

# Capecitabine and Oxaliplatin (CAPOX)

**Care Team Contact Information:** \_\_\_\_\_

**Pharmacy Contact Information:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

- This treatment is often used for:
  - Colon or rectal (colorectal) cancer (CRC).
  - Cancer of the stomach (gastric cancer) or cancer located where the esophagus joins the stomach (gastroesophageal junction (GEJ) cancer).
  - Pancreatic cancer.
  - A type of bile duct cancer called cholangiocarcinoma (CCA).
- It may also be used for other reasons.

**Goal of Treatment:** \_\_\_\_\_

- Treatment may continue for a certain time period, until it no longer works, or until side effects are no longer controlled.

## Treatment Regimen

- This treatment is often called by its acronym: CAPOX. It can also be called CAPEOX or XELOX.
  - **CAP:** Capecitabine
  - **OX:** Oxaliplatin

Treatment Name	How the Treatment Works	How the Treatment is Given
Capecitabine (ka-peh-SY-tuh-been): Xeloda (zeh-LOH-duh)	Stops cancer cells from making the instructions they need to grow and multiply.	Tablets taken by mouth.
Oxaliplatin (ok-SA-lih-pla-tin): Eloxatin (eh-LOK-sah-tin)	Slows down or stops the growth of cancer cells by damaging the genetic material that cancer cells need to multiply.	Infusion into a vein (intravenous (IV) infusion).

**Treatment Administration and Schedule:** Treatment is typically repeated every 3 weeks. This length of time is called a “cycle.”

Your capecitabine dosing instructions:

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**Treatment Administration and Schedule (Continued):**

- Capecitabine comes in 2 tablet strengths: 150 mg and 500 mg. Your care team will tell you which tablets to take and may change your dose if needed.
- Your dose is based on many factors, including your height and weight, overall health, and diagnosis.
- Take capecitabine 2 times a day at the same time each day, about 12 hours apart.
- Take capecitabine within 30 minutes after finishing a meal.
- Swallow capecitabine tablets whole with water. Do not chew, cut, or crush the tablets. If you cannot swallow the tablets whole, tell your care team.
- If you vomit after taking a dose of capecitabine, do not take another dose at that time. Wait and take your next dose at your scheduled time.
- If you miss a dose of capecitabine, skip the dose and then take your next dose at your scheduled time. Do not take an extra dose or 2 doses at one time.
- If you take too much capecitabine, call your care team or go to the nearest hospital emergency room right away.

Treatment Name	Cycle 1															Next Cycle	
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Days 15-21	Day 1	
<b>Treatment Given at the Clinic or Hospital</b>																	
Oxaliplatin	✓																✓
<b>Treatment Taken at Home</b>																	
Capecitabine AM dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	1 Week Break	✓	
Capecitabine PM dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	

**Storage and Handling of Capecitabine**

- Store capecitabine at room temperature between 68°F and 77°F (20°C and 25°C) in a dry location away from light.
- Keep capecitabine in a tightly closed container.
- Keep capecitabine and all medicines out of the reach of children and pets.
- Whenever possible, give capecitabine to yourself and follow the steps below. If someone else gives it to you, they must also follow these steps:
  1. Wash hands with soap and water.
  2. Put on gloves to avoid touching the medication. Note: Gloves are not needed if you give the drug to yourself.
  3. Transfer the capecitabine from its package to a small medicine or other disposable cup.
  4. Administer the medicine immediately by mouth with water.
  5. Remove gloves, if used, and throw them and medicine cup in household trash.
  6. Wash hands with soap and water.
- If you plan to use a daily pill box or pill reminder, contact your care team before using it.
  - When the box or reminder is empty, wash it with soap and water before refilling.
  - The person refilling the box or reminder should:
    - Wear gloves. Note: Gloves are not needed if you are refilling it yourself.
    - Wash their hands with soap and water after completing the task, regardless of whether gloves were worn.
- Ask your care team how to safely throw away any unused capecitabine. Do not throw it in the trash or flush it down the sink or toilet.

**Appointments:** Appointments may include regular check-ups with your care team, treatment appointments, lab visits, and imaging tests. It's important to keep your appointments whenever you can. If you miss any appointments, call your care provider as soon as possible to reschedule your appointment.

**Supportive Care to Prevent and Treat Side Effects**

Description	Supportive Care Given at the Clinic or Hospital	Supportive Care Taken at Home
To help prevent or treat nausea and vomiting	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
To help prevent hand-foot syndrome (HFS)	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Other	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

## Common Side Effects

Side Effect	Important Information
Low White Blood Cell (WBC) Count (Neutropenia) and Increased Risk of Infection	<p>Description: WBCs help protect your body from infections. A low WBC count increases your risk of getting infections.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>Wash your hands often and bathe regularly.</li> <li>Avoid crowded places and close contact with people who are sick.</li> <li>Follow food safety and wound-care advice from your care team.</li> <li>Your care team may prescribe medicine to help your WBCs recover.</li> </ul> <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> <li>Fever of 100.4°F (38°C) or higher</li> <li>Chills</li> <li>New or worsening cough or sore throat</li> <li>Painful urination or signs of a urinary infection</li> <li>Feeling much more tired than usual</li> <li>Red, swollen, warm, or painful areas on the skin (possible skin infection)</li> </ul>
Low Platelet Count (Thrombocytopenia)	<p>Description: Platelets help your blood clot and wounds heal. A low platelet count increases your risk of bruising and bleeding.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>Blow your nose gently and avoid picking it.</li> <li>Brush your teeth gently with a soft toothbrush and keep good oral hygiene.</li> <li>Use an electric razor for shaving and a nail file instead of nail clippers.</li> <li>Avoid over-the-counter medicines that can increase bleeding risk (for example, nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen).</li> <li>Talk with your care team or dentist before medical or dental procedures — you may need to pause treatment.</li> </ul> <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> <li>A nosebleed lasting more than 5 minutes despite pressure</li> <li>A cut that continues to bleed</li> <li>Heavy gum bleeding when brushing or flossing</li> <li>Sudden or severe headache</li> <li>Blood in your urine or stool</li> <li>Blood in your spit after coughing</li> </ul>
Low Red Blood Cell (RBC) Count and Hemoglobin (Hgb) (Anemia)	<p>Description: RBCs and Hgb carry oxygen to your body's tissues and remove carbon dioxide. Low RBC or Hgb (anemia) can make you feel weak, very tired, or look pale.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>Aim for 7 to 8 hours of sleep each night.</li> <li>Do not drive, operate heavy machinery, or do other dangerous activities if you are very tired.</li> <li>Balance activity and rest — stay as active as you can, but rest when needed.</li> <li>Eat a balanced diet and follow any nutrition or supplement advice from your care team.</li> </ul> <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> <li>Shortness of breath</li> <li>Dizziness or fainting</li> <li>Fast or irregular heartbeats</li> <li>Sudden or severe headache</li> </ul>

<p>Fatigue</p>	<p>Description: Fatigue is a constant and sometimes strong feeling of tiredness.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Routine exercise can help reduce fatigue. Talk with your care team to find the right type and amount of activity for you.</li> <li>• Ask family and friends for help with daily tasks and for emotional support.</li> <li>• Try healthy ways to feel better, such as meditation, journaling, yoga, or guided imagery, to reduce anxiety and improve well-being.</li> <li>• Aim for 7 to 8 hours of sleep each night. Limit daytime naps to help you sleep better at night.</li> <li>• Do not drive, operate heavy machinery, or do other potentially dangerous activities if you are very tired.</li> </ul> <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> <li>• Tiredness that affects your daily life or prevents you from doing normal activities</li> <li>• Tiredness that does not get better with rest</li> <li>• Dizziness or weakness along with severe tiredness</li> </ul>
<p>Mouth Sores or Irritation (Mucositis or Stomatitis)</p>	<p>Description: This treatment can irritate the lining of the mouth. In some cases, this can cause redness, sores, pain, and swelling.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Rinse your mouth after meals and at bedtime; rinse more often if sores develop.</li> <li>• Brush your teeth gently with a soft toothbrush or use a cotton swab after meals.</li> <li>• Use a mild, non-alcohol mouth rinse at least 4 times daily (after meals and at bedtime). Example: 1/8 teaspoon salt + 1/4 teaspoon baking soda in 8 oz warm water.</li> <li>• Avoid acidic, hot, spicy, rough, or crunchy foods and drinks that can irritate your mouth.</li> <li>• Avoid tobacco, alcohol, and alcohol-based mouthwashes.</li> <li>• Your care team may prescribe medicines or mouth treatments to help with pain and healing.</li> </ul> <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> <li>• Painful mouth sores or throat pain</li> <li>• Trouble eating or significant weight loss</li> </ul>

<p>Nausea and Vomiting</p>	<p>Description: Nausea is an uncomfortable feeling in your stomach or the need to throw up. This may or may not cause vomiting.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Eat smaller, more frequent meals.</li> <li>• Avoid fatty, fried, spicy, or highly sweet foods.</li> <li>• Eat bland foods at room temperature and drink clear liquids.</li> <li>• If you vomit, start with small sips of water, broth, or other clear liquids. If these stay down, try soft foods (such as gelatin, plain cornstarch pudding, yogurt, strained soup, or strained cooked cereal) and gradually return to solid foods.</li> <li>• Your care team may prescribe medicine for these symptoms.</li> </ul> <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> <li>• Vomiting for more than 24 hours</li> <li>• Nonstop vomiting</li> <li>• Signs of dehydration (very thirsty, dry mouth, dizziness, or dark urine)</li> <li>• Blood or coffee-ground-like appearance in your vomit</li> <li>• Severe stomach pain that does not go away after vomiting</li> </ul>
<p>Diarrhea</p>	<p>Description: Diarrhea is loose, watery stools or more frequent bowel movements than usual. It can cause dehydration and weakness.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Keep track of how often you go to the bathroom each day.</li> <li>• Drink 8 to 10 glasses of water or other fluids daily, unless your care team tells you otherwise.</li> <li>• Eat small meals of mild, low-fiber foods (such as bananas, applesauce, potatoes, chicken, rice, toast).</li> <li>• Avoid high-fiber foods (such as raw vegetables, fruits, and whole grains), gas-producing foods (such as broccoli and beans), dairy (such as milk and yogurt), and spicy, fried, or greasy foods.</li> <li>• Your care team may recommend an antidiarrheal medicine such as loperamide (Imodium).</li> </ul> <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> <li>• 4 or more bowel movements than normal in 24 hours</li> <li>• Dizziness or lightheadedness while having diarrhea</li> <li>• Signs of dehydration (very thirsty, dry mouth, dizziness, or dark urine)</li> <li>• Bloody diarrhea</li> </ul>
<p>Liver Problems</p>	<p>Description: Treatment can cause liver injury. Your care team may check your liver with blood tests before and during treatment.</p> <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> <li>• Yellowing of your skin or the white part of your eyes (jaundice)</li> <li>• Severe nausea or vomiting</li> <li>• Pain on the right side of your stomach area (abdomen)</li> <li>• Dark, tea-colored urine</li> <li>• Bleeding or bruising more easily than normal</li> </ul>

<p>Sensitivity to Cold Temperatures</p>	<p>Description: Oxaliplatin can cause increased sensitivity to cold for several days after treatment (often 3–7 days). Cold exposure may cause discomfort, pain, numbness, or tingling in the hands, feet, mouth, or throat.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Avoid cold temperatures and cold objects for several days after treatment.</li> <li>• Do not eat or drink very cold foods or drinks; use a straw for cold liquids if needed.</li> <li>• Wear insulated gloves when handling cold items or reaching into the freezer.</li> <li>• Dress warmly in cold weather and cover your mouth with a scarf to warm inhaled air.</li> <li>• Protect hands and feet from cold exposure (warm socks, mittens, cushioned footwear).</li> </ul> <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> <li>• Severe or persistent pain triggered by cold</li> <li>• Numbness or tingling that worsens or spreads</li> <li>• Trouble performing daily activities because of cold sensitivity</li> <li>• Unusual skin changes (discoloration, sores) after cold exposure</li> <li>• Cold sensitivity lasting longer than 7 days after treatment</li> </ul>
<p>Numbness, Tingling, or Burning in Your Hands or Feet (Peripheral Neuropathy)</p>	<p>Description: Nerve pain and tingling are uncomfortable sensations from nerve damage or irritation. Pain may be sharp, burning, or deep. Tingling can feel like pins-and-needles or mild electric shocks, often in the hands, feet, arms, or legs.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Keep a daily log of pain and sensations, noting triggers and what helps or makes it worse.</li> <li>• Check your feet every day for cuts, sores, blisters, or color changes, especially if numbness reduces feeling.</li> <li>• Wear comfortable, well-fitting shoes and avoid walking barefoot if sensation is reduced.</li> <li>• Protect hands and feet from extreme heat or cold.</li> <li>• Your care team may recommend or prescribe medicines, topical treatments, physical therapy, or supplements to help with symptoms.</li> </ul> <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> <li>• New or worsening “pins and needles,” burning, or numbness in your hands or feet</li> <li>• Trouble moving your arms or legs, or weakness</li> <li>• Problems with balance or frequent falls</li> </ul>

<p>Hand-Foot Syndrome (HFS)</p>	<p>Description: HFS causes dryness, thickening, swelling, or blisters of the skin on the palms of your hands and soles of your feet. HFS can lead to a loss of fingerprints, which could impact your identification.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Keep hands and feet moisturized with a non-scented moisturizing cream.</li> <li>• Applying urea 10% or 20% cream twice daily to the affected area may be helpful.</li> <li>• Avoid exposure to hot water on the hands and feet in showers or baths, or when doing dishes, as this may dry out the skin.</li> <li>• Avoid tight-fitting shoes or socks.</li> <li>• Avoid excessive rubbing of hands and feet unless applying lotion.</li> <li>• Wear gloves when working with your hands.</li> </ul> <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> <li>• Painful blisters or calluses on your hands and feet</li> </ul>
<p>Sensitivity to Sunlight (Photosensitivity)</p>	<p>Description: Sun sensitivity is when your skin becomes more reactive or sensitive to sunlight than usual. This can lead to conditions such as sunburn, rashes, or other skin problems, even after brief exposure.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Stay out of the sun as much as possible to reduce your risk of sunburn, especially between 10 AM and 4 PM, when ultraviolet (UV) rays are strongest.</li> <li>• Wear long-sleeved shirts with UV protection if possible.</li> <li>• Use broad-brimmed hats for extra sun protection.</li> <li>• Apply broad-spectrum sunscreen (UVA/UVB) with sun protective factor (SPF) 30 or higher, as directed.</li> <li>• Use lip balm with SPF 30 or higher.</li> </ul> <p>Talk to your care team if you have:</p> <ul style="list-style-type: none"> <li>• Severe or painful sunburns</li> </ul>

## Select Rare Side Effects

Side Effect	Talk to Your Care Team if You Have Any of These Signs or Symptoms
<b>Allergic Reactions, Including Anaphylaxis (Boxed Warning)</b>	<p>Get emergency help right away if you develop any of the following signs or symptoms:</p> <ul style="list-style-type: none"> <li>• Swelling of your lips, mouth, tongue, or throat</li> <li>• Trouble breathing or swallowing</li> <li>• Raised red areas on your skin (hives)</li> <li>• Very fast heartbeats</li> <li>• Dizziness or fainting</li> </ul>
Lung Problems	<ul style="list-style-type: none"> <li>• Cough</li> <li>• Shortness of breath</li> <li>• Chest pain</li> </ul>
Heart Problems	<p>CAPOX can cause heart problems, including heart attack and decreased blood flow to the heart, chest pain, irregular heartbeats, changes in the electrical activity of your heart seen on an electrocardiogram (ECG), problems with your heart muscle, heart failure, and sudden death.</p> <p>You may have an increased risk of heart problems with capecitabine if you have a history of narrowing or blockage of the coronary arteries (coronary artery disease).</p> <ul style="list-style-type: none"> <li>• Chest pain</li> <li>• Shortness of breath</li> <li>• Dizziness</li> <li>• Lightheadedness</li> </ul>
Loss of Too Much Body Fluid (Dehydration) and Kidney Failure	<p>Dehydration can happen with capecitabine and may affect how well your kidneys work. If you take capecitabine with certain other medicines that can cause kidney problems, you may have an increased risk of serious kidney failure that can sometimes lead to death. Your risk of kidney failure may also be increased if you have kidney problems before taking capecitabine.</p> <p>Nausea and vomiting are common with capecitabine. If you lose your appetite, feel weak, and have nausea, vomiting, or diarrhea, you can quickly become dehydrated.</p> <p>You may need to receive fluids through a vein (intravenous) to treat your dehydration or receive treatment for kidney failure.</p> <ul style="list-style-type: none"> <li>• Vomit 2 or more times in a day</li> <li>• Are only able to eat or drink a little now and then, or not at all, due to nausea</li> <li>• Diarrhea. See "diarrhea" above.</li> </ul>
Posterior Reversible Encephalopathy Syndrome (PRES)	<p>A neurologic condition called PRES can happen during treatment with oxaliplatin.</p> <ul style="list-style-type: none"> <li>• Severe headache</li> <li>• Confusion</li> <li>• Weakness</li> <li>• Seizures</li> <li>• Blindness or change in vision</li> </ul>

<p>Severe Muscle Problems (Rhabdomyolysis)</p>	<ul style="list-style-type: none"> <li>• Intense muscle pain, tenderness, swelling, stiffness, or weakness (especially in shoulders, thighs, or low back)</li> <li>• Dark red, brown, or tea-colored urine</li> <li>• You urinate less frequently than usual or not at all.</li> </ul>	<ul style="list-style-type: none"> <li>• Extreme tiredness or confusion</li> <li>• Nausea or vomiting</li> <li>• Fever</li> <li>• Fast heart rate</li> </ul>
<p>Infusion-Related Reactions</p>	<ul style="list-style-type: none"> <li>• Chills or shaking</li> <li>• Itching, rash, or flushing</li> <li>• Trouble breathing, wheezing, or tongue swelling</li> <li>• Dizziness or feeling faint</li> </ul>	<ul style="list-style-type: none"> <li>• Feeling of impending doom</li> <li>• Fever of 100.4°F (38°C) or higher</li> <li>• New or severe pain in your back or neck</li> </ul>

**Before starting treatment, ask your care team when to call 9-1-1 or seek emergency help. If you experience any new, worsening, or uncontrolled side effects, contact your care team immediately.**

### Intimacy, Fertility, Pregnancy, and Breastfeeding

- Treatment may **change how you feel about intimacy and your body**. However, physical closeness—such as holding hands and hugging—remains safe. It is common to have questions about intimacy. If needed, talk to your care team for guidance.
- Treatment can affect your **ability to have children**. It may damage your reproductive organs or stop them from working. If you are worried about fertility, talk to your care team before starting treatment.
- Treatment may **harm an unborn baby**.
  - If you are able to become pregnant, take a pregnancy test before starting treatment.
  - Use an effective method of birth control during treatment, for 6 months after your last dose of capecitabine, and for 9 months after your last dose of oxaliplatin.
  - If you think you might be pregnant or if you become pregnant, tell your care team right away.
  - If your partner is able to become pregnant, use an effective method of birth control—such as condoms—during treatment, for 3 months after your last dose of capecitabine, and for 6 months after your last dose of oxaliplatin.
- **Do NOT breastfeed** during treatment, for 1 week after your last dose of capecitabine, and for 3 months after your last dose of oxaliplatin.

### Handling Body Fluids and Waste

Some drugs you receive may stay in your urine, stool, sweat, or vomit for many days after treatment. Because many cancer drugs are toxic, your body waste may also be dangerous to touch. To help protect yourself, your loved ones, and the environment, **follow these instructions** for at least **6 days** after each dose of **oxaliplatin** and for **48 hours** after each dose of **capecitabine**.

- People who are pregnant should avoid touching anything that may be soiled with body fluids from the patient.
- You can use your usual toilet. Always close the lid and flush to discard all waste. If you have a low-flow toilet, flush twice.
- If the toilet or seat is soiled with urine, stool, or vomit, clean the surface after each use before others use it.
- Wash your hands with soap and water for at least 20 seconds after using the toilet.
- If you need a bedpan, inform your caregiver so they can wear gloves and assist with cleanup. Wash the bedpan with soap and water daily.
- If you cannot control your bladder or bowels, use a disposable pad with a plastic back, a diaper, or a sheet to absorb waste.
- Wash any skin exposed to body waste with soap and water.
- Wash soiled linens or clothing separately from other laundry. If you don't have a washer, place them in a plastic bag until they can be washed.
- Wash your hands with soap and water after touching soiled linens or clothing.

### Additional Information

- **Tell your care team about all the medicines you take.**  
This includes prescriptions, over-the-counter drugs, vitamins, and herbal products. Before starting any new medicine, supplement, or vaccine, ask your care team first.
- **Do not take products that contain folic acid or folate analog products**, for example, leucovorin or levoleucovorin, during treatment with capecitabine, unless your care team instructs you to take them.
- **Taking capecitabine with blood thinner medicines like warfarin increases the risk of bleeding.**  
Taking capecitabine with these medicines can cause changes in how fast your blood clots and can cause bleeding that can lead to death. This can happen as soon as a few days after you start taking capecitabine, or later during treatment, and possibly within 1 month after you stop taking capecitabine.
  - Before taking capecitabine, tell your care team if you are taking warfarin or another blood thinner medicine.
  - If you take warfarin or another blood thinner that is like warfarin during treatment with capecitabine, your care team should do blood tests more often, to check how fast your blood clots during and after you stop treatment with capecitabine. Your care team may change your dose of the blood thinner medicine if needed.
  - Tell your care team right away if you develop any signs or symptoms of bleeding.
- **People with deficiencies in the enzyme dihydropyrimidine dehydrogenase (DPD) may experience serious side effects.**  
People with certain changes in a gene called "DPYD" may have a deficiency of the DPD enzyme. Some of these people may not produce enough DPD enzyme, and some of these people may not produce the DPD enzyme at all.
  - People who do not produce any DPD enzyme are at increased risk of sudden side effects that come on early during treatment with capecitabine and can be serious, and sometimes lead to death.
  - Call your care team right away if you develop any of the following symptoms and they are severe, including:
    - Sores of the mouth, tongue, throat, and esophagus
    - Diarrhea
    - Low white blood cell counts
    - Nervous system problems
  - People with some DPD enzyme may have an increased risk of serious side effects with capecitabine treatment that can sometimes lead to death.
  - Your care teams should talk with you about DPYD testing to look for DPD deficiency.
- **This Patient Education Sheet may not describe all possible side effects.**  
Call your care team for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

### Notes

Updated Date: March 30, 2026

Scan the QR code below to access this education sheet.



Important notice: The Association of Cancer Care Centers (ACCC), Hematology/Oncology Pharmacy Association (HOPA), Network for Collaborative Oncology Development & Advancement, Inc. (NCODA), and Oncology Nursing Society (ONS) have collaborated in gathering information for and developing this patient education guide. This guide represents a brief summary of the medication derived from information provided by the drug manufacturer and other resources.

This guide does not cover all existing information related to the possible uses, directions, doses, precautions, warnings, interactions, adverse effects, or risks associated with this medication and should not substitute for the advice of a qualified healthcare professional. Provision of this guide is for informational purposes only and does not constitute or imply endorsement, recommendation, or favoring of this medication by ACCC, HOPA, NCODA, or ONS, who assume no liability for and cannot ensure the accuracy of the information presented. All decisions related to taking this medication should be made with the guidance and under the direction of a qualified healthcare professional.

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