

CAPECITABINE (XELODA)



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ABOUT THIS BOOKLET

This booklet explains what capecitabine is, how it works, when it may be prescribed and the side effects you may have.

WHAT IS CAPECITABINE?

Capecitabine is a chemotherapy drug.

Chemotherapy is a treatment that destroys cancer cells using anti-cancer drugs.

Capecitabine is the non-branded name of the drug, but you may also hear it called by its brand name Xeloda.

You may find it useful to read this booklet alongside our **Chemotherapy for breast cancer** booklet.

If you're taking capecitabine for secondary breast cancer (when cancer has spread from the breast to other parts of the body), you may want to read our **Secondary breast cancer information pack**.

WHEN IS CAPECITABINE GIVEN?

When breast cancer has spread

Capecitabine is used to treat breast cancer that has come back after previous treatment and has:

- Spread to the tissues and lymph nodes around the chest, neck or under the breastbone (known as locally advanced breast cancer)
- Spread to other parts of the body (secondary breast cancer)

For some people with primary breast cancer

Studies have shown that some people with primary breast cancer may benefit from capecitabine.

Primary breast cancer is breast cancer that has not spread beyond the breast or the lymph nodes under the arm.

This includes people with breast cancer that is triple negative.

People who have chemotherapy before surgery may be offered capecitabine after their surgery.

Your treatment team will discuss with you if this is an option.

As part of a clinical trial

Capecitabine may be offered as part of a clinical trial.

Clinical trials are research studies that aim to improve treatment or care. See our website breastcancer.org for general information on clinical trials, or cancerresearch.org.uk for listings of current UK trials.

BEFORE STARTING CAPECITABINE

Before starting your treatment many hospitals will arrange a chemotherapy information session. At this appointment a nurse will explain how and when you will have your chemotherapy and how side effects can be managed.

You should have blood tests and some people will have an ECG (electrocardiogram), a simple test that checks your heart rhythm.

It's recommended everyone starting capecitabine has a blood test to check levels of a protein called DPD (see page 9).

Your height and weight will also be measured. This is used to work out the correct dose of chemotherapy for you.

You'll be given contact numbers so you know who to phone if you have any questions or concerns.

HOW IS CAPECITABINE TAKEN?

Capecitabine is taken as a tablet (orally).

You should swallow the tablets whole with water within half an hour of eating a meal.

You usually take the capecitabine tablets twice a day (in the morning and evening) for 14 days and then have a 7-day break from taking the tablets. This 21-day period is one treatment cycle.

If you're prescribed capecitabine differently to the 21-day cycle your doctors will explain why.

Capecitabine is available in two different tablet strengths: 150mg or 500mg. You'll be told how many of each tablet to take to make sure you get the right amount each day for your body size.

It's often given on its own, but can be given alongside other chemotherapy drugs such as docetaxel.

What happens if I miss a dose?

If you miss a dose of capecitabine, do not take an extra dose to make up for the one you missed. Take the next dose at the usual time and speak to someone in your treatment team.

How long will I have to take capecitabine for?

This will vary from person to person.

People with secondary breast cancer will usually keep taking capecitabine until it is no longer helping to control the cancer or they have significant side effects.

If you have primary breast cancer your treatment team will talk to you about what's best for you.

SIDE EFFECTS OF CAPECITABINE

Most people tolerate capecitabine well as the side effects are often mild and can usually be controlled. However, everyone reacts differently to drugs.

Some people have more side effects than others, and the side effects described here will not affect everyone.

This booklet does not list all possible side effects. If you're taking other drugs at the same time as capecitabine, you may have side effects from these drugs too.

If you're concerned about any side effects, regardless of whether they're listed here, talk to your chemotherapy nurse or cancer specialist (oncologist) as soon as possible.

Your specialist can reduce or delay the dose of capecitabine you take if the side effects become too severe. Reducing the dose of capecitabine is common and the treatment can still be effective at a lower dose.

Common side effects

Effects on the blood

Capecitabine can temporarily affect the number of blood cells in the body. Blood cells (white blood cells, red blood cells and platelets) are released by the bone marrow (the spongy material found in the hollow part of bones) to replace those that are naturally used up in the body. Chemotherapy reduces the ability of the bone marrow to make these cells.

You will have regular blood tests throughout your treatment to check your blood count. If the number of blood cells is too low your next course of treatment may be delayed or the dose of the chemotherapy reduced.

Risk of infection

When the white blood cells fall below a certain level, it's known as neutropenia. Not having enough white blood cells can increase the risk of getting an infection.

The number of white blood cells usually returns to normal before your next cycle of capecitabine is due to start.

Your treatment team may give you guidelines to follow for reporting signs of an infection, but generally you should contact your hospital immediately if you experience any of the following:

- **A high temperature (over 37.5°C) or low temperature (under 36°C), or whatever your chemotherapy team has advised**
- **Suddenly feeling unwell, even with a normal temperature**
- **Symptoms of an infection, for example a sore throat, a cough, a need to pass urine frequently or feeling cold or shivery**

Before starting capecitabine your treatment team should give you a 24-hour contact number or tell you where to get emergency care. You may need antibiotics.

Sometimes your doctor may recommend injections of drugs called growth factors. This helps the body produce more white blood cells to reduce your risk of infection.

Anaemia

Having too few red blood cells can mean you are anaemic. If you feel particularly tired, breathless or dizzy, let your treatment team know.

Bruising and bleeding

Capecitabine can reduce the number of platelets, which help the blood to clot.

You may bruise more easily, have nosebleeds or your gums can bleed when you brush your teeth. Tell your treatment team if you experience any of these symptoms.

Diarrhoea

Diarrhoea is common during treatment and can sometimes be severe.

Tell your chemotherapy nurse or treatment team as they can prescribe medication and may consider stopping your capecitabine for a time to help control it.

Speak to them immediately if you have any of the following symptoms:

- Four or more episodes of diarrhoea in 24 hours
- Blood in your stools when you go to the toilet
- Tummy (abdominal) pain

Skin reactions

Hand-foot syndrome, often called Palmar-Plantar syndrome, is a common side effect of some chemotherapy drugs used to treat breast cancer.

The palms of the hands and the soles of the feet can become red and sore. Sometimes you may also notice a tingling sensation, numbness or some swelling.

The skin on your hands and feet may also become red, dry and flaky. This should improve if the treatment is delayed or if the dose is reduced.

Your treatment team can recommend moisturising creams to help with skin reactions.

Nausea and vomiting

You may feel sick (nausea) during treatment.

Although most people will not be sick (vomit), anti-sickness drugs can help reduce or stop this happening, so take these as prescribed. Steroids may also be given to make the anti-sickness drugs work more effectively.

Contact your treatment team or GP if symptoms don't go away.

Sore mouth

Your mouth and gums can become sore and small ulcers may develop. This is usually worse if you are taking capecitabine at the same time as other chemotherapy drugs.

Your chemotherapy nurse or treatment team will advise you about suitable mouthwashes or medicine if these problems occur.

Looking after your mouth, including your teeth and gums, is very important during treatment.

It's advisable to see your dentist for a dental check-up before chemotherapy begins and to avoid dental treatment during chemotherapy if possible. If you do need to have dental treatment during chemotherapy, talk with your oncologist about the best time to have this.

Loss of appetite

You can lose your appetite while taking capecitabine. Your sense of taste can also change and some foods and drink may taste different.

Talk to your treatment team about this. They will give you advice and information to help, or refer you to a dietitian if needed.

You can also find out more in our **Diet and breast cancer** booklet.

Extreme tiredness

Cancer-related fatigue is extreme tiredness and exhaustion that doesn't go away with rest or sleep. It can affect you physically and emotionally.

It's a very common side effect of breast cancer treatment and may last for weeks or months after your treatment has finished. Occasionally fatigue is a long-term effect.

Fatigue can also be caused by conditions such as anaemia (too few red blood cells). It's important to let your team know if you're affected by fatigue to rule out other conditions.

Fatigue affects people in different ways and there are a number of ways of coping with and managing it – your treatment team may be able to help you with this.

You can find lots more information on our website or by calling our Helpline on 0808 800 6000. Macmillan Cancer Support produces a booklet called Coping with fatigue.

Hair loss

When used on its own, capecitabine occasionally causes some temporary hair thinning. It very rarely causes complete hair loss.

If capecitabine is taken in combination with another chemotherapy drug, most people will lose all their hair including eyebrows, eyelashes and body hair. For more information, see our **Breast cancer and hair loss** booklet.

Rare side effects

Allergic reaction

Very occasionally allergic reactions to a drug can occur. Reactions can vary from mild to severe, although severe reactions are uncommon.

If you have any swelling, wheezing, chest pain or difficulty breathing after taking capecitabine, let your treatment team or chemotherapy nurse know immediately.

DPD deficiency (very rare)

DPD is a type of protein (enzyme) made naturally in the body.

Not having enough DPD can cause chemotherapy to build up in the body, resulting in severe side effects. In very rare cases this can be life-threatening.

It's recommended that everyone starting capecitabine has a blood test to check levels of DPD.

If you're found to have low levels of DPD, known as a DPD deficiency, you may not be given the drug.

At your pre-assessment appointment, a member of the oncology team will explain the blood test.

For more information see the Cancer Research UK website.

Blood clots

People with breast cancer have a higher risk of blood clots. Their risk is higher because of the cancer itself and some treatments for breast cancer. If the cancer has spread to other parts of the body (secondary breast cancer), this also increases the risk.

Having capecitabine increases the risk of blood clots such as deep vein thrombosis (DVT).

People with a DVT are at risk of developing a pulmonary embolism (PE). This is when part of the blood clot breaks away and travels to the lung.

Blood clots can be harmful but are treatable so it's important to report symptoms as soon as possible.

If you experience any of the following symptoms contact your local A&E department, GP or treatment team straight away:

- Pain, redness/discolouration, heat and swelling of the calf or thigh
- Shortness of breath
- Pain or tightness in the chest
- Unexplained cough or coughing up blood

OTHER ISSUES

Driving and using machinery

Capecitabine may make you feel dizzy, sick or tired. This could affect your ability to drive or operate machinery safely.

Avoid driving or using machinery if you have any symptoms that may affect your ability to do this.

Can I take capecitabine with other drugs?

Tell your treatment team about any other drugs or supplements you're taking.

If you take drugs to thin the blood (anti-coagulants), such as warfarin, capecitabine can increase your risk of bleeding. Your specialist may check more often how quickly your blood clots, adjust your dose of blood-thinning drugs or, more commonly, change you to an injection to thin the blood instead.

For more information about taking other medicines or supplements while having chemotherapy, see our **Chemotherapy for breast cancer** booklet.

Sex, contraception and pregnancy

You're advised not to become pregnant while having treatment because capecitabine can harm a developing baby. If you haven't been through the menopause, talk to your team about the most suitable method of contraception for you. It's still possible to become pregnant even if your periods become irregular or stop.

You can still have sex during treatment. It's thought that chemotherapy drugs can't pass into vaginal fluids or semen, but this can't be completely ruled out as chemotherapy drugs can pass into the blood and some other body fluids. Most hospital specialists will advise using barrier methods of contraception, such as condoms during treatment, and for a few days after chemotherapy is given.

Travel and vaccinations

If you're planning a holiday or need to travel overseas, check with your treatment team first.

You should not have any live vaccines while you are having chemotherapy. Live vaccines include mumps, measles, rubella (German measles), polio, BCG (tuberculosis), shingles and yellow fever.

Live vaccines contain a small amount of live virus or bacteria. If you have a weakened immune system, which you may do during chemotherapy, they could be harmful.

It is safe to have these vaccines six months after your chemotherapy finishes. Talk to your GP or treatment team before having any vaccinations.

If someone you have close contact with needs to have a live vaccine speak to your treatment team or GP. They can advise what precautions you may need to take depending on the vaccination.

Coronavirus (Covid-19) vaccination

People having chemotherapy are advised to speak to their treatment team before having the coronavirus (Covid-19) vaccination.

Flu vaccination

Anyone at risk of a weakened immune system, and therefore more prone to infection, should have the flu vaccine. This includes people due to have or already having chemotherapy. The flu vaccine is not a live vaccine so does not contain any active viruses. Talk to your chemotherapy team or breast care nurse about the best time to have your flu jab.

12 Call our Helpline on **0808 800 6000**

FURTHER SUPPORT

You can find out more about all our information and support services for people with breast cancer by calling our Helpline on **0808 800 6000** or visiting our website **breastcancer.org**

HELP US TO HELP OTHERS

If you have found this information helpful, would you consider making a donation to support our care and research work? You can donate on our website **breastcancer.org/donate**

ABOUT THIS BOOKLET

Capecitabine (Xeloda) was written by Breast Cancer Now's clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.



For a full list of the sources we used to research it:
Email health-info@breastcancernow.org



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At Breast Cancer Now we're powered by our life-changing care. Our breast care nurses, expertly trained staff and volunteers, and award-winning information make sure anyone diagnosed with breast cancer can get the support they need to help them to live well with the physical and emotional impact of the disease.

We're here for anyone affected by breast cancer. And we always will be.

For breast cancer care, support and information, call us free on **0808 800 6000** or visit **breastcancernow.org**

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Patient Information Forum

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