



KEEP ALL MEDICINE OUT OF THE SIGHT AND REACH OF CHILDREN

Xeloda

What is Xeloda?

Xeloda is a chemotherapy drug used to treat some cancers including breast cancer, bowel cancer, stomach cancer, pancreatic cancer and oesophageal cancer. It is also called capecitabine. It is one of a group of chemotherapy drugs known as the anti metabolites. These stop cells making and repairing DNA. Cancer cells need to make and repair DNA in order to grow and multiply.

How you have capecitabine

- Xeloda comes as peach coloured tablets. You take the tablets twice a day and swallow them whole with plenty of water. You should take the tablets no more than 30 minutes after having a meal. The body changes capecitabine into a common chemotherapy drug called fluorouracil.
- It is very important that you take tablets according to the instructions your doctor or pharmacist gives you. For example, whether you have a full or empty stomach can affect how much of a drug gets into your bloodstream. You should take the right dose, not more or less. And never stop taking a cancer drug without talking to your specialist first.
- You usually have chemotherapy as a course of several cycles of treatment. The treatment plan for capecitabine depends on which type of cancer you have.

Common side effects

More than 10 in every 100 people have one or more of the side effects listed below.

- A temporary drop in the number of blood cells made by the bone marrow, causing
- 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. You may have headaches, aching muscles, a cough, sore throat, pain passing urine or feel cold and shivery
- Tiredness and breathlessness due to a drop in red blood cells (anaemia) – you may need a blood transfusion
- Bruising more easily due to a drop in platelets – you may have nosebleeds, bleeding gums after brushing your teeth, or lots of tiny red spots or bruises on your arms or legs (known as petechia)
- Some of these side effects can be life threatening, particularly infections. You should contact your treatment centre if you have any of these effects. Your doctor will check your blood counts regularly to see how well your bone marrow is working.
- **Contact your treatment center straight away if you have any of these effects or if your temperature goes above 38°C**
- Tiredness (fatigue) during and after treatment – most people find their energy levels are back to normal within 6 months to a year
- Diarrhoea occurs in around half the people who have capecitabine – it can be quite severe but is usually well controlled with medicines. Make sure you follow any special advice you have been given about how to cope with diarrhoea. Drink plenty of fluids and if it becomes severe or continues tell your doctor or nurse immediately.
- Mouth ulcers
- Feeling or being sick occurs in 1 in 3 people but is usually moderate and easily controlled with anti sickness injections and tablets. If you are over 80 years old, you may be more likely to have



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sickness than younger patients. It is important to let your doctor know if you have problems with sickness.

- Some people develop soreness, redness and peeling on the palms of the hands and soles of the feet (palmar - plantar syndrome), which may cause tingling, numbness, pain and dryness

Occasional side effects

Between 1 and 10 in every 100 people have one or more of these effects.

- Constipation is generally well controlled with laxatives but if you are constipated for more than 3 days, tell your doctor or nurse
- Headaches and dizziness
- Eye problems, including increased production of tears and infections (conjunctivitis)
- Hair loss or hair thinning is uncommon – if this happens it will probably start about 3 to 4 weeks after your treatment. Remember that this is temporary and your hair will grow back after treatment
- Abdominal pain
- Loss of appetite
- Higher amounts of bilirubin in your blood – you will have regular blood tests to check your bilirubin levels during your course of treatment
- Women may stop having periods (amenorrhoea) but this may only be temporary
- Loss of fertility – we don't know exactly how this drug affects fertility so do talk with your doctor before starting treatment if this is important to you
- Capecitabine may have a harmful effect on a developing baby – it is not advisable to become pregnant or father a child while you are having this drug. You should talk about contraception with your doctor or nurse before having the treatment.
- Your nails may change colour but this grows out a few months after the end of treatment

Rare side effects

Fewer than 1 in 100 people have these effects.

- Swollen ankles
- Chest pain

Important points to remember

The side effects above may be mild or more severe. A side effect may get better or worse through your course of treatment, or more side effects may develop as the course goes on. This depends on

- How many times you've had the drug before
- Your general health
- The amount of the drug you have (the dose)
- Other drugs you are having

Coping with side effects

Talk to your doctor, pharmacist or nurse about all your side effects so that they can help you manage them. They can give you advice or reassure you. Your nurse will give you a contact number to ring if you have any questions or problems. If in doubt, call them.



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Other medicines

Tell your doctor about any other medicines you are taking, including vitamins, herbal supplements, and over the counter remedies – some drugs can react together.

Pregnancy and contraception

Xeloda may have a harmful effect on a developing baby and it is not advisable to become pregnant or father a child if you are having this treatment. Talk about contraception with your doctor or nurse before treatment starts.

Breastfeeding

Breastfeeding is not advisable during this treatment because the drug may come through in the breast milk.

Medical and dental treatment

If you need to go into hospital for any reason other than cancer, always tell the doctors and nurses that you are having chemotherapy. Give them contact details for your cancer doctor.

Talk to your cancer doctor or nurse if you think you need dental treatment. Always tell your dentist you are having chemotherapy.

Immunisations and chemotherapy

- You should not have immunisations with live vaccines while you are having chemotherapy or for at least 6 months afterwards. These include rubella, mumps, measles (usually given together as MMR), BCG, yellow fever and Zostavax (shingles vaccine).
- You can have other vaccines, but they may not give you as much protection as usual until your immune system has fully recovered from your chemotherapy. It is safe to have the flu vaccine.
- It is safe for you to be in contact with other people who've had live vaccines as injections. There can be problems with vaccines you take by mouth (oral vaccines), but not many people these now.
- So there is usually no problem in being with any baby or child who has recently had any vaccination. You might need to make sure that you aren't in contact with anyone who has had oral polio, cholera or typhoid vaccination recently, particularly if you live abroad.