

OxCap (oxaliplatin and capecitabine)

The possible benefits of treatment vary; for some people this 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 will be happy to answer any questions you have about your treatment. You will find it useful to refer to The Christie booklet 'SACT, a guide' which gives general information on systemic anti-cancer therapy and side effects.

Your treatment

Your doctor or nurse clinician has prescribed a treatment which includes the chemotherapy oxaliplatin and capecitabine. Capecitabine tablets come in 2 strengths (150mg and 500mg). We will calculate your dose according to your height and weight. You may need to take multiple tablets to achieve the correct dose. You should take the capecitabine tablets with a glass of water twice a day, about 12 hours apart and within 30 minutes of eating a meal.

Day 1

Oxaliplatin is given via a drip over 2 hours. This is repeated every 3 weeks.

Day 1 to Day 21

Capecitabine tablets taken twice a day.

The treatment is given every **3** weeks for **6 to 8** cycles.

You will have a routine blood test before the start of each cycle of treatment.

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

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 suggest 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.



Interactions

Capecitabine will interact with warfarin (a blood thinning tablet). You should tell your doctor if you are taking warfarin and a different blood thinning tablet can be prescribed. Capecitabine also interacts with phenytoin and allopurinol. Tell your doctor if you are taking these drugs.

Blood sugar

You will receive a dose of steroids before each treatment and for 2 days after. If you are diabetic, you should monitor your blood sugar levels during your treatment. If your blood sugar levels are affected, you should speak to your doctor about your diabetic medications.

Herbal medicine

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

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. However, if you 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. Where possible, we advise you to have the vaccinations in the few days prior to your next cycle of chemotherapy.

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)

• 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.

• Diarrhoea (Warning!)

Diarrhoea is a 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 loperamide dispensed by The Christie pharmacy. Follow these instructions EXACTLY: Take 2 loperamide capsules 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 dose of loperamide is 8 capsules/tablets per day, however some patients with a stoma may require more than this to control output. If you have a stoma or notice capsules in stoma output, you should ask for tablets rather than capsules.

• 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 of patients.

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 their 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.

- **Tinnitus and high frequency hearing loss**

You may develop tinnitus (ringing in the ears); this sensation should subside when your treatment finishes. High frequency hearing loss can also occur with this chemotherapy. This may be permanent.

- **Hyperpigmentation**

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.

- **Hair thinning**

Some hair loss may occur during treatment, including body and facial hair. 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 may 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, phone **0161 446 8439** or email **the-christie.informationcentre@nhs.net**. Information about the wig service can also be found here and vouchers for wigs can also 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. You can call into Maggie's Monday to Friday, 9am to 5pm to speak with their professional team. Maggie's provide expert care and support to everyone with cancer and those who love them. Contact Maggie's on **0161 641 4848**, email: **manchester@maggies.org** or drop in, their address is The Robert Parfett Building, 15 Kinnaird Road, Manchester, M20 4QL.

- **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.

Rare side effects (less than 1 in 1000)

- **Allergic reactions**

While receiving the oxaliplatin, patients 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 a few cycles of treatment, or when the treatment is being re-started after an extended treatment break.

• **Kidney function**

Some chemotherapy can affect your kidneys. It is important to monitor how your kidneys are working while you are having treatment. We do this by a blood test, but a more accurate assessment with a GFR can be arranged if there are concerns about your kidney function. It is important to drink plenty of fluids (at least 8 cups) the day before and for a few days after chemotherapy.

• **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 go immediately to your nearest A&E department or call **999**.

• **Blood clots**

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.

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 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 bloods, 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.

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.

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 and for 9 months after the end of treatment for women and 6 months after the end of the treatment for men.

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.

Loss of periods

Due to the effect of chemotherapy on the ovaries, you may find that your periods become irregular or stop. This is more likely in women over the age of 40 when most women will notice some change in their periods. It is less common in women under the age of 40 but does still happen and can result in significant

menopausal symptoms (see section below). Even if your periods stop completely during chemotherapy your periods may come back several years later. This means that you may be able to become pregnant even many years after chemotherapy. It is very important to use contraception if you don't want to get pregnant.

Menopausal symptoms

When the ovaries stop working due to chemotherapy or during a natural menopause most women experience symptoms such as hot flushes, sweats (night and day) and vaginal dryness. These hormonal changes can make the vagina feel as though it has shrunk and become less easy to stretch. This is called vaginal atrophy and can result in discomfort, pain on sexual intercourse, itching and recurrent urine infections. If your ovaries don't start to work again the vaginal symptoms can be permanent, although the flushes and sweats tend to reduce and stop over a small number of years. Some women who have already gone through menopause may notice their symptoms worsening for a time after chemotherapy.

The vaginal symptoms can start early and the longer they are left, the harder they can be to treat. Please contact your specialist nurse either in clinic or by phone when the symptoms first develop if you would like help. Symptoms can be managed in several ways including gels, essential oil pessaries and sometimes local oestrogen replacement. You may also find it helpful to request the booklet 'Menopausal symptoms and breast cancer' by Breast Cancer Now (either from your breast care nurse, the cancer information centre at The Christie, or online).

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 them with you and note this on your consent form.

- Tinnitus and high frequency hearing loss – this may be permanent
- Tingling and numbness in the fingers or toes – this may be permanent.

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 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