

# Taking capecitabine during radiotherapy to head and neck

Name: \_\_\_\_\_

Hospital number: \_\_\_\_\_ / \_\_\_\_\_

Your doctor has recommended that you have a course of capecitabine tablets along with your radiotherapy. Capecitabine is a chemotherapy drug taken by mouth.

## Your treatment

What does of tablets should I take?

**Morning:** you should take \_\_\_\_\_ mg  
( \_\_\_\_\_ larger, 500mg tablet and \_\_\_\_\_ smaller, 150mg tablets)

and

**Evening:** you should take \_\_\_\_\_ mg  
( \_\_\_\_\_ larger, 500mg tablet and \_\_\_\_\_ smaller, 150mg tablets)

You should start taking the tablets in the morning on \_\_\_\_\_

You should take these tablets for the entire course of radiotherapy including weekends

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.

## How should I take the tablets?

You should take the capecitabine tablets twice a day with doses about 12 hours apart.

Take the tablets about half an hour after food (this may be a glass of milk, a supplement drink or a biscuit) and with plenty of water.

**Do not take capecitabine at the same time as fruit juice.**

## What if I miss a dose?

If you miss a dose of capecitabine, do not take an extra dose at another time or double up on your next dose. Just take your next planned dose as normal and tell your doctor or nurse that you have missed a dose of the tablets at your next hospital visit.



## How long will I be taking the tablets?

Start taking the tablets in the morning of the day **before** you are due to start your radiotherapy. If there is a slight delay in starting your radiotherapy, please don't worry – continue taking your tablets.

You should normally take them every day (including weekends) from then until the end of your radiotherapy.

Your last tablet (unless the chemotherapy treatment is stopped for any reason) should be taken on the evening of your last day of radiotherapy.

**You should NOT continue to take capecitabine after your radiotherapy has finished.**

## What are the side effects?

Capecitabine is usually well-tolerated at the dose you are receiving and causes very few problems.

- **Sore mouth or throat:** This is an expected side effect of the radiotherapy but is made more severe by the capecitabine. If your mouth or throat become very sore your doctor may stop the capecitabine treatment. We will give you painkillers to help with the soreness.

The following side effects are uncommon, but if you do have any of them please ask to see your doctor or nurse at The Christie when you come for your radiotherapy.

- **Nausea (feeling sick) or vomiting (being sick):** If these do occur, they can normally be treated with medication.
- **Hand-foot syndrome:** This is reddening and soreness of the palms of the hands and soles of the feet. If you do develop soreness it can be treated with special cream.
- **Diarrhoea:** You should stop taking the capecitabine tablets if you have more than 4 loose motions a day and contact your doctor or nurse.
- **Low blood cell count:** This side effect is very uncommon. If your doctor or nurse suspects that your count is low, they will ask you to have a blood test to check.

- ~~Severe skin reaction (Warning!) ~~

~~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).~~

## What if I am unable to swallow the tablets?

During radiotherapy your mouth and/or throat will become sore and you may find it more difficult to swallow the tablets. If this happens please tell us at your next radiotherapy visit. If you normally have difficulty swallowing tablets, you can dissolve the capecitabine tablets in warm water.

## What if I want to stop taking capecitabine?

If you have any questions or concerns or you wish to stop taking the tablets, please discuss it with one of the doctors treating you or with Kathleen Mais, the nurse clinician. If you want to talk to them at any time, ask the radiographers or ward nurse to contact them for you.

## Contact numbers:

Kathleen Mais (Nurse clinician)

**0161 446 3428** or **0161 446 3000** and ask for bleep number **12589**

Debbie Elliott (Clinical nurse specialist)

**0161 446 8041** or **0161 446 3000** and ask for bleep number **12610**

The Christie Hotline (24 hours) **0161 446 3658**

PROOF

PROOF

© 2020 The Christie NHS Foundation Trust. This document may be copied for use within the NHS only on the condition that The Christie NHS Foundation Trust is acknowledged as the creator.

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.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact **patient.information@christie.nhs.uk**

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.



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