

## Oxaliplatin and capecitabine

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 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 doctor has prescribed for you a treatment which includes two chemotherapy drugs: oxaliplatin given via a drip and tablets called capecitabine. This treatment can either be given every 2 - 3 weeks depending on what your doctor feels is best for you. The capecitabine 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.

### 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, e.g. 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 tablets, 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 bloodcounts are back to a safe level. If this happens, your chemotherapy may be delayed a week. (Continued on next page)

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.



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 nurse 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 two 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 5FU 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 5FU 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 5FU 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 doctor or nurse 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 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. 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

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

Take 2 loperamide capsules/ tablets as soon as the first liquid stool occurs. If you continue to have episodes of liquid stools, then take 1 capsule/tablet, with each episode (allow at least 2 hours between doses). The maximum number of capsules/tablets you can take is 8 in a 24 hour period.

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

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**.

### • Numbness in the fingers and toes

Oxaliplatin can increase the sensitivity of nerve endings. You may develop pins and needles, tingling or numbness, or pains like small 'electric shocks' and may have difficulty in carrying out delicate tasks such as buttoning clothes (this may sometimes occur in association with cramps) which may last for a few days. These symptoms are often triggered by exposure to cold. Take care with extreme drops of temperatures, for example, opening fridge/freezers. Avoid drinking iced drinks and eating very cold food for 24 hours before the treatment and for 24 hours afterwards. The chance of these symptoms occurring increases as you receive more oxaliplatin and will improve over time once you stop treatment. Rarely, the numbness can be permanent. It may be necessary to interrupt or stop the oxaliplatin if numbness and tingling are causing you problems. Take care when using hot water as you may burn yourself. Use protective gloves when cooking and gardening. **(See Appendix for further information).**

- **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. 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.

- **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.

- **Infusion reactions**

Sometimes you may experience unpleasant feelings in the throat, particularly when swallowing which can give the sensation of shortness of breath. However, you will be able to breathe normally. These sensations usually occur while you are having oxaliplatin and may be dealt with by slowing the infusion of oxaliplatin from 2 - 6 hours. Also taking a warm (not hot) drink can help if cold air is causing you swallowing difficulties. Rarely patients can experience jaw pain.

- **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**

Whilst 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 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: .....

PROOF

## Appendix

### Oxaliplatin-induced peripheral neuropathy

Oxaliplatin is a commonly prescribed drug used in the treatment of gastrointestinal cancers. It has been used for many years, and the safety profile and side-effects are well known. Peripheral neuropathy (nerve damage) is a common side effect due to the effects of oxaliplatin on the nerves. Almost all patients experience temporary symptoms of pins and needles exacerbated by exposure to the cold. However, repeated treatment can cause persistent numbness to develop in more than 30% of patients treated with oxaliplatin, which can be long lasting, troublesome and permanent in up to 10% of patients.

It is important that patients and their carers are alert to the signs and symptoms of peripheral neuropathy. The symptoms should improve slowly after the treatment has finished, but in some people they may never go away and have potential to affect their quality of life forever. Sometimes the effects of the nerve damage become apparent, or even worsen after the discontinuation of the chemotherapy.

Oxaliplatin, in combination with 5-fluorouracil (5FU) or capecitabine-based chemotherapy, is proven to help improve the treatment of patients with bowel cancer in a number of different situations. However, the benefit is relatively modest, compared with 5FU or capecitabine-based chemotherapy used alone. Please do not worry if you are advised to stop oxaliplatin if you develop signs and symptoms of peripheral neuropathy. It is much safer to stop sooner rather than later, and you can still continue to receive and benefit from 5FU or capecitabine-based chemotherapy.

### Signs and symptoms of peripheral neuropathy:

For most people, tingling in hands will be triggered by anything cold, such as iced drinks and cold air. If you notice that your symptoms are related to the cold, you should avoid cold food and drinks and wrap up warmly (wear gloves, socks and a scarf to cover your nose and mouth) in the cold weather. Use gloves when taking things out of the freezer or fridge. These symptoms are generally short lived and expected with the use of oxaliplatin. If however you have these symptoms all the time, you do need to inform the cancer specialist and the nurse treating you.

The symptoms of peripheral neuropathy are known to worsen in terms of severity and duration with successive treatments. This is known as a cumulative effect. These symptoms can include numbness, tingling and cramping of the hands and feet. You may also find it hard to fasten buttons or to do other fiddly tasks such as tying shoelaces. In more severe or established cases one can experience difficulties writing, using a computer keyboard or difficulties in day to day walking (unable to feel the ground). In severe cases, these symptoms can mean that it is no longer safe for a patient to drive. This is why we want to emphasise the need to stop the drug in a timely manner, rather than carry on too long, causing more difficulties.

The medical team would want to review and adjust the dose of the oxaliplatin drug to account for this and reduce the risk of more severe permanent nerve damage. Therefore every time you attend for a chemotherapy review you should be asked whether you have had any numbness, cramping or tingling of the hands or feet and whether they are worsening.

If persistent symptoms are present, the oxaliplatin drug will be stopped. There is no proven treatment to help reverse existing nerve damage, although symptoms often improve slowly over time. If you have pain associated with the numbness additional medications may be suggested to try to help reduce the pain. If a clinical trial is available your medical team will discuss this with you.

- Whilst receiving and after treatment with oxaliplatin, avoid cold temperatures and objects. For example, cold drinks, ice cream, washing in cold water. Many patients wear gloves when using the fridge or freezer.
- Cover yourself with a blanket while you are receiving your oxaliplatin infusion.
- In winter, after receiving your treatment, take care when leaving the chemotherapy unit as the cold air outdoors can cause you to feel like you can't get your breath. Put on a scarf, gloves and warm coat before going outdoors.
- During the summer, avoid direct contact with air conditioning.
- If persistent symptoms occur mention this at your next hospital visit to the medical or nursing teams so that we can discuss what to do next.

If your tingling or numbness symptoms are persisting or worsening all the time (i.e. no full recovery before next dose), you should certainly inform your cancer specialist and chemotherapy nurse when you attend for a review.

The earlier the medical and nursing team are made aware of any signs of nerve damage, the sooner your treatment plan can be adjusted to reduce the risk of you developing any long-term nerve damage.

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 **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