

## Streptozocin 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. 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 or nurse clinician has prescribed for you a treatment with streptozocin and capecitabine. Streptozocin is given as an infusion (through a drip in the arm) and capecitabine is tablet chemotherapy taken twice a day (please see directions below). It is given for three weeks without a break. This three weeks is called a 'cycle'. Your treatment will be given for 3 to 6 cycles.

The treatment is given as follows:

<b>Day 1</b>	Streptozocin as an infusion (drip) over 1 hour
<b>Day 1 through to day 21 (weeks 1 to 3)</b>	Capecitabine chemotherapy tablets taken morning and evening (see below).

Capecitabine are chemotherapy tablets. These come in two strengths: 150mg and 500mg tablets. Your dose is calculated according to your height and weight. You may have to take several tablets of each strength to make up the dose. Your tablets will be supplied from Pharmacy clearly labelled with directions on how many tablets you need to take.

1. Take the tablets twice a day (morning and evening) 10 to 12 hours apart.
2. Take the tablets every day for 21 days (including Saturday and Sunday).
3. Take the tablets within 30 minutes after food (breakfast or evening meal). However, it does not have to be a large meal. It can be a snack such as a sandwich or biscuits.
4. Take the tablets with water only. Some fruit juice can react with your medication.
5. Store your tablets in a cool, dry place. Keep out of reach of children.
6. **If you miss a dose, do not double up the next dose. Take your regular dose at the next scheduled time. Bring back any left over tablets to the clinic.**
7. Do not get a 'repeat prescription' from your GP when the tablets run out – these are for hospital use only.

Capecitabine will interact with warfarin (a blood thinning tablet). You should tell your doctor if you are taking warfarin so a different blood thinning agent can be prescribed. Capecitabine also interacts with phenytoin, allopurinol and other medicines. Tell your doctor, nurse or pharmacist if you are taking these drugs.

- **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.**

**Kidney function:** It is important to monitor how your kidneys are working while you are having treatment. We do this through routine blood tests, or GFR test (more accurate test of kidney function), although we may ask you to bring a 24-hour urine collection before your treatment. **It is important to drink plenty of fluids (at least 8 cups) the day before and for a few days after chemotherapy.**

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.

## **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)**

- **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. Tell your doctor 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.

You will have a routine blood test before each treatment, to monitor the effects of the chemotherapy. Occasionally we may not be able to go ahead with your treatment until your blood cells are back to a safe level. In this case your chemotherapy will usually be delayed by a week.

- **Nausea & vomiting (sickness)**

The severity of this varies from person to person. Anti-sickness medication will be given along with your chemotherapy to prevent this. You will also be given anti-sickness tablets to take at home. If you continue to feel, or to be sick, contact your GP or The Christie so that your anti-sickness medication can be reviewed and changed, if necessary.

- **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 may occur during treatment although this is unlikely. 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. Very rarely, hair loss can be permanent. 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.'

- **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.

- **Hyperpigmentation**

Your skin may appear darker in colour or lightly tanned, especially around the joints. This is known as hyperpigmentation. Asian and African-Caribbean people may develop noticeable light patches on their skin. The skin will usually 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 sunblock cream and wear a hat.

- **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.

### **Uncommon side effects (less than 1 in 10)**



- **Hypoglycaemia**

Streptozocin chemotherapy can lower the sugar levels in your blood. If you experience dizziness, sweating, lack concentration and feel irritable, it is advisable to drink a glass of milk and eat a sweet biscuit. Then contact your doctor or nurse at The Christie straight away.

- **Diabetes**

This chemotherapy can affect your blood sugar levels. If you are diabetic then you may need to increase the dose of any diabetic medication you take (insulin or tablets). You should discuss this with your doctor **before** starting the chemotherapy.



## Diarrhoea

Diarrhoea may be a side effect of your treatment. If you have watery diarrhoea you should immediately take the anti-diarrhoea treatment that the doctor has prescribed for you. This is called loperamide, and it will be 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 one capsule with each liquid loose stool. (Maximum loperamide daily dose is **8** capsules).

**If you continue to have more than 4 bowel movements a day (compared to pre-treatment) or bowel movements at night; please ring The Christie Hotline for advice.**

- **Sore hands and feet (PPE) (plantar-palmar erythema)**

The skin on your hands and feet may become very dry, red and sore with some cracking. Nails can become brittle and ridged. Moisturising cream applied to hands and feet can help with this. Please contact The Christie Hotline if your hands and feet continue to be sore, as your chemotherapy dose may need to change.

### Rare side effects (less than 1 in 100)



- **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. In an emergency you should go immediately to your nearest accident and emergency department.



- **Blood clots**

During chemotherapy you are more at risk of developing blood clots in the legs (DVT) or lungs (PE). Occasionally these clots can be life-threatening. To help prevent clots, keep mobile and drink plenty of non-alcoholic fluids.



- **Severe skin reaction**

Very rarely you may develop a severe skin reaction. If you experience tender red skin patches which subsequently blister please **seek urgent medical advice**. The skin changes may be preceded by fever, chest symptoms and photophobia (a need to squint or close your eyes, which is worse in bright light). These symptoms may be caused by conditions called Toxic Epidermal Necrolysis (TEN) and Stevens Johnson Syndrome (SJS).

- **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 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.

### **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 advice ring The Christie Hotline on **0161 446 3658** (24 hours)

Your consultant is: .....

Your hospital number is: .....

Your key worker is: .....

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact **patient.information@christie.nhs.uk**

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For more information about The Christie and our services, please visit **www.christie.nhs.uk** or visit the cancer information centres at Withington, Oldham or Salford.

Contact The Christie Hotline for urgent support and specialist advice

**The Christie Hotline:  
0161 446 3658**

Open 24 hours a day, 7 days a week

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