

For the Patient: Capecitabine

Other names: XELODA®

- Capecitabine (kape-SITE-a-been) is a drug that is used to treat some types of cancers. It is a tablet that you take by mouth. The tablet contains lactose.
- Tell your doctor if you have ever had an unusual or **allergic reaction** to fluorouracil (5 FU, ADRUCIL®) before taking capecitabine.
- A blood test may be taken before each treatment. The dose and timing of your chemotherapy may be changed based on the test results and/or other side effects.
- It is important to take capecitabine exactly as directed by your doctor. You may be
 given tablets of more than one strength to make the right dose. Make sure you
 understand the directions. Capecitabine is usually taken twice daily, about 12 hours
 apart with equal numbers of tablets taken at each dose. Capecitabine tablets should
 be taken within 30 minutes following the end of a meal (breakfast and dinner) with a
 glass of water.
- If you vomit after taking capecitabine, do not take a second dose. Call your healthcare team during office hours for advice.
- If you miss a dose of capecitabine, take it as soon as you can if it is within 6 hours of the missed dose. If it is over 6 hours since the missed dose, skip the missed dose and go back to your usual dosing time. Let your healthcare team know during office hours if you have missed a dose.
- Sometimes capecitabine treatment has to be stopped for a short time because of side effects. When you restart capecitabine treatment, do not make up for 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, 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.
- **Store** capecitabine tablets out of the reach of children, at room temperature, away from heat, light and moisture.
- Other 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.

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- The drinking of alcohol (in small amounts) does not appear to affect the safety or usefulness of capecitabine.
- Capecitabine may damage sperm and may harm the baby if used during pregnancy.
 It is best to use birth control while being treated with capecitabine. Tell your doctor
 right away if you or your partner becomes pregnant. Do not breast feed during
 treatment.
- **Tell** your doctor, dentist, and other health professionals that you are being treated with capecitabine before you receive any treatment from them.

Side effects are listed in the following tables in the order in which they may occur. Tips to help manage the side effects are included.

SIDE EFFECTS	MANAGEMENT
Hand-foot skin reaction may occur during capecitabine treatment. The palms of your hands and soles of your feet may tingle, become red, numb, painful, or swollen. The tips of your fingers may become smooth and red. Some patients may lose their fingerprints (this should be temporary). Skin may also become dry or itchy. You may not be able to do your normal daily activities if blisters, severe pain, or ulcers occur.	 Avoid tight-fitting shoes or rubbing pressure to hands and feet, such as that caused by heavy activity. Clean hands and feet with lukewarm water and gently pat to dry; avoid hot water. Apply lanolin-containing creams (eg, BAG BALM®, UDDERLY SMOOTH®) to hands and feet, liberally and often. Tell your cancer doctor at the next visit if you have any signs of hand-foot skin reaction. Stop taking capecitabine and call your healthcare team if the skin reaction is painful, as your dose may need to be changed. Taking a lower dose does not affect the usefulness of capecitabine.
Nausea and vomiting may occur while you are taking capecitabine. If you are vomiting and it is not controlled, you can quickly become dehydrated. Most people have little or no nausea.	You may be given a prescription for an antinausea drug(s) to take at home. It is easier to prevent nausea than treat it once it has occurred, so follow directions closely: • Drink plenty of liquids. • Eat and drink often in small amounts. • Try the ideas in <i>Practical Tips to Manage Nausea</i> .* Tell your healthcare team if nausea or vomiting continues or is not controlled with your antinausea drug(s).

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SIDE EFFECTS	MANAGEMENT		
Diarrhea commonly occurs. If you have diarrhea and it is not controlled, you can quickly become dehydrated.	For mild diarrhea (up to 3 stools per day more than usual), diarrhea may be treated with loperamide 2 mg tablets (e.g., IMODIUM®):		
	Take <u>TWO tablets</u> at the first sign of loose or more frequent stools than usual.		
	Then take <u>ONE tablet</u> after every loose stool, up to a maximum of eight tablets per day AND continue until diarrhea has stopped for 12 hours or as directed by your doctor or nurse.		
	 Always keep a supply of loperamide (e.g., have 48 tablets at home). You can buy loperamide at any pharmacy without a prescription. 		
	To help diarrhea:		
	Drink plenty of fluids.		
	 Eat and drink often in small amounts. Avoid high fibre foods as outlined in Food Choices to Help Manage Diarrhea.* 		
	 A dietitian can give you more suggestions for dealing with diarrhea. 		
	Stop taking capecitabine and call your healthcare team if you have:		
	■ four stools a day more than usual		
	have diarrhea during the night		
	 diarrhea that does not improve 24 hours after starting loperamide 		
	 diarrhea that lasts more than 48 hours. 		
	Note: If lactose in milk usually gives you diarrhea, the lactose in the tablet may be causing your diarrhea. Take LACTAID® tablets just before your capecitabine dose.		

SIDE EFFECTS	MANAGEMENT	
Sore mouth may occur during treatment. Mouth sores can occur on the tongue, the sides of the mouth or in the throat. Mouth sores or bleeding gums can lead to an infection.	Brush your teeth gently after eating and at bedtime with a very soft toothbrush. If your gums bleed, use gauze instead of a brush. Use baking soda instead of toothpaste.	
	 Make a mouthwash with ¼ teaspoon baking soda AND ¼ teaspoon salt in 1 cup warm water and rinse several times a day. 	
	Try soft, bland foods like puddings, milkshakes and cream soups.	
	Avoid spicy, crunchy or acidic food, and very hot or cold foods.	
	Try the ideas in Food Ideas to Try with a Sore Mouth.*	
Your white blood cells will decrease during or after your treatment. They usually return to normal after your last treatment. White blood cells protect your body by fighting bacteria (germs) that cause infection. When they are low, you are at greater risk of having an infection.	To help prevent infection:	
	 Wash your hands often and always after using the bathroom. 	
	Take care of your skin and mouth.	
	Avoid crowds and people who are sick.	
	 Stop taking capecitabine and call your healthcare team <i>immediately</i> at the first sign of an infection such as fever (over 38°C or 100°F by an oral thermometer), chills, cough, or burning when you pass urine. 	

SIDE EFFECTS	MANAGEMENT
Your platelets may decrease during or after your treatment. They will return to normal after your last treatment. Platelets help to make your blood clot when you hurt yourself. You may bruise or bleed more easily than usual.	 To help prevent bleeding problems: Try not to bruise, cut, or burn yourself. Clean your nose by blowing gently. Do not pick your nose. Avoid constipation. Brush your teeth gently with a soft toothbrush as your gums may bleed more easily. Maintain good oral hygiene. Some medications such as ASA (e.g., ASPIRIN®) or ibuprofen (e.g., ADVIL®) may increase your risk of bleeding. Do not stop taking any medication that has been prescribed by your doctor (e.g., ASA for your heart). For minor pain, try acetaminophen (e.g., TYLENOL®) first, but occasional use of ibuprofen may be acceptable.
Tiredness and lack of energy may occur.	 Do not drive a car or operate machinery if you are feeling tired. Try the ideas in Fatigue/Tiredness – Patient Handout.*
Your skin may sunburn easily.	Refer to Your Medication Sun Sensitivity and Sunscreens* or the BC Health Guide for more information. After sun exposure, if you have a severe sunburn or skin reaction such as itching, rash, or swelling, contact your healthcare team.
Hair loss is rare with capecitabine. Your hair will grow back once you stop treatment with capecitabine. Colour and texture may change.	 Use a gentle shampoo and soft brush. Care should be taken with use of hair spray, bleaches, dyes, and perms. If hair loss is a problem, refer to Resources for Hair Loss and Appearance Changes – Patient Handout.*

^{*}Please ask your nurse or pharmacist for a copy.

STOP TAKING CAPECITABINE AND CHECK WITH YOUR HEALTHCARE TEAM OR GET EMERGENCY HELP IMMEDIATELY IF YOU HAVE:

- Signs of an infection such as fever (over 38°C or 100°F by an oral thermometer);
 chills; cough; pain or burning when you pass urine.
- Signs of **bleeding problems** such as black, tarry stools; blood in urine; pinpoint red spots on skin.
- Signs of heart problems such as fast or uneven heartbeat, chest pain, chest pressure, shortness of breath or difficulty breathing, swelling of ankles, or fainting.

STOP TAKING CAPECITABINE AND CHECK WITH YOUR HEALTHCARE TEAM AS SOON AS POSSIBLE (DURING OFFICE HOURS) IF YOU HAVE:

- Painful hand-foot skin reaction such as painful redness, peeling, tingling, numbness, swelling or blistering of the palms of your hands and/or the bottoms of your feet.
- **Diarrhea** with four stools a day more than usual, or diarrhea during the night.
- Nausea that causes you to eat a lot less than usual or vomiting more than 2 times in 24 hours.
- Painful redness, swelling or sores on your lips, tongue, mouth or throat.
- Signs of liver problems such as yellow eyes or skin, white or clay-colored stools.
- Signs of anemia such as unusual tiredness or weakness.
- Severe abdominal or stomach cramping or pain.

CHECK WITH YOUR HEALTHCARE TEAM IF ANY OF THE FOLLOWING CONTINUE OR BOTHER YOU:

- Painless hand-foot skin reaction such as redness, peeling, tingling, numbness, swelling or blistering of the palms of your hands and/or bottoms of your feet.
- Painless redness, swelling or sores on your lips, tongue, mouth or throat.
- Uncontrolled nausea, vomiting, loss of appetite, diarrhea or constipation.
- Skin rash or itching.
- Changes in fingernails or toenails.
- Heartburn; mild to moderate abdominal or stomach pain.
- Severe skin reaction where you have had radiation.
- Watery, irritated eyes.

R	REPORT ADDITIONAL PROBLEMS TO YOUR HEALTHCARE TEAM					
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