

Capecitabine (breast)

The possible benefits of this treatment vary; for some people 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 booklet 'Chemotherapy, a guide' which gives general information on chemotherapy and side effects.

Your treatment

Your doctor or nurse clinician has prescribed for you a treatment which includes the chemotherapy tablets called capecitabine.

Your doctor may want you to take a combination of capecitabine tablets of different strengths. The tablets come in 2 different strengths: 150mg and 500mg tablets. Your height and weight will help us to calculate how many tablets you need to take.

This treatment is given every 3 weeks. Each cycle consists of taking your tablets for 2 weeks followed by a rest week.

You will have a routine blood test before the start of each cycle of 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, your chemotherapy may be delayed a week.

1. Take the tablets in the combination prescribed twice a day [morning and evening]. This must be 12 hours apart.
2. Take the tablets within 30 minutes after food, for example, after breakfast and an evening meal. It doesn't have to be a large meal. It can be a snack such as a sandwich
3. Take the tablets with water only. Some fruit juice can react with your tablets. Please check with your doctor and nurse if you would like more information about this.
4. Store your tablets in a cool, dry and safe place.
5. **If you miss a dose do not double up the next dose. Take your regular dose at the next scheduled time.**
6. If you have diarrhoea or vomiting Contact The Christie Hotline number for advice.

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.



Statement of health professional:

Significant, unavoidable or frequently occurring risks

Common side effects:

More than 10 in every 100 (>10%) people have one or more of the side effects listed:

- An increased risk of getting an infection from a drop in white blood cells - it is harder to fight infections and you can become very ill.
- If you have a severe infection this can be life threatening. Contact your doctor or hospital straight away if:
 - your temperature goes over 37.5°C or 38°C depending on the advice given by your chemotherapy team.
 - you suddenly feel unwell (even with a normal temperature)
- Sore hands and feet (some people develop soreness, redness and peeling on the palms of the hands and soles of the feet), sore mouth and ulcers, tiredness and feeling weak (fatigue), diarrhoea, feeling sick (nausea) and being sick (vomiting), loss of appetite, abdominal (tummy) pain.

Occasional side effects:

Between 1 and 10 in every 100 (1-10%) people have one or more of these effects:

- Anaemia (low number of red blood cells), bruising and bleeding, taste changes, headaches, dizziness, difficulty sleeping, mood changes, constipation, indigestion, sore and watery eyes, a runny nose, nose bleeds, cough, breathlessness, joint and back pain, and liver function changes picked up in blood tests.
- Skin changes (rash, dry or itchy skin, sensitivity to sunlight, temporary darkening of the skin), thinning of the hair or hair loss. Very rarely, if you've had radiotherapy (either recently or in the past), the area that was treated may become red or sore.

Other risks:

- Rare side effects with capecitabine include heart problems (chest pain, irregular heart rate, heart attack).
- There is a risk of potentially life threatening side effects if your genetic make-up is such that you cannot break down capecitabine properly. This is called DPD deficiency. Please contact your hospital straight away if you get even minor side effects in your first cycle of treatment.
- Very rarely you may develop a severe skin reaction. If you experience tender red skin patches which subsequently blister and peel, please seek urgent medical advice. Skin changes may be preceded by fever, chest infection symptoms and your eyes may be more sensitive to light. These symptoms may be caused by conditions called Toxic Epidermal Necrolysis or Stevens Johnson Syndrome.
- Potential side-effects with the anti-sickness medication may include: constipation, headaches, indigestion, difficulty sleeping and agitation.
- Cancer and treatment for cancer can increase your risk of developing a blood clot (thrombosis). A blood clot may cause pain, redness and swelling in a leg, or breathlessness and chest pain. Tell your doctor straight away if you have any of these symptoms.
- Some anti-cancer medicines can damage women's ovaries and men's sperm. This may lead to infertility in men and women and/or early menopause in women. Early menopause can cause symptoms such as hot flushes, vaginal dryness.

- Some anti-cancer medicines may damage the development of a baby in the womb. It is important not to become pregnant or father a child during treatment or for 6 months afterwards. Use effective contraception during this time. You can talk to your doctor or nurse about this.

- Complications of treatment can very occasionally be life threatening and may result in death. The risks are different for every individual. Potentially life threatening complications include those listed on this form, but, other exceedingly rare side effects may also be life-threatening.

- **For female patients only**

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 the menopause may notice their symptoms worsening for a time after chemotherapy.

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**

Chemotherapy nurse - **0161 918 7171**

Clinical trials unit - **0161 918 7663**

Breast care nurses - **0161 446 3996**

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

Your consultant is:

Your hospital number is:

Your key worker is:

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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 **patient.information@christie.nhs.uk**

For information and advice visit the cancer information centres at Withington, Oldham or Salford. 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