

Oxaliplatin and capecitabine

The possible benefits of this 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 clinician can answer any questions you have about your treatment. It is useful to refer to the booklet 'Chemotherapy, a guide' which gives general information on chemotherapy and side effects.

Your treatment

Your clinician has prescribed you a treatment which includes 2 chemotherapy drugs; oxaliplatin given via a drip and capecitabine tablets to take orally. This treatment can either be given every 2 or 3 weeks depending on what your doctor feels is best for you. The capecitabine tablets come in 2 strengths: 150mg and 500mg tablets. You may have 2 separate boxes, 1 for each strength. Your height and weight will help us to calculate how many tablets you need to take.

Instructions for taking capecitabine:

Day 1 of each cycle: oxaliplatin is given by a drip over 2 hours which is 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:

1. Take the tablets twice a day (morning and evening) 10-12 hours apart.
2. Take the tablets every day for..... days (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, such as 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. Take the tablets with water only.
6. Store the tablets in a cool, dry place.
7. If you miss a dose, do not double up the next dose. Take your regular dose at the next scheduled time. Do not extend after days. Bring back any remaining tablets to the clinic.
8. If you are sick just after taking the tables, contact The Christie.

The treatment is repeated every weeks for a total of cycles.

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.

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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.



Your treatment (continued)

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 and allopurinol and other medications. Tell your doctor if you are taking these drugs.

You will also have a one-off blood test to check for DPD deficiency and that it is safe for you to have this treatment. See the section below.

After Cycle 2 of treatment, if clinically possible you will have your treatment at a location closer to home. The Christie is committed to providing treatment closer to home as part of the Outreach and Christie at Home service.

Herbal medicines

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

Flu vaccinations

It's safe to have a flu jab, but depending on the sort of chemotherapy you have had, it may not give quite as much protection against infection as usual. Some patients may need 2 vaccinations. However, if you're thinking of having any other vaccinations, do check with your Christie doctor first, because some vaccines should be avoided.

COVID-19 vaccinations

We advise that all patients receive a COVID-19 vaccination when this is offered. Your doctor will discuss with you the best time to have this.

Testing for DPD deficiency

The body makes enzymes which break down chemotherapy drugs so that chemotherapy doesn't build up in the body and cause severe side-effects. A very small percentage of the population (approximately 1 in 20), either don't produce or produce less of an enzyme called DPD which would normally break down the chemotherapy drugs fluorouracil and capecitabine. This is called DPD deficiency. Reduced production of DPD is not an issue in day-to-day life, but it might mean that some patients experience severe and sometimes life-threatening side effects after fluorouracil or capecitabine chemotherapy is given. Patients with DPD deficiency are more likely to develop severe mouth ulcers and diarrhoea and very low blood counts increasing vulnerability to life threatening infections.

In order to check that it is safe for you to have this treatment, your team will be arranging a one off blood test. This test checks for some of the commonest abnormalities which can cause DPD deficiency. Your medical team will discuss the test results with you and can confirm whether you will be able to go ahead with your planned chemotherapy, or whether any changes need to be discussed.

Although DPD testing identifies many patients who are at risk of severe side-effects from fluorouracil and capecitabine, it does not identify all at risk patients. Severe and sometimes life-threatening side-effects can occur in patients who have had a normal test result. Therefore it is important that patients receiving chemotherapy monitor their symptoms carefully and contact The Christie Hotline if they become unwell.

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 using 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 clinician about any side effects so they can be monitored and, where possible, treated.

Common side effects (more than 1 in 10)

• Nausea and vomiting (sickness)

A common side effect of your treatment is sickness. If you are sick (vomiting) please tell your clinician 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. It is also very important to drink plenty of fluids to avoid becoming dehydrated.

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 about how to control symptoms.

• Delayed or persistent diarrhoea

Diarrhoea is a common side effect of your treatment. If you have watery diarrhoea, you should take the anti-diarrhoea treatment called loperamide immediately. Follow the instructions given with your medication and the directions below.

Instructions: Take 2 loperamide capsules/tablets as soon as the first liquid stool occurs. Then take 1 capsule/tablet with each loose stool thereafter (maximum loperamide in a day is 8 capsules/tablets, however some patients with a stoma may require more than this to control output).

If you have a stoma or notice loperamide capsules in your stoma output, you should ask for loperamide tablets rather than capsules.

If the diarrhoea continues for more than 24 hours despite taking the loperamide, please contact The Christie Hotline on **0161 446 3658** for advice.

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.

• 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 on **0161 446 3658**.

• Changes to sensation

Oxaliplatin can increase the sensitivity of nerve endings (peripheral neuropathy). The most common problem experienced is pins and needles, tingling or numbness, or pains like small 'electric shocks'. Almost all patients experience temporary symptoms of pins and needles, which are worse when exposed to the cold. These side effects tend to last longer and become more noticeable with each dose of treatment. Dependent on the number of doses of oxaliplatin given, up to 1 in 3 patients can experience persistent numbness, affecting their fingers and toes, and you may have difficulty carrying out delicate tasks such as buttoning clothes. This is likely to mean more significant damage has been caused to the nerve endings, which can be long-lasting, troublesome, and permanent in up to 1 in 5 patients.

- **Changes to sensation (continued)**

Day to day patients are advised to take care with exposure to the cold, such as opening the fridge/freezer, and avoiding cold drinks or cold food for 24 hours before and after treatment. In patients who develop persistent symptoms these often improve when oxaliplatin is stopped. It may therefore be necessary to interrupt or stop the oxaliplatin if numbness and/or tingling are causing you problems. However, in a small proportion of patients, numbness can be permanent. If you have developed numbness, take care when using hot water as you may burn yourself. We'd also suggest you use protective gloves when cooking and gardening.

A small proportion of patients, either during or shortly after the oxaliplatin infusion, may experience a feeling of being unable to get your breath, often after exposure to cold air. This is caused by muscle spasms at the back of the throat, and the chemotherapy unit staff are experienced at managing this problem. It may help to use a scarf to cover your throat area following treatment.

Some patients also experience muscle cramps or jaw discomfort on chewing, and these problems generally settle quickly. If any of these issues affect you significantly, your medical team will consider whether the dose needs to be reduced or if the drip needs to be given more slowly.

- **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 Less commonly, your skin may appear darker in colour or lightly tanned, especially around the joints. This is known as hyperpigmentation. Depending on your skin tone, people may also develop noticeable lighter patches on their skin.

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.

- **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.

Uncommon side effects (less than 1 in 10)

- **Anaemia**

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.

- **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.

- **Hair thinning**

Hair loss is very unusual with this treatment. In rare cases some hair loss 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. 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'.

- **Vein pain**

This chemotherapy can cause pain along the vein during and after treatment. This should only be temporary but contact your hospital doctor or nurse if this becomes severe.

- **Extravasation**

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 straightaway.

Rare side effects (less than 1 in 100)

- **Allergic reactions**

While receiving the oxaliplatin patients rarely can feel hot, faint, breathless, sick, or develop an itchy rash. These can be symptoms of an allergic reaction. If an allergic reaction is suspected the oxaliplatin drip will be stopped and medications can be given to settle the allergic reaction. Allergic reactions are more likely to occur after several months of treatment, or when the treatment is being re-started after a treatment break. If treatment is being re-started after a break, additional drugs are given to reduce the risk of an allergic reaction occurring. If you have an allergic reaction to Oxaliplatin your doctor will discuss with you what treatment options are available.

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. Approximately 3-5% of the general population have a genetic defect which results in the accumulation of capecitabine in the body which can increase the risk of serious, potentially fatal complications. The team caring for you will discuss the risk of these side effects with you.

- **Chest pain or stroke (Warning!)**

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 ring 999 and 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.

- **Blood clots (Warning!)**

During this treatment 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.

- **Increased risk of serious infection**

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

Sex, contraception and fertility

Protecting your partner and contraception: We recommend that you or your partner use a barrier form of contraception 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:

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 a day, 7 days a week)

Your consultant is:

Your hospital number is:

Your key worker is:

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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 **the-christie.patient.information@nhs.net**

For information and advice visit the cancer information centres at Withington, Oldham, Salford or Macclesfield. 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