

# Capecitabine chemotherapy and concurrent radiotherapy to the pancreas

You may also find it useful to refer to the booklet 'Chemotherapy: a guide' and 'Radiotherapy: a guide' which give general information on treatment and side effects. Your doctor or nurse will be happy to answer any questions you have about your treatment.

## Your treatment

Your doctor has prescribed for you a treatment which includes 5½ weeks of radiotherapy to the pancreas and chemotherapy tablets, called capecitabine, to take during your radiotherapy treatment.

Your doctor may want you to take a combination of capecitabine tablets of different strengths. The tablets come in 2 strengths: 150 mg and 500mg tablets. Your height and weight will help us calculate how many tablets you need to take. You may have two separate boxes, one for each strength.

1. Take the tablets in the combination prescribed twice a day (morning and evening) 10 to 12 hours apart.
2. Take the tablets every day you have radiotherapy ie NOT at weekends.
3. Take the tablets within 30 minutes after food, for example, after breakfast or an evening meal. It doesn't have to be a large meal. It can just be a snack such as a sandwich.
4. Take your tablets with water only. Do not take the tablets with fruit juices as some fruit juices can interact with your medication.
5. Store your tablets in a cool dry place.
6. If you miss a dose do not double up the next dose. Take your regular dose at the next scheduled time. Bring back any remaining tablets to the clinic.

You will have a routine blood test before the start of treatment and once a week during treatment.

Capecitabine will interact with warfarin (a blood thinning tablet). You should tell your doctor if you are taking warfarin so that 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 above 37.5°C, or below 36°C contact The Christie Hotline straight away.**

## Radiotherapy

Radiotherapy involves aiming high energy X-rays at the tumour in order to kill cancer cells. The radiotherapy treatment is carefully planned to try and control tumour growth and keep side effects to a minimum. Please ask your doctor any questions you may have concerning the side effects of radiotherapy or your treatment regimen.

## Flu vaccinations

### Is it alright for me to have a flu jab during the time I'm having chemotherapy?

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 you're thinking of having any other vaccinations, do check with your Christie doctor first, because some vaccines should be avoided.

## Possible side effects

Chemotherapy and radiotherapy 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)

### • Redness and soreness of skin in the radiotherapy treatment area

Some people may have a skin reaction while they are having radiotherapy. You may find that the skin in the treatment area becomes red, sore and itchy. The severity of this reaction varies and depends on skin type (pale or darker skin) and the area being treated. Let your radiographer know if you have any redness or pain in the area being treated. They will be able to advise you on how to look after the skin.

### • 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 the 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 in a day is **8** capsules).

If you continue to have more than **4** additional bowel movements a day (or an increase compared to pre-treatment) or bowel movements at night, please ring The Christie Hotline for advice.

### • Fatigue (tiredness)

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.

- **Nausea and vomiting**

A common side effect of your treatment is vomiting. If you vomit please tell your radiographer, doctor or nurse at the hospital. They will be able to give you advice about controlling this. It is important to try and eat regular healthy meals to maintain your energy.

- **Indigestion**

This often occurs with radiotherapy to the pancreas. Please let the team know if it is a problem and treatment can be prescribed.

## **Uncommon side effects (less than 1 in 10)**

- **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.

- **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 radiographer, doctor or nurse if this happens. Cream can be given which can help. Your chemotherapy dose may need to change. Try to keep your hands and feet cool and if possible, uncovered. Ring The Christie Hotline if you have any concerns.

- **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.

- **Watery eyes**

Your eyes may also water. Often, this will improve in time and needs no specific treatment. If you have ongoing symptoms, please discuss this with your doctor.

## **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.

- **Testing for DPD deficiency**

The body makes enzymes which break down chemotherapy 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 arrange 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 risks 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.

### • **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 the following symptoms (chest pain; shortness of breath; sudden weakness or numbness on one side of the body; difficulty finding words; sudden blurred vision/loss of sight; confusion/dizziness or a sudden severe headache) you should contact The Christie Hotline for advice or in an emergency 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 if you develop any of the symptoms listed above.

### • **Blood clots (Warning!)**

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.

## **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.

### • **Damage to the bowel, stomach or biliary system**

It is possible that radiotherapy results in late damage to the gut or biliary system (system which directs secretions from the liver, gallbladder and pancreas into the small bowel) such as narrowing, ulcer or fistula which may require surgical intervention.

### • **Kidney damage**

If part of the kidney gets a high dose of radiotherapy, then the kidney may not work as well as it used to. This means that you may also be prone to developing high blood pressure in the future. You will have blood tests and a scan to check your kidneys are working normally before treatment.

• **Diabetes**

Damage to the normal pancreas from radiotherapy can increase your risk of developing diabetes. If this occurs your doctor can treat it in the usual way.

**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**

For urgent advice ring The Christie Hotline on **0161 446 3658** (24 hours)

Your consultant is: .....

Your hospital number is: .....

Your key worker is: .....

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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 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