

Capecitabine (colorectal)

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 treating team can answer any questions 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 or nurse clinician has prescribed for you a treatment which includes the chemotherapy tablets capecitabine. The tablets come in 2 strengths: 150mg & 500mg tablets. Therefore you may have **2 separate boxes** for each strength. Your height/weight will help us calculate how many capecitabine 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 _____ days (including Saturday and Sunday).
3. This is followed by _____ days rest when you do not take capecitabine tablets.
4. Take the tablets within 30 minutes after food, such as after breakfast and an evening meal. It doesn't have to be a large meal. It can be a snack such as a sandwich.
5. Take the tablets with water only.
6. Store your 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.**

Complete the course up to _____ days. Do not extend after _____ days.

8. General information: Return any unused medication to pharmacy or clinic for disposal; store in the original container at room temperature; keep all medicines out of reach of children and pets.

This treatment is repeated every _____ weeks for a total of _____ cycles.

You will have a routine blood test before the start of each 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. 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 page 2).

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

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.



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.

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 on **0161 446 3658** if they become unwell.

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 received a COVID-19 vaccination when this is offered. Your doctor will discuss with you the best time to have this.

Herbal medicine

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.

Possible side effects

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 and drink regularly.

We will prescribe anti-sickness medication for you when you begin treatment, if you do feel sick at home follow the instructions on the packet for taking these. You can contact The Christie Hotline on **0161 446 3658** if you need further advice to know how best to control symptoms.

- **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

- **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**.

- **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 (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. Let your doctor know 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 clinician.

- **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.

The cancer information centre offers a coping with hair loss service to all patients where support, information and advice will be given. Drop in, contact **0161 446 8100 or 8107** or email **the-christie.informationcentre@nhs.net**. Information about the wig service can also be found here and vouchers for wigs can be obtained for eligible patients. The wig room provides a drop in service, please see The Christie leaflet 'The wig fitting service' for further information.

The Maggie's Centre can support you with hair loss by helping you consider the practicalities as well as the emotional impact. Maggie's provides expert care and support to everyone with cancer and those who love them. You can call into Maggie's Monday to Friday, 9:00am-5:00pm to speak with their professional team, their address is Maggie's Manchester at The Robert Parfett Building, 15 Kinnaird Road, Manchester, M20 4QL or you can call them on **0161 641 4848** or email **manchester@maggies.org**

Rare side effects (less than 1 in 100)

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.

- **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!)

People with cancer are at a higher risk of developing blood clots. The medical name for this is a thromboembolism or a deep vein thrombosis (DVT). The most common place to develop a clot is in the leg.

You must contact The Christie Hotline on **0161 446 3658** immediately if you experience any of the following:

- pain, redness and swelling of your arm or leg(s). The area may feel warm to touch.
- breathlessness, pain in your upper back, light headedness, coughing up blood.

For any chest pain, please call **999** immediately.

You can help to prevent a clot by taking regular short walks to keep the blood moving, do simple exercises such as bending and straightening your toes every hour if you are unable to move around much and drink plenty of fluids. Most clots can be treated successfully using drugs to help thin the blood (anticoagulants).

• 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 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