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 doctor 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 doctor 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.
- 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** doctors or dentists 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.

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| **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 cancer doctor 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. Many 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 *Practical Tips to Manage Nausea.*
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| **Diarrhea** may occur during your treatment with capecitabine. | To help diarrhea:  
  • Drink plenty of liquids.  
  • Eat and drink often in small amounts.  
  • Avoid high fibre foods as outlined in *Food Choices to Help Manage Diarrhea.*  
  • **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.  
Stop taking capecitabine and call your cancer doctor if you have four stools a day more than usual or diarrhea during the night, as your dose may need to be changed. |
| **Sore mouth** may occur during treatment. | • 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.*  |
| *Mouth sores or bleeding gums can lead to an infection.* |                                                              |
| **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 doctor **immediately** at the first sign of an infection such as fever (over 100°F or 38°C by an oral thermometer), chills, cough, or burning when you pass urine. |
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| 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 doctor. |
| 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. |

*Please ask your chemotherapy nurse or pharmacist for a copy.*

STOP TAKING CAPECITABINE AND SEE YOUR DOCTOR OR GET EMERGENCY HELP IMMEDIATELY IF YOU HAVE:

- Signs of an **infection** such as fever (over 100°F or 38°C 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 SEE YOUR DOCTOR 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 DOCTOR 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.

REPORT ADDITIONAL PROBLEMS TO YOUR DOCTOR