



## For the Patient: GIRCRT

Adjuvant therapy for high risk cancer of the rectum with combined Capecitabine and Radiation Therapy

**GI** = GastroIntestinal

**R** = Rectal

**C** = Capecitabine

**RT** = Radiation Therapy

### **ABOUT THIS TREATMENT**

#### **What is this treatment used for?**

- Capecitabine is a drug given to treat cancer of the rectum. It is a tablet which is taken by mouth.
- Radiation therapy is a very effective therapy used to kill cancer cells by directing high-energy X-rays beams to a specific area of the body.

#### **How do capecitabine and radiation work?**

- Capecitabine works by interfering with dividing cells and preventing an increase in the number of cancer cells.
- Radiation also works by interfering with dividing cells by either killing them or stopping them from growing and reproducing.
- Capecitabine also acts as a “radio-sensitizer” to the radiation treatments. That is, the capecitabine makes the cancer cells more sensitive to the killing effect of the radiation. This is why the two types of treatment (radiation and chemotherapy) are used together at the same time.
- In this protocol, capecitabine is also used alone either before and/or after radiation treatment and surgery.

### **INTENDED BENEFITS**

- You are being asked to take capecitabine and radiation as a treatment to reduce the risk of recurrence of your rectal cancer.
- “Adjuvant” therapy means this treatment is being given in addition to other types of treatment, such as surgery.

### **TREATMENT SUMMARY**

#### **How is this drug given?**

- This treatment is usually given using one of 3 different treatment plans. Your doctor(s) will choose your treatment schedule based upon which option is best for the treatment of your cancer. Please see a description under “**Treatment Plan**” below for more information.
- Your capecitabine prescription will be dispensed one week at a time by the pharmacy at the BC Cancer Agency. You will need to **visit the pharmacy before your radiation therapy starts** to pick up your first week supply of capecitabine.
- Capecitabine is usually taken **twice a day**, 10 to 12 hours apart, with equal numbers of tablets taken at each dose. You may be given tablets of more than one strength to make up

the right dose. Capecitabine is best taken within 30 minutes following the end of a meal (usually breakfast and dinner) with a glass of water.

- **During combined treatment** with radiation, capecitabine is given twice daily, **only on the days that radiation therapy is given (with Saturday, Sunday and statutory holidays off)**, as long as you are not having too many side effects as determined by your doctor. You will be given enough medication to take home with you. If your doctor decides to delay or stop your capecitabine during radiation therapy due to side effects of the drug, your radiation treatments will continue.
- **During capecitabine treatment alone** the drug is taken twice daily for 14 days, followed by a 7-day break. This 21-day period of time is called a “**cycle**”. You will receive a total of six 21-day cycles, given before or after radiation therapy, as long as you are not having too many side effects, as determined by your doctor.

### How is radiation given?

- Radiation therapy is offered at each of the five regional BC Cancer Agency Centres.
- Prior to starting treatment, you will attend the cancer centre to have your treatment planned. A CT scanner will take images which the radiation oncologist and radiation therapist will use to custom plan your treatment.
- Your treatment will start a few days after your planning appointment.
- A machine called a linear accelerator is used to generate and give the high energy x-rays.
- Radiation treatments are given every day of the week except weekends and holidays.

### Treatment Plan

Your doctor(s) have 3 options as to how you will be treated. The options are described below.

#### Option 1:

- Radiation therapy and capecitabine at the same time for 5 weeks.
- Surgery follows completion of radiation and capecitabine treatment.
- Additional 6 cycles of capecitabine alone, starting about 4 to 8 weeks after surgery, depending on how you recover from surgery.

DATE	CYCLE	TREATMENT PLAN
		▶ Radiation: 25 fractions given over 5 weeks (may take 5 – 6 weeks)
	1	▶ Capecitabine orally in a.m. & p.m. daily for five weeks ( <b>on the days that radiation therapy is given, with Saturday, Sunday and statutory holidays off</b> ), combined with radiation
		▶ Surgery
	2 - 7	▶ Capecitabine orally in a.m. & p.m. x 14 days then off for 7 days (Cycle 2 starts about 4 to 8 weeks after surgery, depending on recover. One cycle is 21 days)

**Option 2:**

- Capecitabine alone given for 1 cycle.
- Radiation therapy and capecitabine at the same time for 5 weeks.
- Surgery follows completion of radiation and capecitabine treatment.
- Additional 5 cycles of capecitabine alone, starting about 4 to 8 weeks after surgery, depending on how you recover from surgery.

DATE	CYCLE	TREATMENT PLAN
	1	▶ Capecitabine orally in a.m. & p.m. x 14 days then off for 7 days
		▶ Radiation: 25 fractions given over 5 weeks (may take 5 – 6 weeks)
	2	▶ Capecitabine orally in a.m. & p.m. daily for five weeks (on the days that radiation therapy is given, with Saturday, Sunday and statutory holidays off), combined with radiation
		▶ Surgery
	3 - 7	▶ Capecitabine orally in a.m. & p.m. x 14 days then off for 7 days (Cycle 3 starts about 4 to 8 weeks after surgery, depending on recover. One cycle is 21 days)

**Option 3:**

- Capecitabine alone given for 2 cycles.
- Radiation therapy and capecitabine at the same time for 5 weeks.
- Surgery follows completion of radiation and capecitabine treatment.
- Additional 4 cycles of capecitabine alone, starting 4 to 8 weeks after surgery, depending on how you recover from surgery.

DATE	CYCLE	TREATMENT PLAN
	1 & 2	▶ Capecitabine orally in a.m. & p.m. x 14 days then off for 7 days
		▶ Radiation: 25 fractions given over 5 weeks (may take 5 – 6 weeks)
	3	▶ Capecitabine orally in a.m. & p.m. daily for five weeks (on the days that radiation therapy is given, with Saturday, Sunday and statutory holidays off), combined with radiation
		▶ Surgery
	4 - 7	▶ Capecitabine orally in a.m. & p.m. x 14 days then off for 7 days (Cycle 3 starts about 4 to 8 weeks after surgery, depending on recovery. One cycle is 21 days)

### What will happen when I get my drug?

- **During combined treatment** with radiation, you will be required to go for a **weekly blood test**. Your weekly supply of capecitabine will not be given to you until the results of the blood test are available to review.
- **During capecitabine treatment alone**, a blood test is done each cycle, on or before the first day of each treatment cycle. The dose and timing of your chemotherapy may be changed based on your blood counts and/or other side effects.
- Sometimes capecitabine treatment has to be stopped for a short time because of side effects. When you restart capecitabine treatment, do not make up the missed dose; instead, take as directed by your cancer doctor and finish the treatment on the same day as originally planned. For example, if you stop on day 3 of your 14-day treatment course and then restart at a later day, you would still take the last dose on day 14. You may be told to take a different dose and you may have extra tablets left over. Return the extra tablets to the clinic at your next visit. Taking a lower dose does not affect the usefulness of capecitabine.

### What will happen when I get radiation?

- Radiation treatments are delivered every day of the week except weekends and holidays. You will **not** take your capecitabine over the weekends **and holidays**.
- The length of your appointment will be approximately 15 minutes, but you will be receiving radiation for only a few minutes.
- While the radiation is being given, the radiation therapists will not be in the room with you. They will be watching you on a video camera and you can talk with them over the microphone.
- You will not feel anything during the radiation treatments.

## SIDE EFFECTS

### Capecitabine

- Your doctor will review the risks of treatment and possible side effects with you before starting treatment.
- The pharmacist will review how to take the medication and possible side effects with you on the day you first pick up your medication
- Unexpected and unlikely side effects can occur with any drug treatment. Please refer to the patient information handout titled “**For the Patient: capecitabine**” for a complete list of possible side effects and their management.

### Radiation

- Prior to starting treatment, your radiation oncologist and radiation therapist will provide you with information on the side effects you may experience with radiation. You will also be provided with information on how to manage these side effects.
- The most common side effects are fatigue, bowel urgency, loose bowel movements and possible bladder irritation. The radiation therapists will assess you daily.
- Once a week you will be scheduled to meet with your radiation oncologist which will mean you will be at the cancer centre a little longer.

- Nurses, dieticians and other health care professionals are available to help support you during treatment.

### **Medication Interactions**

Some drugs such as warfarin (COUMADIN®), phenytoin (DILANTIN®) and fosphenytoin (CEREBYX®) may **interact** with capecitabine. Tell your doctor if you are taking these or any other drugs as you may need extra blood tests or your dose may need to be changed. Check with your doctor or pharmacist before you start taking any new drugs. Please refer to “***For the Patient: capecitabine***”.

**If you experience symptoms or changes in your body that have not been described above but worry you, or if any symptoms are severe, contact:**

\_\_\_\_\_ at telephone number: \_\_\_\_\_