

Tays / cancer treatment

## **Capecitabine cancer medicine**

### **How is capecitabine cancer medicine used and how does it work?**

Capecitabine is a chemotherapy medicine for treating gastrointestinal cancers, breast cancer and many other types of cancer. Capecitabine tablets are a prodrug containing a type of cytostatic agent that is changed into an active anti-cancer medicine only after being absorbed by the system. Capecitabine prevents the division of cancer cells. If the cancerous cell cannot divide, it dies. Capecitabine thusly stops the tumour from growing. The capecitabine medicine has several generic variants of the same quality, safety and effectiveness as the original medicines. The trade name of your medicine, the shape of the tablet, and the package may change during your treatment if the medicine is changed.

### **Implementation of the treatment**

Your doctor determines the right dose of capecitabine and the treatment period individually. Capecitabine tablets are usually taken for two weeks in the morning and evening, followed by a break of at least seven days, during which you do not take the medication. This 21-day period is one treatment period. Occasionally you might need to take the medication for shorter periods or continuously with radiotherapy. Other cancer treatments may also be combined with capecitabine if necessary.

- Take your prescribed tablets in the morning and evening with water as instructed.
- Take the tablets within 30 minutes of eating (for instance after breakfast or evening meal).
- If you have taken more capecitabine than you should have, contact your treatment unit before taking the next dose.
- If you forget to take a tablet, skip the forgotten dose completely. Do not take a double dose the next time you take the medication. Continue following the original treatment plan and make a note of forgetting a dose in your patient diary for your treatment unit's information.
- If the treatment causes nausea, take anti-nausea medication before taking the tablet. Metoclopramide is milder and can be taken 1–3 times a day. If this does not work, you can take an additional 2 mg of granisetron per day.

If you are taking a blood thinning medicine (Marevan®), your INR should be checked more frequently during treatment, as capecitabine may increase Marevan's blood thinning effect. In order to avoid combined influence, often Marevan is replaced by injectable blood thinning medication during capecitabine treatment.

### **What are the possible side effects of capecitabine?**

Like all medicines, capecitabine can cause side effects. The side effects of treatment are very individual and usually disappear after the treatment ends. The most common side effects are diarrhoea, nausea, vomiting, stomatitis (ulcers in the mouth and throat), abdominal pain, hand-foot syndrome (dry and peeling skin on the palms and soles), tingling, numbness, pain, swelling or redness, and loss of appetite. Other less common and generally mild side effects include reduced white and red blood cells, rashes, mild hair loss, fatigue, headache, numbness or tingling sensation, changes in taste, dizziness, nose bleeds, intestinal bleeding, dry mouth and skin discoloration. Rare side effects include arrhythmias, chest pain and the exacerbation of an existing heart disease.

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**Patient diary to support the capecitabine treatment**

The purpose of the diary is to help monitor the course of the capecitabine treatment. Keeping a diary helps keep accurate information about your treatment and help nursing staff plan and monitor it. In the morning after taking your first dose, write down the date and the number of tablets you have taken. After taking the second dose in the evening, enter how many tablets you have taken and how you feel by marking "good" (x) if you feel good or "symptoms" (x) if you feel unwell. Record also any adverse reactions that have occurred during the day in the "adverse reactions" column using the abbreviations at the bottom of the diary and the numerical scale in the table below (1–4). Use the "Additional notes and comments" column to note down the severity of side effects and to report any vague sensations that may affect your treatment or illness.

**Examples of how to fill the diary:**

- Swollen legs but no pain = IHO 1
- Need for a bowel movement at night = RIP 2
- Nausea in the morning = PAH 1

**Severity of the adverse reaction**

You can use the severity levels listed in these tables (1–3) when you fill in your patient diary or when reporting side effects to your doctor or nurse.

**Table 1. Severity of the hand-foot syndrome (IHO)**

1	2	3
Numbness, tingling, painless redness and swelling, discomfort that does not interfere with everyday life	Painful redness and swelling, discomfort that interferes with everyday life.	Watery dandruff, cuts, blisters, severe pain. Makes everyday life more difficult.

**Table 2. Diarrhoea scale (RIP)**

1	2	3
Three or fewer bowel movements more in 24 hours than usually or a slight increase in discharge from the stoma compared to time before treatment.	4–6 more bowel movements in 24 hours or moderate increase in discharge from the stoma.	More than seven bowel movements per day, incontinence, need for hospital care, heavy discharge from the stoma, interferes with everyday life.

**Table 3. Nausea scale (PAH)**

1	2	3
One episode of nausea in 24 hours	2–5 episodes of nausea per day	Six or more episodes of nausea per day, or you need intravenous fluids

**Stop taking capecitabine immediately and contact your treatment unit (during office hours) or the emergency department if any of the following symptoms appear:**

- Diarrhoea: if you need to defecate more than four times a day or if you have diarrhoea at night.

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- Fever or infection: if your temperature is 38°C or above or you have any other symptoms of an infection.
- Chest pain: if you experience chest pain in the middle of your chest, particularly during exertion.

If these side effects are noticed in time, they usually become easier within 2–3 days after stopping taking the medicine. Contact your treatment unit if the side effects persist.

#### Protection from secretions

Generally, the medicine is excreted with urine within one day. Therefore, it is recommended that you drink more water for a couple of days before and after treatment. In addition, pay special attention to intimate and hand hygiene when using the bathroom. Make sure to protect yourself and your partner from secretions in sexual activities (wearing a condom).

#### Driving a car

If you feel good after the treatment, you can drive. If you are not sure if you can drive, do not drive.

#### Contraception

If you are in a fertile age, you should use a reliable method of contraception during the treatment and for at least six months after the end of treatment.

#### Contact the medical personnel if you have any of the following symptoms:

- fever above 38°C or other symptoms of infection
- bleeding symptoms: large bruises, bleeding gums, persistent nosebleeds, gynaecological bleeding, haemoptysis, vomiting blood, black stool or haematoma
- severe abdominal pains, prolonged constipation or diarrhoea at night or you defecate more than four times a day
- vomiting more than once per day
- nausea: if you lose your appetite or eat much less than usual
- stomatitis: if you experience pain, redness, swelling or ulcers in your mouth
- hand and foot syndrome: if you have pain, swelling and redness in hands or feet
- extensive rash or other hypersensitivity reaction
- confusion, convulsions
- before the next treatment, e.g. symptoms of flu, fever, abdominal pains or other symptoms

**The phone number for the pharmacotherapy unit of the oncology outpatient clinic is 03 311 63468.** We have a call-back service. Follow the instructions. We will call you back.

#### If any issues arise on weekends, nights and evenings, contact:

- Oncology Ward RS1, telephone 03 311 63311
- Oncology Ward RS2, telephone 03 311 63312
- Medical Helpline, tel. 116 117