

# Capecitabine (Xeloda)

breast  
cancer  
care

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





**This information is by Breast Cancer Care.**

We are the only specialist UK-wide charity that supports people affected by breast cancer. We've been supporting them, their family and friends and campaigning on their behalf since 1973.

Today, we continue to offer reliable information and personal support, over the phone and online, from nurses and people who've been there. We also offer local support across the UK.

From the moment you notice something isn't right, through to treatment and beyond, we're here to help you feel more in control.

For breast cancer care, support and information, call us free on **0808 800 6000** or visit **[breastcancercare.org.uk](http://breastcancercare.org.uk)**



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

## What is capecitabine?

Capecitabine is a type of oral chemotherapy drug, which means that it is taken as tablets. Chemotherapy is a treatment using anti-cancer drugs which aims to destroy cancer cells.

Capecitabine is the generic (non-branded) name of the drug, but 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 (when cancer cells from the breast have spread to other parts of the body such as the bones, lungs, liver or brain) our **Secondary breast cancer information pack**.

Before starting your treatment many hospitals will arrange a chemotherapy information session. At this appointment it will be explained how and when your chemotherapy will be given and how side effects can be managed. Your appointment will usually be with a nurse. Contact numbers will also be given so you know who to phone if you have any questions or concerns.

## How does capecitabine work?

Chemotherapy drugs work by interfering with how cancer cells develop and grow.

Capecitabine is taken as tablets and absorbed into the bloodstream through the digestive system. The drug travels throughout the body, through 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 effects on normal cells.

# When is capecitabine prescribed?

Capecitabine is used to treat breast cancer that has come back after previous treatment and has spread to the tissues and lymph nodes (glands) around the chest, neck and under the breastbone (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 chemotherapy drugs such as docetaxel.

Studies have shown that some people with primary breast cancer (breast cancer that has not spread beyond the breast or the lymph nodes under the arm) may also benefit from capecitabine. This includes people with breast cancer that is triple negative. People who have chemotherapy before surgery (neo-adjuvant chemotherapy) may be offered capecitabine afterwards. Your specialist will discuss with you if this is an option.

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 [breastcancercare.org.uk](https://breastcancercare.org.uk), or [cancerresearch.org.uk](https://cancerresearch.org.uk) for listings of current UK trials.

# How is capecitabine taken?

Capecitabine is taken in cycles. Your specialist will prescribe a dose and regime that is appropriate for you. The drugs used, the dose, how often they're given and the number of cycles may be called your chemotherapy regime or regimen.

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.

- 6 Call our Helpline on 0808 800 6000

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

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. 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 are experiencing significant side effects.

If you have primary breast cancer then 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 will not affect everyone.

This booklet does not list all possible side effects. If you are taking other drugs at the same time as capecitabine, you may 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 specialist team.

### 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. 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. This is when part of the blood clot breaks away and travels to the lung.

If the cancer has spread to other parts of the body (secondary breast cancer), this also increases the risk.

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 specialist team straight away.

- pain, redness/discolouration, heat and swelling of the calf, leg or thigh
- shortness of breath
- tightness in the chest
- unexplained cough (may cough up blood)

## Common side effects

### 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 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.

Contact your hospital immediately if:

- you have a high temperature (over 37.5°C) or low temperature (under 36°C), or whatever your chemotherapy team has advised
- you suddenly feel unwell, even with a normal temperature
- you have any symptoms of an infection, for example, a sore throat, a cough, a need to pass urine frequently or feel cold and/or shivery

Before starting capecitabine 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, let your specialist team know. A blood transfusion may be necessary during your treatment if the number of red blood cells falls significantly.

### **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.

### **Diarrhoea**

Diarrhoea is common during treatment, and sometimes this can be severe. Tell your chemotherapy nurse or specialist 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
- abdominal pain

### **Hand-foot (Palmar-plantar) syndrome**

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. Using a 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.

### **Nausea and vomiting**

Some people have nausea (feeling sick) during their treatment. Although most people will not actually vomit (be sick), anti-sickness drugs can help reduce or stop this happening, so take these as prescribed.

Contact your specialist team or GP (local doctor) if symptoms persist.

### **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 specialist team will advise you about suitable mouthwashes or medicine if a mouth infection develops. See our **Diet and breast cancer** booklet for more information.

### **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 specialist 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.

## Fatigue (extreme tiredness)

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 if you have cancer-related fatigue you may feel like you have very little energy.

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. You may find it useful to:

- tell your GP or nurse how you're feeling as it may have a treatable cause (for example, iron supplements or a blood transfusion may be prescribed for anaemia)
- use a fatigue diary to help you think about when you have more and less energy so you can plan activities around it
- do some regular moderate exercise such as walking or swimming
- try and get plenty of rest between your daily activities, but limit the number of daytime naps you have and keep them to less than an hour at a time so that you sleep at night
- use relaxation techniques to help you relax and regain energy – relaxation CDs or apps can help
- drink plenty of fluids (6–8 glasses a day). Being dehydrated can make you tired
- make the most of the times when your appetite is good as eating well can help improve energy levels
- try to choose foods that give you energy over a period of time like nuts and cereals – sugary foods may give you a quick fix but won't keep your energy levels up for very long
- try and accept offers of practical help from others where possible

There is some evidence that being well supported may help to reduce fatigue. You may like to think about joining a support group or having some individual counselling.

Read more information on managing fatigue on our website  
[breastcancercare.org.uk/fatigue-extreme-tiredness](http://breastcancercare.org.uk/fatigue-extreme-tiredness)

## Hair loss (alopecia)

When used on its own, capecitabine occasionally causes some temporary hair thinning. It very rarely causes complete hair loss. However, if capecitabine is taken in combination with docetaxel, most people will lose all their hair including eyebrows, eyelashes and body hair. For more information, see our **Docetaxel** and **Breast cancer and hair loss** booklets.

## 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 team or chemotherapy nurse know immediately.

### DPD deficiency (very rare)

DPD (dihydropyrimidine dehydrogenase) is an enzyme (a type of protein) that helps our genes function normally. It also helps to absorb capecitabine.

If you have low levels of DPD (DPD deficiency) chemotherapy will build up in your body, resulting in severe side effects. In very rare cases this can be life threatening. Tell your specialist team if you have severe side effects while taking capecitabine. If they think you have DPD deficiency it's likely the capecitabine will be stopped.

For more information see the Cancer Research UK website.

# Other issues

## 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.

## Can I take capecitabine with other drugs?

Tell your specialist team 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 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.

## 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. Use a non-hormonal contraception to avoid getting pregnant such as condoms, Femidoms or a diaphragm. It may also be possible to use a coil (IUD or intrauterine device). However, you would need to discuss this with your specialist as not all types are suitable for women with breast cancer.

# Further support

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



## Four ways to get support

We hope this information was helpful, but if you have questions, want to talk to someone or read more about breast cancer, here's how you can.



Speak to our nurses or trained experts. Call our free Helpline on **0808 800 6000** (Monday to Friday 9am–4pm and Saturday 9am–1pm). The Helpline can also put you in touch with someone who knows what it's like to have breast cancer.



Chat to other women who understand what you're going through in our friendly community, for support day and night. Look around, share, ask a question or support others at [forum.breastcancercare.org.uk](http://forum.breastcancercare.org.uk)



Find trusted information you might need to understand your situation and take control of your diagnosis or order information booklets at [breastcancercare.org.uk](http://breastcancercare.org.uk)



See what support we have in your local area. We'll give you the chance to find out more about treatments and side effects as well as meet other people like you.

Visit [breastcancercare.org.uk/in-your-area](http://breastcancercare.org.uk/in-your-area)

## 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.

Donate today and together we can ensure that everyone affected by breast cancer has someone to turn to.

### Donate online

Donate using your debit or credit card [breastcancercare.org.uk/donate](http://breastcancercare.org.uk/donate)

### Donate by post

Please accept my donation of £10/£20/my own choice of £

I enclose a cheque/PO/CAF voucher made payable to **Breast Cancer Care**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Email address \_\_\_\_\_

Telephone \_\_\_\_\_

In addition, we'd love to keep you updated about our work and provide you with other opportunities to get involved with Breast Cancer Care. Please tell us how you would like to hear from us (by ticking these boxes you confirm you are 18 or over)

- I'd like to hear from you by email
- I'd like to hear from you by text message or SMS
- Please do not contact me by post
- Please do not contact me by telephone

We never give your information to other organisations to use for their own purposes. To change your preferences, or find out more information on how we use your data, please view our privacy policy at [breastcancercare.org.uk](http://breastcancercare.org.uk) or contact supporter services on 0345 092 0800.

Please return this form to Breast Cancer Care, **Freepost RRKZ-ARZY-YCKG,**  
**Chester House, 1–3 Brixton Road, London SW9 6DE**

Code: LP



# 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:

Phone **0345 092 0808**

Email [publications@breastcancercare.org.uk](mailto:publications@breastcancercare.org.uk)



You can order or download more copies from [breastcancercare.org.uk/publications](http://breastcancercare.org.uk/publications)



We welcome your feedback on this publication: [breastcancercare.org.uk/feedback](http://breastcancercare.org.uk/feedback)



For a large print, Braille, DAISY format or audio CD version:

Phone **0345 092 0808**

Email [publications@breastcancercare.org.uk](mailto:publications@breastcancercare.org.uk)



When you have breast cancer, everything changes. At Breast Cancer Care, we understand the emotions, challenges and decisions you face every day, and we know that everyone's experience is different.

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

### **Central Office**

Chester House  
1–3 Brixton Road  
London SW9 6DE  
Phone: 0345 092 0800  
Email: [info@breastcancercare.org.uk](mailto:info@breastcancercare.org.uk)