

Capecitabine and radiotherapy (colorectal)

Chemotherapy is the most commonly prescribed anti-cancer treatment but other types of treatment are also used. This leaflet explains chemotherapy with radiotherapy treatment. The role of this chemotherapy is to act as a radiosensitiser which can make the radiotherapy treatment more effective. Your clinical team will be happy to answer questions about your treatment. You may find it useful to refer to the booklet 'Chemotherapy, a guide' which gives information on chemotherapy and side effects.

Your treatment

Your doctor has prescribed for you a treatment which includes 5 weeks of radiotherapy to the pelvis 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 2 separate boxes, one for each strength.

1. Take the tablets in the combination prescribed twice a day (morning and evening) 12 hours apart.
2. Take the tablets: **Every day (including Saturday or Sunday)** for 5 weeks.
OR Every working day (not Saturday or Sunday) for 5 weeks.
3. Take the tablets within 30 minutes after food, for example, after breakfast an evening meal. It doesn't have to be a large meal. It can be a snack such as a sandwich.
4. Take your tablets with water only.
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 during your 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, we will continue your radiotherapy treatment alone until it is safe to restart your chemotherapy. Capecitabine will interact with warfarin [a blood thinning tablet]. You should tell your doctor if you are taking warfarin so a different blood thinning medicine can be prescribed. Capecitabine also interacts with phenytoin, allopurinol and other medications. Tell your doctor if you are taking any other medication.

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.



Warning!

Radiotherapy can be harmful to the unborn child. It is important to let the radiographers know if you have missed a period, or suspect that you may be pregnant before any radiation exposure is given.

How does radiotherapy work?

Our bodies are made up of cells and all cells have the capacity to divide. If radiation hits a cell that is dividing, the cell will be damaged. Cancer cells are much less able than normal cells to repair the damage, so more of the cancer cells will be destroyed. Giving chemotherapy at the same time is known to make radiotherapy more effective, but it does cause more side effects.

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 4.

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.

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 clinical team 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 several factors including 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.

• Discomfort around the back passage

The rectum (back passage) may become irritated due to your treatment. You may also notice some discharge or bleeding from the back passage. Let your clinical team know if you have any of these problems.

• Pain while passing urine

Occasionally, you may develop an inflamed bladder, known as cystitis. You may notice a burning sensation or discomfort when you pass urine and feel that you need to go to the toilet more often than usual. Drinking more fluids may help to relieve these symptoms. However, it is very important to tell your clinical team if you have any of these problems.

• Diarrhoea (Warning!)

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 instructions **EXACTLY**:

Take 2 loperamide capsules as soon as the first liquid stool occurs. Then take one capsule with each liquid loose stool. (The maximum dose of loperamide in a day is 8 capsules).

If you continue to have a significant increase in bowel movements each day compared to pre-treatment, or any diarrhoea at night, please ring The Christie Hotline on **0161 446 3658**.

If the problem persists, contact The Christie. Ask the staff for a copy of 'Eating: help yourself' which has some useful ideas about diet while you are having treatment.

- **Anaemia (low number of red blood cells)**

While having this treatment you may become anaemic. This may make you feel tired and breathless. Tell your clinical team if these symptoms are a problem. If you do become anaemic, you may need a blood transfusion. Your clinical team will discuss this with you if required.

- **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.

- **Nausea and vomiting (sickness)**

Chemotherapy and radiotherapy can both make you feel nauseous. We will give you anti-sickness drugs which can be taken if you feel sick. If you are sick (vomit) please tell your clinical team as they can prescribe additional tablets.

Ginger has natural anti-sickness properties and is available in different forms such as biscuits, tea and ginger ale. If you are taking capecitabine and you feel sick or are sick, please contact The Christie Hotline on **0161 446 3658** for advice.

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 clinical team 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. Tell your clinical team if this happens. Cream and tablets 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. **If you are taking capecitabine tablets and your hands and/or feet become sore, please contact The Christie Hotline on 0161 446 3658 for advice.**

- **Bruising or bleeding**

This treatment can reduce the production of platelets which help the blood clot. Let your clinical team 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. Your clinical team will discuss this with you if required.

Rare side-effects (less than 1 in 100)

• Severe skin reaction

Very rarely you may develop a severe skin reaction. If you experience tender red skin patches which subsequently blister please seek urgent medical advice. The skin changes may be preceded by fever, chest symptoms and photophobia (a need to squint or close your eyes, which is worse in bright light). These symptoms may be caused by conditions called Toxic Epidermal Necrolysis (TEN) and Stevens Johnson Syndrome (SJS).

Herbal medicine

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

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 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 on **0161 446 3658** 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 these symptoms, you should 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.

Continued...

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 chest or 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).

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 clinical team will 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.

Radiotherapy can have potential long term or permanent side effects. These are detailed in the booklet 'Radiotherapy to the pelvis for rectal tumours: A guide for patients and their carers'.

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**

Specialist radiographer - **0161 446 8169**

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

Your consultant is:

Your hospital number 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