

Capecitabine (breast)

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 which includes the chemotherapy tablets called capecitabine.

Your doctor may want you to take a combination of capecitabine tablets of different strengths. The tablets come in 2 different strengths: 150mg and 500mg tablets. Your height and weight will help us to calculate how many tablets you need to take.

This treatment is given every 3 weeks. Each cycle consists of taking your tablets for 2 weeks followed by a rest week.

You will have a routine blood test before the start of each cycle of treatment. Occasionally we may not be able to go ahead with your treatment until your blood counts are back to a safe level. If this happens, your chemotherapy may be delayed a week.

1. Take the tablets in the combination prescribed twice a day [morning and evening]. This must be 12 hours apart.
2. Take the tablets within 30 minutes after food, for example, after breakfast and an evening meal. It doesn't have to be a large meal. It can be a snack such as a sandwich
3. Take the tablets with water only. Some fruit juice can react with your tablets. Please check with your doctor and nurse if you would like more information about this.
4. Store your tablets in a cool, dry and safe place.
5. **If you miss a dose do not double up the next dose. Take your regular dose at the next scheduled time.**
6. If you have diarrhoea or vomiting Contact The Christie Hotline number for advice.

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.



- **Other medicines**

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

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.

- **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.

Common side effects (more than 1 in 10)

- **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. You may benefit from additional support during your treatment. Complementary therapies may be helpful. Speak to your nurse or doctor for further information. If necessary, take time off work. Gentle exercise, such as walking, can be beneficial.



- **Diarrhoea**

Diarrhoea is a fairly common 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 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 one capsule with each liquid loose stool. (Maximum loperamide: **8** capsules in a day).

If you continue to have more than 4 bowel movements a day (compared to pre-treatment) or bowel movements at night, contact The Christie Hotline on **0161 446 3658** for advice.

- **Sore hands and feet**

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

- **Skin and nail changes**

Sometimes as a result of the chemotherapy, your skin may appear darker in colour or lightly tanned especially around the joints. This is known as hyperpigmentation. Asian and Afro-Caribbean people may develop noticeable light patches on their skin. Your nails may also discolour or become brittle during treatment. The skin and nails will usually return to normal when treatment has finished.

- **Increased sensitivity to the sun**

Your skin will tan/burn in the sun more easily. Sit in the shade; avoid too much sun and use sunblock cream and hats.

- **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, contact The Christie Hotline.

- **Nausea and vomiting (sickness)**

The severity of this varies from person to person. If you are sick (vomit), please tell your doctor or nurse at the hospital. They will be able to give you advice about controlling these symptoms. Nausea is generally well-controlled on this chemotherapy. It is important to try and eat regular healthy meals to maintain your energy.

- **Heartburn**

Chemotherapy treatment can cause discomfort and indigestion. Heartburn can be treated with medication from your GP.

- **For female patients only**

Loss of periods

Due to the effect of chemotherapy on the ovaries, you may find that your periods become irregular or stop. This is more likely in women over the age of 40 when most women will notice some change in their periods. It is less common in women under the age of 40 but does still happen and can result in significant menopausal symptoms (see section below). Even if your periods stop completely during chemotherapy your periods may come back several years later. This means that you may be able to become pregnant even many years after chemotherapy. It is very important to use contraception if you don't want to get pregnant.

Menopausal symptoms

When the ovaries stop working due to chemotherapy or during a natural menopause most women experience symptoms such as hot flushes, sweats (night and day) and vaginal dryness. These hormonal changes can make the vagina feel as though it has shrunk and become less easy to stretch. This is called vaginal atrophy and can result in discomfort, pain on sexual intercourse, itching and recurrent urine infections. If your ovaries don't start to work again the vaginal symptoms can be permanent, although the flushes and sweats tend to reduce and stop over a small number of years. Some women

who have already gone through the menopause may notice their symptoms worsening for a time after chemotherapy.

The vaginal symptoms can start early and the longer they are left the harder they can be to treat. Please contact your specialist nurse either in clinic or by phone when the symptoms first develop if you would like help. Symptoms can be managed in several ways including gels, pessaries and sometimes local oestrogen replacement. You may also find it helpful to request the booklet 'Menopausal symptoms and breast cancer' by Breast Cancer Care (either from your breast care nurse, the cancer information centre at The Christie or online).

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. 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.



- **Blood clots**

During chemotherapy you are more at risk of 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.

Other medicines: Please ask your doctor at The Christie for advice about any other medication you are taking, including non-prescribed medicines, complementary therapies and herbal medicines.

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 a stroke or a 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 & Emergency department**. You may have an electrocardiogram (ECG) to check your heart before you start your chemotherapy.



- **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).

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 you should not try to become pregnant whilst you are having chemotherapy. Using a condom will also protect your partner from any chemotherapy drugs that may be present in the semen or 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**
- Breast care nurses **0161 446 3996**

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 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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