Capecitabine

Care Team Contact Information: _____

Pharmacy Contact Information: _____

Diagnosis: _____

- This treatment is used for many types of cancer.

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

Treatment Name	How the Treatment Works	How the Treatment is Given
Capecitabine (ka-peh-SY-tuh-bee): Xeloda (zeh-LOH-duh)	Stops cancer cells from making the instructions they need to grow and multiply.	Tablets taken by mouth.

Treatment Administration and Schedule

Treatment is typically repeated every 3 or 4 weeks. This length of time is called a "cycle." It may also be given on Days 1 to 5 each week.

- Capecitabine is often used in combination with other treatments.

Your capecitabine dosing instructions:

_____

_____

_____

- 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 approximately the same times 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.
- Your care team may change your dose, temporarily stop, or permanently stop treatment with capecitabine tablets if you develop side effects.
- 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, skip it and take your next dose at the usual scheduled time. Do not take an extra dose to make up for the missed dose.
- If you take too much capecitabine, call your care team or go to the nearest hospital emergency room right away.

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Treatment Administration and Schedule (Continued)

Note: Some treatment schedules may be different from the examples shown. Follow the personalized instructions from your care team.

☐ **Option #1: 3-Week Cycle**

- Capecitabine is taken 2 times a day on Days 1 to 14, followed by a 7-day break from treatment.

Treatment Name	Cycle 1, Day															Next Cycle
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15–21	Day 1
Capecitabine Morning Dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	7-Day Break	✓
Evening Dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

☐ **Option #2: 4-Week Cycle**

- Capecitabine is taken 2 times a day on Days 1 to 21, followed by a 7-day break from treatment.

Treatment Name	Cycle 1, Day																					Next Cycle
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22–28	Day 1
Capecitabine Morning Dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	7-Day Break	✓
Evening Dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓

☐ **Option #3: Days 1 to 5 Each Week**

- Capecitabine is taken 2 times a day on Days 1 to 5, followed by a 2-day break from treatment.
- **Note**: This schedule assumes a Monday start date and 5 treatment days of radiation. Your schedule may look different.

Treatment Name	Week 1							Week 2
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 1
Capecitabine Morning Dose	✓	✓	✓	✓	✓	2-Day Break		✓
Evening Dose	✓	✓	✓	✓	✓			✓

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Treatment Administration and Schedule (Continued)

☐ **Option #4: 7/7 Schedule**

- Capecitabine is taken 2 times a day on Days 1 to 7, followed by a 7-day break from treatment.

Treatment Name	Cycle 1								Next Cycle
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Days 8–14	Day 1
Capecitabine Morning Dose	✓	✓	✓	✓	✓	✓	✓	7-Day Break	✓
Evening 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:
  - Wash hands with soap and water.
  - Put on gloves to avoid touching the medication. Note: Gloves are not needed if you give the drug to yourself.
  - Transfer the capecitabine from its package to a small medicine or other disposable cup.
  - Take the medicine immediately by mouth with water.
  - Remove gloves, if used, and throw them and medicine cup in household trash.
  - 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.
- If you come into contact with (you are exposed to) crushed capecitabine tablets, you may develop side effects, including eye irritation and swelling, skin rash, diarrhea, feeling like “pins and needles” in your hands, headache, stomach irritation, nausea, and vomiting.
- 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.

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Appointments

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

Supportive Care to Prevent and Treat Side Effects

Description	Supportive Care Taken at Home
To help prevent or treat nausea and vomiting	
To help prevent hand-foot syndrome (HFS)	
Other	

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Common Side Effects

Side Effect	Important Information
Low White Blood Cell (WBC) Count (Neutropenia) and Increased Risk of Infection	Description: WBCs help protect your body from infections. A low WBC count increases your risk of infection. Recommendations: • Wash your hands often and bathe regularly. • Avoid crowded places and close contact with people who are sick. • Follow food safety and wound care advice from your care team. • Your care team may prescribe medicine to help your WBCs recover. Talk to your care team if you have: • Fever of 100.4°F (38°C) or higher • Chills • New or worsening cough or sore throat • Painful urination or signs of a urinary infection • Feeling much more tired than usual • Red, swollen, warm, or painful areas on the skin (possible skin infection)
Low Platelet Count (Thrombocytopenia)	Description: Platelets help your blood clot and wounds heal. A low platelet count increases your risk of bruising and bleeding. Recommendations: • Blow your nose gently and avoid picking it. • Brush your teeth gently with a soft toothbrush and keep good oral hygiene. • Use an electric razor for shaving and a nail file instead of nail clippers. • Avoid over-the-counter medicines that can increase bleeding risk (for example, nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen). • Talk with your care team or dentist before medical or dental procedures — you may need to pause treatment. Talk to your care team if you have: • A nosebleed lasting more than 5 minutes despite pressure • A cut that continues to bleed • Heavy gum bleeding when brushing or flossing • Sudden or severe headache • Blood in your urine or stool • Blood in your spit after coughing
Low Red Blood Cell (RBC) Count and Hemoglobin (Hgb) (Anemia)	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 or very tired, or may make you look pale. Recommendations: • Aim for 7 to 8 hours of sleep each night. • Do not drive, operate heavy machinery, or do other dangerous activities if you are very tired. • Balance activity and rest — stay as active as you can, but rest when needed. • Eat a balanced diet and follow any nutrition or supplement advice from your care team. Talk to your care team if you have: • Shortness of breath • Dizziness or fainting • Fast or irregular heartbeats • Sudden or severe headache

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<table>
<tr><td>Fatigue</td><td>Description: Fatigue is a constant and sometimes strong feeling of tiredness.
Recommendations:
Routine exercise can help reduce fatigue. Talk with your care team to find the right type and amount of activity for you.
Ask family and friends for help with daily tasks and for emotional support.
Try healthy ways to feel better, such as meditation, journaling, yoga, or guided imagery, to reduce anxiety and improve well-being.
Aim for 7 to 8 hours of sleep each night. Limit daytime naps to help you sleep better at night.
Do not drive, operate heavy machinery, or do other potentially dangerous activities if you are very tired.
Talk to your care team if you have:
Tiredness that affects your daily life or prevents you from doing normal activities
Tiredness that does not get better with rest
Dizziness or weakness along with severe tiredness</td></tr>
<tr><td>Mouth Sores or Irritation (Mucositis or Stomatitis)</td><td>Description: Treatment can irritate the lining of the mouth. In some cases, this can cause redness, sores, pain, and swelling.
Recommendations:
Rinse your mouth after meals and at bedtime; rinse more often if sores develop.
Brush your teeth gently with a soft toothbrush or use a cotton swab after meals.
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.
Avoid acidic, hot, spicy, rough, or crunchy foods and drinks that can irritate your mouth.
Avoid tobacco, alcohol, and alcohol-based mouthwash.
Your care team may prescribe medicines or mouth treatments to help with pain and healing.
Talk to your care team if you have:
Painful mouth sores or throat pain
Trouble eating or significant weight loss</td></tr>
</table>

Nausea and Vomiting	Description: Nausea is an uncomfortable feeling in your stomach or the need to throw up. You may or may not vomit. Recommendations: • Eat smaller, more frequent meals. • Avoid fatty, fried, spicy, or highly sweet foods. • Eat bland foods at room temperature and drink clear liquids. • 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. • Your care team may prescribe medicine for these symptoms. Talk to your care team if you have: • Vomiting for more than 24 hours • Nonstop vomiting • Signs of dehydration (very thirsty, dry mouth, dizziness, or dark urine) • Blood in your vomit or vomit that looks like coffee grounds • Severe stomach pain that does not go away after vomiting
Stomach-Area (Abdominal) Pain	Description: Abdominal pain is when you feel discomfort or pain in the belly area. Talk to your care team if you have: • Severe abdominal pain
Diarrhea	Description: Diarrhea is loose, watery stools or more frequent bowel movements than usual. It can cause dehydration and weakness. Recommendations: • Keep track of how often you go to the bathroom each day. • Drink 8 to 10 glasses of water or other fluids daily, unless your care team tells you otherwise. • Eat small meals of mild, low-fiber foods (such as bananas, applesauce, potatoes, chicken, rice, and toast). • If you have diarrhea, 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. • Your care team may recommend an antidiarrheal medicine such as loperamide (Imodium). Talk to your care team if you have: • 4 or more bowel movements above your usual number in 24 hours • Dizziness or lightheadedness while having diarrhea • Signs of dehydration (very thirsty, dry mouth, dizziness, or dark urine) • Bloody diarrhea
Liver Problems	Description: Treatment can cause liver injury. Your care team may check your liver with blood tests before and during treatment. Talk to your care team if you have: • Yellowing of your skin or the white part of your eyes (jaundice) • Severe nausea or vomiting • Pain on the right side of your stomach area (abdomen) • Dark, tea-colored urine • Bleeding or bruising more easily than normal

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Hand-Foot Syndrome (HFS)	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. Recommendations: • Keep hands and feet moisturized with a non-scented moisturizing cream. • Applying urea 10% or 20% cream twice daily to the affected area may be helpful. • 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. • Avoid tight-fitting shoes or socks. • Avoid excessive rubbing of hands and feet unless applying lotion. • Wear gloves when working with your hands. Talk to your care team if you have: • Painful blisters or calluses on your hands or feet

Select Rare Side Effects

Side Effect	Talk to Your Care Team if You Have Any of These Signs or Symptoms
Heart Problems	Treatment 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. 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). • Chest pain • Shortness of breath • Dizziness • Lightheadedness
Loss of Too Much Body Fluid (Dehydration) and Kidney Failure	Dehydration can happen with treatment and may affect how well your kidneys work. If you take treatment 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. • Vomiting 2 or more times in one day • You can eat or drink only a small amount because of nausea
Severe Skin Reaction	• Rapidly worsening rash • Painful skin • Blistering or peeling • Fever with a rash • Sores involving your mouth, eyes, or genital area

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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:
        - Your care team will verify your pregnancy status before treatment.
        - Use an effective method of birth control during treatment and for 6 months after your last dose of capecitabine.
        - 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 and for 3 months after your last dose of capecitabine.
- **Do not breastfeed** during treatment and for 1 week after your last dose of capecitabine.

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 **48 hours** after your last dose of **each treatment period**:

- 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.

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Additional Information

- **Boxed Warning: 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 enough DPD enzyme are at increased risk of serious and potentially life-threatening side effects during treatment with capecitabine.
  - 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
  - Your care team should talk to you about DPYD testing to look for DPD deficiency.
- **Boxed Warning: Taking capecitabine with vitamin K antagonist blood thinners, such as warfarin, can cause serious or fatal 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.
- **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 healthcare provider instructs you to take them.
- **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

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Patient Education Sheets

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