.

You may get some of the side effects we mention, but you are unlikely to get all of them. And you

may have some side effects, including rarer ones, that we have not listed here.

Always tell your doctor, nurse or pharmacist about any side effects you have. They can give you:

- drugs to help control some side effects
- advice about managing side effects.

It is important to take any drugs exactly as explained. This means they will be more likely to work for you.

Serious and life-threatening side effects

Some cancer treatments can cause serious side effects. Sometimes, these may be life-threatening. Your doctor, nurse or pharmacist can explain the risk of these side effects to you.

Contact the hospital

Your doctor, nurse or pharmacist will give you 24-hour contact numbers for the hospital. If you feel unwell or need advice, you can call at any time of the day or night. Save these numbers in your phone or keep them somewhere safe.

Side effects while treatment is being given

Some people have side effects while they are having a cancer drug or shortly after they have it.

Allergic reaction

Some people have an allergic reaction while having this treatment. Before treatment, you may be given medicines to help prevent or reduce any reaction. Signs of a reaction can include:

- feeling hot or flushed
- shivering
- itching
- a skin rash
- feeling dizzy or sick
- a headache
- feeling breathless or wheezy
- swelling of your face or mouth
- pain in your back, tummy or chest.

Your nurse will check you for signs of a reaction during your treatment. If you feel unwell or have any of these signs, tell them straight away. If you do have a reaction, they can treat it quickly.

Sometimes a reaction happens a few hours after treatment. If you develop any of these signs or feel unwell after you get home, contact the hospital straight away on the 24-hour number.

Flu-like symptoms

This treatment may cause flu-like symptoms such as:

- feeling hot or cold
- feeling shivery
- headaches
- aching joints or muscles.

You may have these symptoms while the drug is being given, or for several hours after. Your nurse will tell you if this is likely to happen. They may advise you to take paracetamol. Drinking plenty of fluids will also help.

Contact the hospital on the 24-hour number if your symptoms are severe or do not improve after 24 hours.

The drug leaks outside the vein

Sometimes cancer drugs that are given into a vein may leak outside the vein. If this happens, some drugs can damage the tissue around the vein. This is called extravasation. Extravasation is not common, but it is important that it is dealt with quickly. If you have any of the following symptoms during or after your treatment, tell your nurse straight away:

- stinging
- pain
- redness or swelling around the vein.

Pain along the vein

This treatment can cause pain:

- at the place where the drip (infusion) is given
- along the vein.

If you feel pain, tell your nurse straight away. They can check the site. They may give the drug more slowly or flush it through with more fluid to reduce pain.

Breathlessness

You may feel mildly breathless soon after you have gemcitabine. This usually gets better by itself. But if you feel breathless, let your doctor, nurse or pharmacist know.

Very common side effects

These side effects happen to 10 or more people in every 100 people (10% or more) who have this treatment.

Risk of infection

This treatment can reduce the number of white blood cells in your blood. These cells fight infection. If your white blood cell count is low, you may be more likely to get an infection. A low white blood cell count is called neutropenia.

An infection can be very serious when the number of white blood cells is low. It is important to get any infection treated as soon as possible. If you have any of the following symptoms, contact the hospital straight away on the 24-hour number:

- a temperature above 37.5°C
- a temperature below 36°C
- you feel unwell, even with a normal temperature
- you have symptoms of an infection.

Symptoms of an infection include:

- feeling shivery and shaking
- a sore throat
- a cough
- breathlessness
- diarrhoea
- needing to pass urine (pee) often, or discomfort when you pass urine.

It is important to follow any specific advice your cancer treatment team gives you.

Your white blood cell count will usually return to normal before your next treatment. You will have a blood test before having more treatment. If your white blood cell count is low, your doctor may delay your treatment for a short time, until your cell count increases.

Bruising and bleeding

This treatment can reduce the number of platelets in your blood. Platelets are cells that help the blood to clot.

If the number of platelets is low, you may bruise or bleed easily. You may have:

- nosebleeds
- bleeding gums
- heavy periods
- blood in your urine (pee) or stools (poo)
- tiny red, brown or purple spots that may look like a rash – these spots can be harder to see if you have black or brown skin.

If you have any unexplained bruising or bleeding, contact the hospital straight away on the 24-hour number. You may need a drip to give you extra platelets. This is called a platelet transfusion.

Anaemia (low number of red blood cells)

This treatment can reduce the number of red blood cells in your blood. Red blood cells carry oxygen around the body. If the number of red blood cells is low, this is called anaemia. You may feel:

- very low in energy
- breathless
- dizzy and light-headed.

If you have these symptoms, contact the hospital straight away on the 24-hour number. You may need treatment for anaemia. If you are very anaemic, you may need a drip to give you extra red blood cells. This is called a blood transfusion.

Feeling sick

Your doctor, nurse or pharmacist will prescribe anti-sickness drugs to help prevent or control sickness. Take the drugs exactly as they tell you to, even if you do not feel sick. It is easier to prevent sickness than to treat it after it has started.

If you feel sick, take small sips of fluid often and eat small amounts regularly. It is important to drink enough fluids. If you continue to feel sick, or if you are sick (vomit) 1 to 2 times in 24 hours, contact the hospital on the 24-hour number as soon as possible. They will give you advice. They may change your anti-sickness treatment. Let them know if you still feel sick.

Tummy pain

You may get pain in your tummy (abdomen), or have indigestion. Your doctor, nurse or pharmacist can give you advice or treatment to help. Contact the hospital straight away on the 24-hour number if your symptoms do not go away, or get worse.

Hair loss

Your hair may get thinner. But you are unlikely to lose all the hair from your head. Hair loss usually starts after your first or second treatment. It is almost always temporary, and your hair will usually grow back after treatment ends.

Your nurse can talk to you about ways to cope with hair loss.

Fluid build-up

This treatment can cause a build-up of fluid in the body. This will slowly get better after treatment ends. Tell your doctor or nurse if you:

- are gaining weight
- have swelling in your face, legs or ankles.

They can give you and advice and treatment to help.

Effects on the kidneys

This treatment can affect how the kidneys work. This is usually mild and goes back to normal after

treatment ends. You will have blood tests to check how well your kidneys are working. Contact the hospital on the 24-hour number if you:

- have blood in your urine (pee)
- are passing less urine or peeing less often than usual.

Drinking fluids helps protect your kidneys. The advice is usually to try to drink at least 2 litres (3½ pints) of fluid each day. But follow any advice from your doctor, nurse or pharmacist about how much is right for you.

Effects on the liver

This treatment may affect how your liver works. This is usually mild and goes back to normal after treatment ends. You will have blood tests to check how well your liver is working.

Other side effects

These side effects happen to less than 10 in 100 people (less than 10%) who have this treatment. Some of them are much rarer than this but they are still important to know about. Rare means a side effect that happens to less than 1 in 1,000 people (less than 0.1%).

Feeling tired

Feeling tired is a common side effect of this treatment. It is often worse towards the end of treatment and for some weeks after it ends. Try to pace yourself and plan your day so you have time to rest. Gentle exercise, like short walks, can help you feel less tired.

If you feel sleepy, do not drive or use machinery.

Sore mouth and throat

This treatment may cause a sore mouth and throat. You may also get mouth ulcers. This can make you more likely to get a mouth or throat infection. Use a soft toothbrush to clean your teeth or dentures in the morning, at night and after meals.

Contact the hospital straight away on the 24-hour number, if:

- a sore mouth or throat affects how much you can drink or eat
- your mouth, tongue, throat or lips have any blisters, ulcers or white patches.

They can give you advice, and mouthwash or medicines to help with the pain or to treat any infection. Follow their advice and make sure you:

- drink plenty of fluids
- avoid alcohol and tobacco
- avoid food or drinks that irritate your mouth and throat.

Diarrhoea

This treatment may cause diarrhoea. Diarrhoea means passing more stools (poo) than is normal for you, or having watery or loose stools. You may also have stomach cramps. If you have a stoma, it may be more active than usual.

If you are passing loose stools 3 or more times a day and this is not normal for you, contact the hospital as soon as possible on the 24-hour number. Follow the advice they give you about:

- taking anti-diarrhoea medicines
- drinking enough fluids to keep you hydrated and to replace lost salts and minerals
- any changes to your diet that might help.

They might also ask you for a specimen of your stool to check for infection.

Constipation

This treatment can cause constipation. Constipation means that you are not able to pass stools (poo) as often as you normally do. It can become difficult or painful. Here are some tips that may help:

- Drink at least 2 litres (3½ pints) of fluids each day.
- Eat high-fibre foods, such as fruit, vegetables and wholemeal bread.
- Do regular gentle exercise, like going for short walks.

If you have constipation, contact the hospital on the 24-hour number for advice. They can give you drugs called laxatives to help.

If you have not been able to pass stools for over 2 days and are being sick, contact the 24-hour number straight away.

Loss of appetite

This treatment can affect your appetite. Don’t worry if you do not eat much for 1 or 2 days. But if your appetite does not come back after a few days, or if you are losing weight, tell your doctor, nurse or pharmacist. They can give you advice. They may give you food or drink supplements. Or they may suggest changes to your diet or eating habits to help.

Changes to your taste

Some foods may taste different or have no taste. Try different foods to find out what tastes best to you. You may also get a bitter or metallic taste in your mouth. Your doctor, nurse or pharmacist can give you advice. It might help to try:

- sucking sugar-free sour or boiled sweets
- eating cold foods
- eating sharp-tasting fresh fruit.

Taste changes usually get better after treatment ends. We have more information about coping with changes to taste.

Difficulty sleeping (insomnia)

Sometimes this treatment can affect your sleep. Tell your doctor, nurse or pharmacist if cancer treatment makes it difficult to sleep.

Headaches

This treatment may cause headaches. If you have headaches, tell your doctor, nurse or pharmacist. They can give you advice about painkillers that may help. Tell them if the headache does not get better, or gets worse.

Muscle or joint pain

You may get pain in your muscles or joints for a few days after treatment. If this happens, tell your doctor, nurse or pharmacist. They can give you painkillers and advice. They can also tell you if any of the painkillers you usually take are suitable.

Tell them if the pain does not get better. Having warm baths and resting regularly may help.

Hearing changes

This treatment may cause hearing changes, including hearing loss. You may have ringing in the ears. This is called tinnitus. You may also become unable to hear some high-pitched sounds. Hearing changes may get better after this treatment ends. But this does not always happen. If you notice any changes in your hearing, tell your doctor, nurse or pharmacist.

Numb or tingling hands or feet (peripheral neuropathy)

This treatment may affect the nerves in your fingers and toes. This can cause numbness, tingling or pain in your hands or feet. This is called peripheral neuropathy. You might find it hard to do fiddly tasks such as fastening buttons or tying shoelaces.

If you have these symptoms, always tell your doctor, nurse or pharmacist. They sometimes need to change the drug or the dose of the drug. The symptoms usually improve slowly after treatment ends. But for some people they continue and are a long-term side effect of treatment.

Eye problems

This treatment may cause blurry vision. Always tell your doctor or nurse if you have eye pain or notice any change in your vision.

Effects on the lungs

This treatment can cause changes to the lungs. Tell your doctor, nurse or pharmacist if you develop:

- a cough that does not go away
- wheezing
- breathlessness.

You should also tell them if any existing breathing problems get worse. You may have tests to check

your lungs.

Effects on the heart

This treatment can affect how the heart works. You may have tests to check how well your heart is working. These may be done before, during and after treatment.

If the treatment is causing heart problems, your doctor may change the type of treatment you are having.

Contact the hospital straight away on the 24-hour number if you have any of these symptoms during or after treatment:

- breathlessness
- dizziness
- changes to your heartbeat (palpitations)
- swollen feet and ankles.

Other conditions can cause these symptoms, but it is important to get them checked by a doctor.

Always call 999 if you have:

- chest pain, pressure, heaviness, tightness or squeezing across the chest
- difficulty breathing.

Skin changes

Chemotherapy can affect your skin. If your skin feels dry, try using soap-free cleansers and unperfumed moisturising cream every day.

This treatment can also:

- cause a rash, which may be itchy
- cause changes in skin colour
- make any area treated with radiotherapy become red or sore. If you have white skin the area will become red, and if you have black or brown skin the area might become darker
- make you more sensitive to the sun.

Your skin may burn more easily during treatment and for several months after. Use a sun cream of at least SPF 30. SPF stands for sun protection factor. Cover up with clothing and wear a hat.

Always tell your doctor, nurse or pharmacist about any skin changes. They can give you advice or prescribe creams or medicines to help. Changes to your skin are usually temporary and improve when treatment ends.

Serious skin changes

Rarely, this treatment can cause a serious skin reaction that needs to be treated immediately in hospital. Contact the hospital straight away on the 24-hour number if you have any of these symptoms:

- a skin rash that is spreading
- blistering or peeling skin
- flu-like symptoms, such as a high temperature and joint pain
- sores on your lips or in your mouth.

Effects on the brain

Rarely, this treatment causes a brain condition that can be serious. You can make a full recovery from this. But it must be diagnosed and treated quickly.

This condition can cause:

- a headache that does not get better
- drowsiness or confusion
- changes in eyesight
- fits (seizures).

If you have any of these symptoms, it is important to either:

- contact the hospital straight away on the 24-hour number
- go to the hospital straight away.

You should not drive yourself to hospital.

Tumour lysis syndrome (TLS)

Some people are at risk of developing a condition called tumour lysis syndrome (TLS) during treatment. This is not common. TLS happens when treatment makes large numbers of cancer cells die and break down quickly. This releases lots of waste products into the blood and can affect the kidneys and heart.

TLS can be prevented. You will have regular blood tests to check for TLS. If you are at risk of TLS, you may have:

- extra fluids through a drip
- chemo tumourlysissyndromeTLS.

Drinking at least 2 litres (3½ pints) of fluid a day will also help.

Other important information

Blood clot risk

Cancer and some cancer treatments can increase the risk of a blood clot. Contact the hospital straight away on the 24-hour number if you have any of these symptoms during or after treatment:

- throbbing pain or swelling in a leg or arm
-

reddening of the skin in the area – if you have black or brown skin, this can be harder to notice, but the skin might become darker

- suddenly feeling breathless or coughing.

Always call 999 if you have:

- chest pain
- difficulty breathing.

A blood clot is serious, but it can be treated with drugs called anticoagulants. These thin the blood. Your doctor, nurse or pharmacist can give you more information about preventing and treating blood clots.

Alcohol

Some preparations of this treatment contain alcohol. If having alcohol is a problem for you, tell your doctor, nurse or pharmacist. Your blood alcohol level may be above the legal limit after you have the treatment. Do not drive or operate machinery for a few hours after having this treatment, even if you feel okay.

Salt

Gemcitabine contains sodium. Talk to your doctor if you are on a low-salt diet.

Other medicines

Some medicines can affect how this treatment works or be harmful while you are having it. Always tell your cancer doctor, nurse or pharmacist about any drugs you are taking or planning to take, such as:

- medicines you have been prescribed
- medicines you buy in a shop, pharmacy or online
- vitamins or supplements
- herbal drugs and complementary or homeopathic therapies
- recreational drugs – for example, cannabis.

Vaccinations

Cancer doctors usually recommend that people with cancer have vaccinations for flu and coronavirus (covid). They may also recommend other vaccines, such as Shingrix® for shingles. These all help reduce your risk of serious illness from these infections. Most people can have these vaccines, including people with weak immune systems.

You should not have live vaccines if your immune system is weak. This includes if you are having or recently had chemotherapy, radiotherapy or other cancer treatments that affect your immune system. Live vaccines can make you unwell because they contain a very weak version of the illness they protect you against. There are several live vaccines, including the yellow fever vaccine.

It is important to ask your doctor, nurse or pharmacist for advice about having vaccinations. They can

explain what vaccines are right for you and when it is best to have them.

Contraception

Your doctor, nurse or pharmacist will advise you not to get pregnant or make someone pregnant while having this treatment and for some time afterwards. The drugs may harm a developing baby. It is important to use contraception to prevent pregnancy. Follow their advice about:

- what types of contraception to use
- how long after treatment you should continue to use contraception.

Breastfeeding

You are advised not to breastfeed while having this treatment, or for some time after treatment ends. This is because the drugs could be passed to the baby through breast milk.

Your doctor, nurse or pharmacist can give you more information.

Fertility

Some cancer drugs can affect whether you can get pregnant or make someone pregnant. If you are worried about this, it is important to talk with your doctor before you start treatment.

Sex

It is possible that small amounts of chemotherapy may be passed on through vaginal fluids or semen. If you have sex in the first few days after treatment, your cancer team will usually advise using condoms or a dental dam to protect your partner.

Medical and dental treatment

If you need medical treatment for any reason other than cancer, always tell the healthcare professional that you are having cancer treatment. Give them the contact details for your cancer doctor or cancer team so they can ask for advice.

If you have appointments with a dentist, always tell them you are having cancer treatment. Talk to your cancer team before you have any dental treatment.

About our information

This information has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been reviewed by expert medical and health professionals and people living with cancer.

References

Visit the electronic Medicines Compendium (eMC) to download a Patient Information Leaflet (PIL) for more detailed information. The leaflet lists all known side effects.

Date reviewed

Reviewed: 01 July 2024 | Next review: 01 July 2026

Trusted Information Creator
Patient Information Forum

Our cancer information meets the PIF TICK quality mark.

This means it is easy to use, up-to-date and based on the latest evidence. Learn more about how we produce our information.

The language we use

We want everyone affected by cancer to feel our information is written for them.
We want our information to be as clear as possible. To do this, we try to:

- use plain English
- explain medical words
- use short sentences
- use illustrations to explain text
- structure the information clearly
- make sure important points are clear.

We use gender-inclusive language and talk to our readers as ‘you’ so that everyone feels included. Where clinically necessary we use the terms ‘men’ and ‘women’ or ‘male’ and ‘female’. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected.
You can read more about how we produce our information here.

How we can help

How to print a PDF from this website

Instructions on how you can make a PDF version of this page using the print function on your browser.

Clinical Information Nurse Specialists

Our Cancer Information Nurse Specialists are dedicated cancer nurses available to talk to on our Macmillan Cancer Support Line.

Call us free on 0808 808 00 00

8am to 8pm, 7 days a week. You can talk to our cancer specialists about anything.

Online Community

Chat online anonymously to others who understand what you are going through. Our community is available 24/7 and has dedicated forums where you can get advice and ask our experts.

Find local cancer support services

What's going on near you? Find out about support groups, where to get information and how to get involved with Macmillan where you live.