



Irinotecan and capecitabine

This leaflet is offered as a guide to you and your family. The possible benefits of treatment vary; for some people chemotherapy may reduce the risk of the cancer coming back, for others it may control the cancer and its symptoms. Chemotherapy is the most commonly prescribed anti-cancer treatment but other types of treatment are also used. Your doctor will explain to you whether you will receive chemotherapy or another type of treatment, or a combination of both. Your doctor or nurse will be happy to answer any questions you have about your treatment. You will find it useful to refer to the booklet *Chemotherapy, a guide* which gives general information on chemotherapy and side effects.

Your treatment

Your doctor has prescribed for you a treatment which includes two chemotherapy drugs: irinotecan given via a drip and tablets called capecitabine. treatment can either be given every two or three weeks depending on what your doctor feels is best for you. The tablets come in two strengths: 150mg and 500mg tablets. You may have **two** separate boxes, one for each strength. Your height and weight will help us to calculate how many tablets you need to take.

Day 1 of each cycle: Irinotecan is given by a drip over 90 minutes which is usually repeated every weeks. This is then followed by capecitabine tablets which can be started the next day and are taken for days.

Instructions for taking capecitabine tablets:

1. Take the tablets twice a day (morning and evening) 10 to 12 hours apart.
2. Take the tablets every day fordays including (including Saturday and Sunday).
3. This is followed by days rest when you do not have to take capecitabine tablets.
4. Take the tablets within 30 minutes after food, for example, after breakfast and an evening meal. It does not have to be a large meal. It can be a snack such as a sandwich.
5. The tablets should be swallowed whole with a glass of water only. Some fruit juice can react with your medication.
6. Store the tablets in a cool, dry place out of reach of children.
7. **If you miss a dose, do not double up the next dose. Take your regular dose at the next scheduled time. Complete the course up to days. Do not extend after days. Bring back any remaining tablets to the clinic.**

You will have a routine blood test before the start of each cycle of treatment.

Capecitabine will interact with warfarin (a blood thinning tablet). You should tell your doctor if you are taking warfarin as a different blood thinning agent can be prescribed. Capecitabine also interacts with phenytoin, allopurinol and other medications. Tell your doctor if you are taking these drugs. Also, please check with your doctor or a pharmacist before taking any over-the-counter medicines.

This treatment is repeated every ____ weeks for a total of ____ cycles.

This treatment can have serious or possibly life-threatening side effects. It is very important that you report side effects straight away. Don't delay, if you feel unwell, please ring The Christie Hotline on 0161 446 3658. The lines are open 24 hours a day.

Increased risk of serious infection

You are vulnerable to infection while you are having chemotherapy. Minor infections can become life-threatening in a matter of hours if left untreated. Symptoms of infection include fever, shivering, sweats, sore throat, diarrhoea, discomfort when you pass urine, cough or breathlessness. We recommend that you use a digital thermometer so you can check your temperature. You can buy one from your local chemist.

If you feel unwell, you have symptoms of an infection or your temperature is 37.5°C or above or below 36 °C contact The Christie Hotline straight away.

Possible side effects

Chemotherapy can cause many different side effects. Some are more likely to occur than others. Everyone is different and not everyone gets all the side effects. Most side effects are usually temporary, but in some rare cases they can be life-threatening. It is important to tell your hospital doctor or nurse about any side effects so they can be monitored and, where possible, treated.

Common side-effects (more than 1 in 10)

- **Delayed or persistent diarrhoea**

If the diarrhoea starts more than 24 hours after your chemotherapy, you should immediately take the anti-diarrhoea treatment that the doctor has prescribed for you. This is the loperamide dispensed by The Christie pharmacy. Follow the doctor's instructions **EXACTLY**:

Take 2 loperamide capsules as soon as the first liquid stool occurs. Then take 1 capsule with each liquid stool. (The maximum dose of loperamide in a day is 8 capsules).

If the diarrhoea persists for more than 24 hours despite the loperamide, please contact The Christie Hotline. You may be advised to start taking the Ciprofloxacin antibiotic given to you on your first visit. Make sure you complete the 5-day course or the antibiotic. You can continue to take the loperamide.

You must tell your doctor if...

- **you have a temperature/fever as well as diarrhoea**
- **you have nausea/vomiting as well as diarrhoea**
- **you still have diarrhoea 48 hours after starting the diarrhoea treatment**

- **Nausea and vomiting (sickness)**

A common side effect of your treatment is sickness. If you are sick (vomiting) please tell your doctor or nurse at The Christie. They will be able to give you advice about controlling these symptoms. It is important to try and eat regular healthy meals to maintain your energy.

We will prescribe anti-sickness medication for you when you begin treatment. If you do feel sick at home follow the instructions on the bottle/packet for taking these. You can contact The Christie Hotline if you need further advice to about how to control symptoms.

- **Sore mouth**

Your mouth may become sore or dry, or you may notice small mouth ulcers during this treatment. Drinking plenty of fluids and cleaning your teeth regularly and gently with a soft toothbrush can help to reduce the risk of this happening. We can prescribe a mouthwash for you to use during treatment. You can dilute this with water if your mouth is sore. Ask your doctor or nurse for further advice. There is also general mouth care information in the chemotherapy booklet. If you continue to have a sore mouth, please contact The Christie Hotline.

- **Skin and nail changes**

PPE (palmar-plantar erythema): The skin on your hands and feet may become very dry, red and sore with some cracking. Tell your doctor. Cream and tablets can be prescribed to help. Your chemotherapy dose may need to change. Try to keep your hands and feet cool and if possible, uncovered.

Hyperpigmentation: Your skin may appear darker in colour or lightly tanned, especially around the joints. Less commonly, this is known as hyperpigmentation. Asian and African-Caribbean people may develop noticeable light patches on their skin. The skin will return to normal when treatment is finished.

Increased sensitivity to the sun: Your skin will tan or burn in the sun more easily. Sit in the shade, avoid too much sun and use a high factor sunblock cream and wear a hat.

Nail changes: You may have a blue tinge or darkening of the nails, flaking of the nails or pain and thickening of the area where the nail starts growing.

- **Cholinergic reaction**

Sometimes during the infusion or within 24 hours of the infusion of irinotecan you may get some of these symptoms: abdominal cramps, diarrhoea, sweats, dizziness, excess saliva, watery eyes, tiredness and occasionally problems with vision. These side effects can easily be managed with an injection underneath the skin. Tell your chemotherapy nurse or doctor if you have any of these symptoms. If you have this reaction, you will normally need an injection before each treatment.

- **Lethargy**

Some chemotherapy may make you feel tired and lacking in energy. It can be frustrating when you feel unable to cope with routine tasks. If you do feel tired, take rest and get help with household chores. If necessary, take time off work. Gentle exercise such as walking can be beneficial.

- **Hair thinning**

Some hair loss/thinning may occur during treatment. It is advisable to avoid perms, colours, use of hot brushes and vigorous, frequent washing that could increase hair loss. Please remember that this is a temporary side effect and your hair will grow back when your treatment is completed. If you would like an appointment with the wig service, this can be arranged for you. Ask the staff for a copy of 'The Wig Fitting Service' leaflet.

Uncommon side-effects (less than 1 in 10)

- **Anaemia (low number of red blood cells)**

While having this treatment you may become anaemic. This may make you feel tired and breathless. Let your doctor or nurse know if these symptoms are a problem. You may need a blood transfusion.

- **Bruising or bleeding**

This treatment can reduce the production of platelets which help the blood clot. Let your doctor know if you have any unexplained bruising or bleeding, such as nosebleeds, bloodspots or rashes on the skin, and bleeding gums. You may need a platelet transfusion.

- **Watery eyes**

Your eyes may also water often this will improve in time and needs no specific treatment. But if you have ongoing symptoms please discuss this with your doctor or nurse.

- **Extravasation** is when chemotherapy leaks outside the vein. If you develop redness, soreness or pain at the injection site at any time please let us know straight away.

- **Herbal medicine**

Some herbal medicine including St John's Wort can affect the chemotherapy. You should let your doctor or nurse know if you are taking any herbal medication, complementary or alternative medicines, including vitamins, minerals and medicines purchased over-the-counter.

Serious and potentially life threatening side effects

In a small proportion of patients chemotherapy can result in very severe side effects which may rarely result in death. The team caring for you will discuss the risk of these side effects with you.



- **Chest pain or stroke**

A small number of patients receiving capecitabine can experience chest pain (angina) or rarely have a heart attack. Extremely rarely this may lead to death. Other complications such as stroke or mini-stroke can happen but are exceptionally rare. If you develop any of these symptoms you should either contact The Christie Hotline for advice or in an emergency you should go immediately to your nearest **Accident and Emergency department**. You may have an electrocardiograph (ECG) to check your heart before you start your chemotherapy. **Do not take any further** capecitabine tablets until agreed by the team at The Christie.

- **Increased risk of serious infection**

As discussed earlier chemotherapy results in an increased risk of severe infections which can be life threatening.

Sex, contraception & fertility

Protecting your partner and contraception: We recommend that you or your partner use a condom during sexual intercourse while you are having the course of chemotherapy. Chemotherapy is dangerous to unborn babies and this will also protect you and your partner from any chemotherapy drugs that may be present in semen and in the vagina. If you suspect that you may be pregnant please tell your doctor immediately.

Fertility: This chemotherapy may affect your ability to have children. Your doctor or nurse should have discussed this with you. If not, please ask them before you start treatment.

Late side effects

Some side effects may become evident only after a number of years. In reaching any decision with you about treatment, the potential benefit you receive from treatment will be weighed against the risks of serious long term side effects to the heart, lungs, kidneys and bone marrow. With some drugs there is also a small but definite risk of developing another cancer. If any of these problems specifically applies to you, the doctor will discuss these with you and note this on your consent form.

Contacts

If you have any general questions or concerns about your treatment, please ring the area where you are having treatment:

- Administration enquiries 0161 918 7606/7610
- Chemotherapy nurse: 0161 918 7171
- Clinical trials unit 0161 918 7663

For urgent advice ring The Christie Hotline on 0161 446 3658 (24 hours)

Your consultant is:

Your hospital number is:

Your key worker is:



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Details of the sources used are available, please contact Patient.Information@christie.nhs.uk