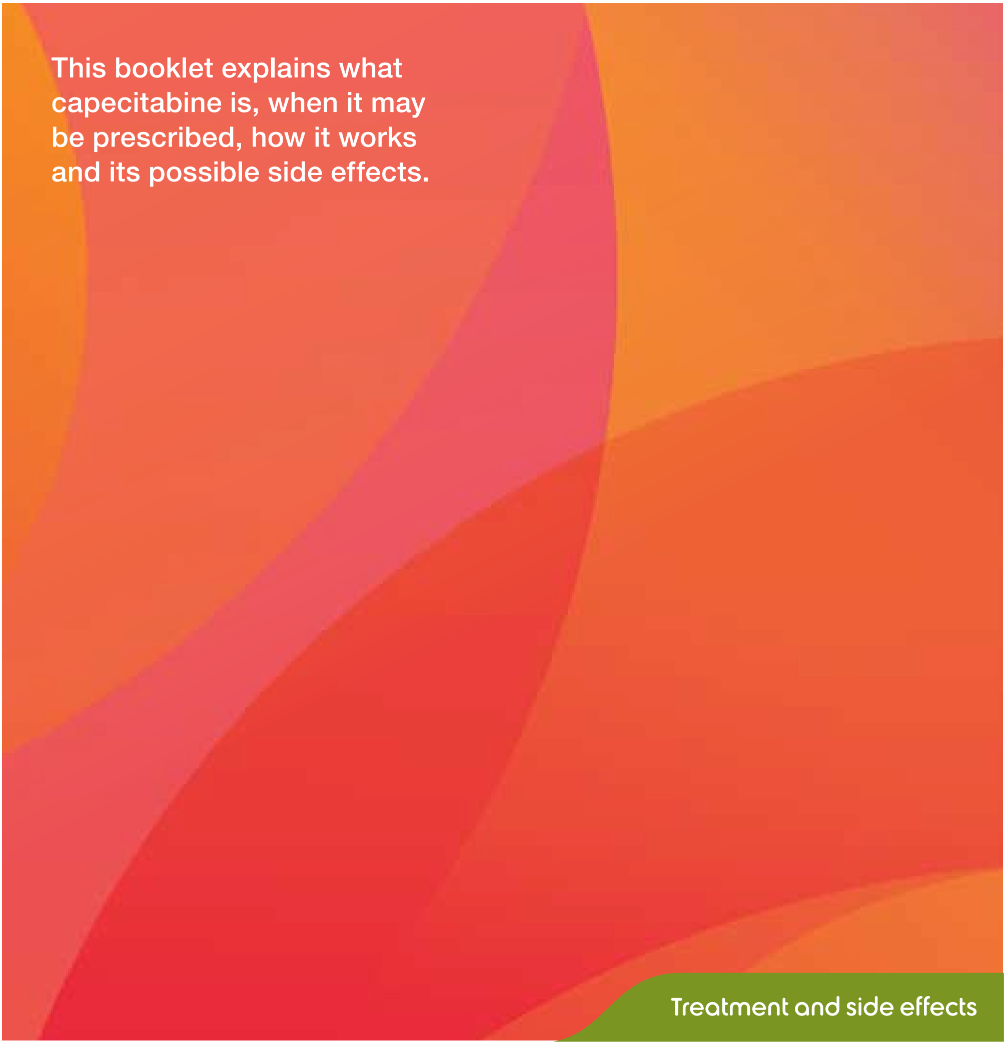
breast cancer care
the breast cancer support charity

Capecitabine (Xeloda)



This booklet explains what capecitabine is, when it may be prescribed, how it works and its possible side effects.

Treatment and side effects

Capecitabine is the generic (non-branded) name of the drug, and is used throughout this booklet. You may also hear it called Xeloda which is its brand name. You may find it useful to read this booklet with our **Chemotherapy for breast cancer** booklet and, if you're taking capecitabine for secondary breast cancer, our **Secondary breast cancer** resource pack.

What is capecitabine?

Capecitabine is a type of oral chemotherapy drug, which means that it is taken as tablets.

Before starting your treatment many hospitals will arrange a chemotherapy information session. At this appointment a nurse will discuss how and when your chemotherapy will be given and how side effects can be managed. You'll also be given contact numbers so you know who to phone if you have any questions or concerns.

Who might be offered capecitabine?

Capecitabine is used to treat breast cancer that has come back after previous treatment and has spread to areas around the breast, such as the lymph nodes above or below the collarbone (locally advanced breast cancer also known as regional recurrence), or to other parts of the body (secondary breast cancer). It's often given on its own, but can also be given alongside other drugs used to treat breast cancer.

Capecitabine may also be offered as part of a clinical trial. Clinical trials are research studies that aim to improve treatment or care. For more general information on clinical trials see our website **www.breastcancercare.org.uk** or visit **www.cancerresearch.org.uk** for listings of current UK trials.

How does capecitabine work?

Chemotherapy is treatment aimed at destroying cancer cells using anti-cancer drugs, which are also called cytotoxic drugs. Chemotherapy drugs work by interrupting how cancer cells develop and grow. Different drugs do this at different stages of cell development.

Capecitabine is taken as tablets and moves through the digestive system into the bloodstream. The drug travels throughout the body, via the bloodstream, to various cells including the breast cancer cells, where it is converted into the chemotherapy drug 5 fluorouracil (also known as 5FU).

As capecitabine is converted into 5FU more efficiently in cancer cells, it means that there are fewer side effects on normal cells.

How is capecitabine taken?

Like other chemotherapy drugs, capecitabine is taken in cycles. Your specialist will prescribe a dose and regime that is appropriate for you.

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

You will usually take the capecitabine tablets twice a day (in the morning and evening) for 14 days and then have a seven-day break from taking the tablets. This 21-day period is one treatment cycle. You should swallow the tablets with water within half an hour of eating a meal.

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. Keep to your usual amount and speak to someone in your treatment team.

How long will I have to take capecitabine for?

This will vary from person to person. Usually people keep taking capecitabine until it is no longer helping to control the cancer or they are experiencing significant side effects. Your specialist will talk to you about what is best for you.

What are the possible side effects of capecitabine?

Like any drug, capecitabine can cause side effects. Most people tolerate capecitabine well as the side effects are often mild and can normally be controlled. However, everyone reacts differently to drugs and some people have more side effects than others.

The side effects described here may not affect everyone. If you are taking other drugs at the same time as capecitabine, you can have additional side effects from these drugs. If you are concerned about any side effects, regardless of whether they are listed here, talk to your specialist.

Most side effects can be treated and 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. Before you start capecitabine, you should receive information about its possible side effects. However, if you have any questions, talk to your chemotherapy nurse, breast care nurse or specialist.

Common side effects

Diarrhoea

Diarrhoea is common during treatment, and sometimes this can be severe. Tell your chemotherapy nurse or specialist as they can prescribe medication and consider stopping your capecitabine for a time to help control it. It's particularly important to 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
- abdominal pain.

Hand-foot (palmar plantar) syndrome

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. Your doctor can prescribe vitamin B6 (pyridoxine) which might help with this.

Your skin may also become red, dry and flaky. This should improve if the treatment is delayed or if the dose is reduced. Using a glycerine-based moisturising cream can also help.

If you experience skin reactions, mention this to your specialist when you see them next so that the symptoms can be managed.

Feeling sick and vomiting

Sometimes you can feel sick during your treatment. Although most people will not actually be sick, anti-sickness drugs can help reduce it or stop this happening, so take these as prescribed.

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 specialist or chemotherapy nurse will advise you about suitable mouthwashes or medicine if a mouth infection develops. Your sense of taste can also change and sometimes foods and drink taste different. Taking sips of water or sucking small pieces of ice can help.

Fatigue

Cancer-related fatigue is a common symptom in people being treated for breast cancer. Everyone knows what it feels like to be tired sometimes, but cancer-related fatigue can feel much more severe. It can come and go or it can be continuous. This can be distressing and frustrating.

Fatigue has many causes, from psychological factors such as the stress of coping with the diagnosis to physical ones such as the side effects of treatment or progression of the cancer.

Fatigue may have a significant impact on your ability to cope with your cancer and its treatment. It can also affect your everyday activities and quality of life. However, there are things you can do to try to manage fatigue and reduce its effects.

- Tell your doctor or breast care nurse about the fatigue as its cause may be treatable.
- Keeping a fatigue diary can often help you identify causes of fatigue and plan activities. There's an example of a fatigue diary in our **Secondary breast cancer** resource pack.
- Plan your days so you have a balance of activity and rest.
- Try to have short, achievable periods of physical activity each day, such as a short walk.
- Accept that you may have good days and bad days.
- Prepare for any special occasions by getting some rest beforehand.
- Try to eat well. If your appetite is poor, it may help to eat smaller amounts more often. Drink plenty of fluids to keep hydrated. You could also ask to be referred to a dietitian for advice.
- Accept offers of practical help from other people to save your energy for things you enjoy.

Effects on the blood

Capecitabine, like most chemotherapy drugs, can temporarily affect the number of healthy 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 which 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 it may be necessary to delay the next course of treatment or reduce the dose of the chemotherapy you are given.

Risk of infection

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 course of chemotherapy is due. When the white blood cells fall below a certain level, it is known as neutropenia. If you also have a high temperature (above 38°C), it's known as febrile neutropenia.

If you feel unwell, develop a sore throat or shivering or have a temperature above 38°C at any time during your treatment, you should contact the hospital immediately, even if this happens at the weekend or during the night.

Before starting chemotherapy you should be given a 24-hour contact number or told where to get emergency care by your specialist team. You may need antibiotics. Sometimes your doctor may recommend injections of drugs called growth factors to stimulate the production of 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, you should let your specialist team know. Occasionally a blood transfusion will be necessary during your treatment.

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 specialist team if you experience any of these symptoms.

Hair loss (alopecia)

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 other chemotherapy drugs, for example docetaxel, most people will lose all their hair including eyebrows, eyelashes and body hair. If you would like further information, see our booklet **Breast cancer and hair loss**.

Loss of appetite

You can lose your appetite while taking capecitabine. Talk to your specialist about this. They will give you advice and information to help deal with loss of appetite, or refer you to a dietitian if needed.

Driving and using machinery

Capecitabine may make you feel dizzy, sick or tired, so could possibly 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.

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 specialist or chemotherapy nurse know immediately.

Can I take capecitabine with other drugs?

Tell your specialist about any other drugs or supplements you are 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 fast your blood clots, adjust your dose of blood-thinning drugs or, more commonly, change you to an injection to thin the blood instead of warfarin.

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

Can I get pregnant when taking capecitabine?

Taking capecitabine while pregnant may have a harmful effect on a developing baby. Some women can still become pregnant even if their periods are irregular or have stopped, so effective barrier contraception such as a condom should be used.

Further support

If you have any concerns about taking capecitabine, you can talk to your specialist, chemotherapy nurse or breast care nurse. You may also find it helpful to talk to someone on our Helpline **0808 800 6000** for more information.

Helping you face breast cancer

A diagnosis of secondary breast cancer can be overwhelming. And the support you need might feel like it's hard to come by. We're here to help. Meet other women with secondary breast cancer and get specialist information on topics relevant to you with our Living with Secondary Breast Cancer services. We can help you feel less alone and more in control to make confident decisions about your treatment, lifestyle and care.

Ask us

Our free Helpline is here to answer any questions about breast cancer and talk through concerns. Or you can Ask the Nurse by email via our website.

Free Helpline **0808 800 6000** (Text Relay 18001)
Monday–Friday 9am–5pm, Saturday 10am–2pm
www.breastcancercare.org.uk/ATN

Meet people like you

Come along to our free Living with Secondary Breast Cancer meet-ups for a chance to chat and share experiences with people who understand what it means to live with secondary breast cancer.

They're also a unique opportunity to increase your knowledge as we run longer sessions with guest expert speakers every other month. Topics include pain management, fatigue, claiming benefits and side effects of treatment. Call 0345 077 1893 or visit **www.breastcancercare.org.uk/secondary** to find out more.

Talk to someone who understands

Exchange tips on coping with the side effects of treatment, ask questions, share experiences and talk through concerns at our website's discussion Forum. There's a dedicated area for people with secondary breast cancer – it's easy to use and professionally hosted. Live Chat sessions exclusively for people living with secondary breast cancer take place weekly in a private area of our website. Each session is facilitated by an experienced moderator and a specialist nurse who can point you to sources of help and information – but for most people, being able to talk to others who know what you're going through is what counts.

We're here for you: help us to be there for other people too

If you found this booklet helpful, please use this form to send us a donation. Our information resources and other services are only free because of support from people such as you.

We want to be there for every person facing the emotional and physical trauma of a breast cancer diagnosis. Donate today and together we can ensure that everyone affected by breast cancer has someone to turn to.

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We might occasionally want to send you more information about our services and activities

☐ Please tick if you're happy to receive email from us
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We won't pass on your details to any other organisation or third parties.

Please return this form to Breast Cancer Care, Freepost RRKZ-ARZY-YCKG,
5–13 Great Suffolk Street, London SE1 0NS

About this booklet

Capecitabine (Xeloda) was written by Breast Cancer Care'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:

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Email publications@breastcancercare.org.uk

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Breast Cancer Care is the only UK-wide charity providing specialist support and tailored information for anyone affected by breast cancer.

Our clinical expertise and emotional support network help thousands of people find a way to live with, through and beyond breast cancer.

Visit **www.breastcancercare.org.uk** or call us free on **0808 800 6000** (Text Relay 18001).

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