

Capecitabine (Xeloda®) for pancreatic cancer

This fact sheet is for people with pancreatic cancer who want to know more about the chemotherapy drug capecitabine.

Capecitabine is normally given with another chemotherapy drug called gemcitabine (Gemzar®). This is known as GemCap.

Each hospital may do things slightly differently, and treatment will vary depending on your cancer. Speak to your doctor or nurse about your treatment.

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You can also speak to our specialist nurses on our confidential Support Line. Call free on **0808 801 0707** or email **nurse@pancreaticcancer.org.uk**



Read more about the other chemotherapy drugs used for pancreatic cancer on our website at: **pancreaticcancer.org.uk/chemotherapydrugs**

Read more about chemotherapy in our fact sheet: **Chemotherapy for pancreatic cancer**

Or on our website at: **pancreaticcancer.org.uk/chemotherapy**

How is capecitabine used?

Capecitabine is normally given with another chemotherapy drug called gemcitabine. This is known as GemCap:

- Gem – gemcitabine
- Cap – capecitabine.

GemCap can be used in different ways.

- If you have cancer that can be removed with surgery (such as the Whipple's procedure), you may be offered GemCap after surgery to try to stop the cancer coming back.
- If you have cancer that has grown close to major blood vessels near the pancreas (borderline resectable cancer), you may have GemCap to try to shrink the cancer to make surgery possible.
- If you have locally advanced or advanced pancreatic cancer and surgery is not possible, you may be offered GemCap to try to control the growth of the cancer.

Sometimes capecitabine may be used on its own for advanced pancreatic cancer. This isn't used often and is only given if you have already had gemcitabine.



Read about gemcitabine at: **pancreaticcancer.org.uk/gemcitabine**

Read about the different stages of pancreatic cancer at:
pancreaticcancer.org.uk/justdiagnosed

Capecitabine and radiotherapy

Some people with borderline resectable or locally advanced pancreatic cancer have radiotherapy together with chemotherapy. This is called chemoradiotherapy.

If you have chemoradiotherapy, the chemotherapy drug that is normally used is capecitabine. The chemotherapy may make the cancer cells more sensitive to the radiotherapy, making it more effective.



Read about radiotherapy for pancreatic cancer at:
pancreaticcancer.org.uk/radiotherapy

How is capecitabine given?

Capecitabine is a tablet that you take at home. You take the tablets twice a day, 12 hours apart. They should be taken after eating a meal and should not be cut or crushed. If you find it hard to swallow tablets, or are sick just after taking them, contact your chemotherapy team for advice.

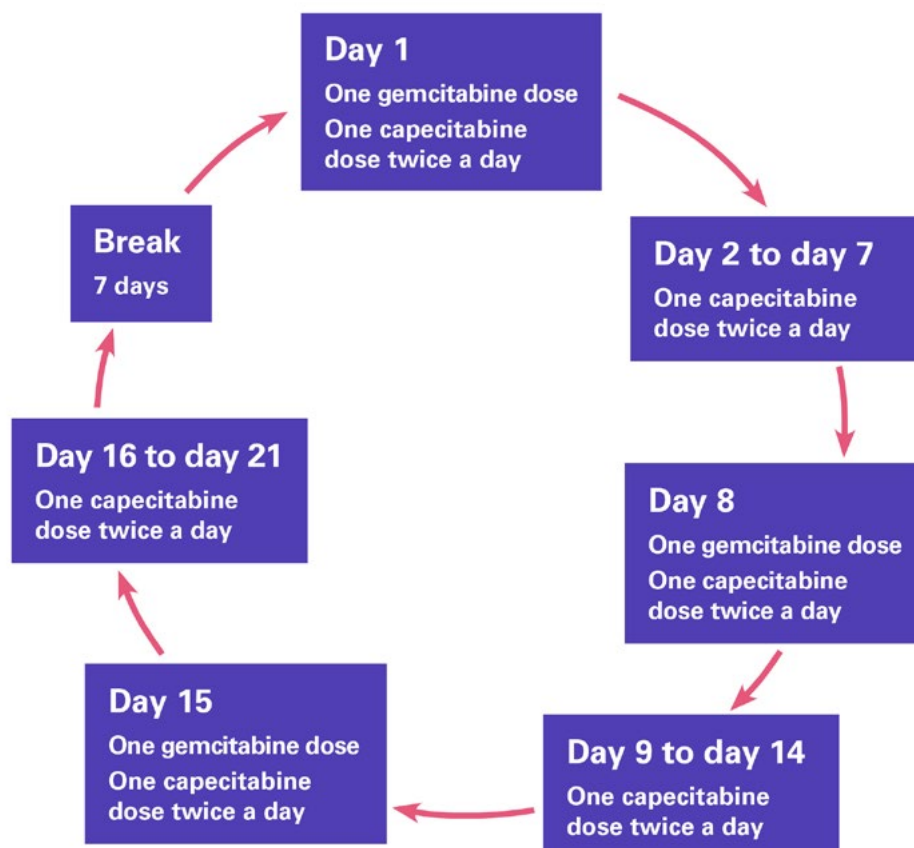
GemCap chemotherapy

If you are having capecitabine with gemcitabine (GemCap), this is given in a four week cycle. This means that you will have treatment for three weeks, and then have a one week break. The break allows your body to recover.

The number of GemCap cycles you have will depend on how the treatment is working and how chemotherapy affects you.

You will take the capecitabine tablets every day, twice a day, for three weeks. You will also have gemcitabine once a week, through an infusion which takes 30 minutes. You may hear an infusion called a 'drip'.

Diagram showing how GemCap is given





Read about how chemotherapy is given on our website at:
pancreaticcancer.org.uk/havingchemotherapy

Capecitabine and radiotherapy

If you are having capecitabine with radiotherapy, you will take capecitabine tablets on the days that you have radiotherapy. For example, you may have capecitabine and radiotherapy every day during the week, and then have a break from treatment at the weekend. Speak to your doctor or nurse about your treatment.

What are the side effects of capecitabine?

Capecitabine can cause side effects, but these can affect everyone differently, and you may not get all the side effects mentioned here. Your chemotherapy team should give you information about any possible side effects and how to manage them. Ask them any questions you have. Knowing what to expect can help you deal with any side effects.

DPD-deficiency

Capecitabine is broken down in the body by an enzyme called dihydropyrimidine dehydrogenase (DPD). Some people have lower amounts of the DPD enzyme, which is known as DPD-deficiency. People with DPD-deficiency can have side effects that are much worse than usual. These include infections, runny poo (diarrhoea) and feeling or being sick. You will have a blood test to check for DPD-deficiency before you start chemotherapy.

Your chemotherapy team should give you a 24 hour emergency number to call if you are unwell, have any signs of infection, or if you need information about any side effects. Your nurse will explain when to use this number. If you have not been given a number, ask your nurse about this.



Read more about the side effects of chemotherapy in our fact sheet: **Chemotherapy for pancreatic cancer**
Or at: **pancreaticcancer.org.uk/chemoeffects**

Common side effects

Infection

Capecitabine can increase your risk of getting an infection. An infection is an emergency if you are having chemotherapy, and needs treating straight away. Signs of an infection include:

- a high temperature – your chemotherapy team will tell you what a high temperature is
- feeling shivery and cold
- headaches
- sore muscles
- a cough or sore throat
- pain or burning when you pee
- feeling generally unwell or tired.

Call the 24 hour emergency number your chemotherapy team will have given you if you have signs of an infection. You should phone if you have any of these symptoms or feel suddenly unwell, even if your temperature is normal or low.



Read more about infections and how they can be treated in our fact sheet: **Chemotherapy for pancreatic cancer**
Or on our website at: pancreaticcancer.org.uk/blood

Fatigue (extreme tiredness)

Fatigue is a common side effect of capecitabine. It is not the same as feeling tired. Fatigue can make you feel weak and have problems concentrating. Some people find that the fatigue starts a few hours to a few days after having chemotherapy and starts to get better after a few days. There are things that can help with fatigue. See how the chemotherapy affects you and work out how much activity you can manage.



Read our tips for coping with fatigue on our website at:
pancreaticcancer.org.uk/fatigue

Feeling or being sick (nausea or vomiting)

This is a common side effect of capecitabine. You will normally be given anti-sickness medicines to manage sickness. If these medicines don't help, speak to your chemotherapy team about changing to a different medicine.

If you find it hard to swallow the capecitabine tablets, or you are sick just after taking them, call your chemotherapy team for advice.



Read more about feeling and being sick, and our tips for coping with it, on our website at: pancreaticcancer.org.uk/sickness

Sore hands and feet

Capecitabine can make the palms of your hands and the soles of your feet red and sore, and your skin may start to peel or blister. Your skin might also look shiny, feel tight and crack around the fingertips. Your doctor or nurse may give you a vitamin or creams to help with this.

The soreness normally gets better when your chemotherapy finishes. If it gets very painful or you have broken skin that looks infected, call the emergency number.

Sore mouth and mouth ulcers

Capecitabine can make your mouth sore, or cause mouth ulcers which can be painful. Tell your chemotherapy team about any problems with your mouth. They can make sure you don't have a mouth infection and give you a mouthwash which should help. You should also tell them if you have white spots in your mouth. This is a sign of oral thrush, which is normally easy to treat.

Appetite loss

During your treatment you may not feel like eating, and you may start to lose weight. Try eating small meals often. If your appetite does not get better after a few days, speak to your doctor, specialist nurse or dietitian.



Read our tips for coping with appetite loss on our website at: pancreaticcancer.org.uk/diettips

Runny poo (diarrhoea)

If you have diarrhoea, try to drink as much water as you can. If you are finding it hard to drink enough fluids, contact your chemotherapy team. If you have diarrhoea more than four times a day, tell your chemotherapy team. They can give you medicines to control it. You may be told to stop taking capecitabine, or your doctor can lower the dose.



Read our tips for coping with diarrhoea on our website at:
pancreaticcancer.org.uk/bowelhabits

Tummy pain

You may have some tummy pain or discomfort when you are having capecitabine. Or you may have indigestion, lots of wind, or feel bloated. You may also have constipation (when you find it harder to poo). Your doctor can give you medicines to help with these side effects.

Swelling (oedema)

Some people get swelling in their feet, ankles, legs, fingers or face. This is because of a build-up of fluid, which is called oedema. This normally gets better by itself. If you have swelling in your feet, it may help to have your legs up on a cushion when you are sitting down. Your doctor may also give you some medicines to help.

Heart problems

Capecitabine can cause chest pain. It can also make you feel short of breath, dizzy, or cause an irregular heartbeat. It is important to tell your chemotherapy team straight away if you have any of these symptoms. If you have chest pain, go straight to A&E and tell them you are having chemotherapy.

Anaemia (low red blood cells)

Capecitabine can lower the number of red blood cells in your blood. This is called anaemia, and can make you feel tired, dizzy or short of breath. If any of these symptoms happen suddenly, call the emergency number.

Less common side effects

Bruising and bleeding

Capecitabine can lower the number of platelets in your blood. This is called thrombocytopenia. You may bruise more easily than normal, and you may be more likely to have nosebleeds or bleeding gums.

Joint and muscle pain

Capecitabine can cause problems with your joints, such as swelling or pain. Your muscles may also feel weak or stiff.

Sore, itchy eyes

Capecitabine can cause sore, itchy, or watery eyes. Tell your doctor or nurse if this happens, as they may need to give you some eye drops.

Headaches

Capecitabine can cause headaches. Tell your chemotherapy team if you have headaches. They can give you painkillers such as paracetamol or ibuprofen. Make sure that you check your temperature before taking paracetamol or ibuprofen. If you have a high temperature, call the emergency number straight away.

Risk of a blood clot in a vein

Capecitabine can increase your risk of getting a blood clot in a vein. If you have any pain or swelling in one of your arms or legs, or you feel very short of breath, call the emergency number. Or phone an ambulance and tell them you are having chemotherapy. A blood clot can be serious if it's not treated.



Read more about blood clots in a vein, and the symptoms, on our website at: pancreaticcancer.org.uk/bloodclots



If you have any questions about capecitabine or side effects, speak to your chemotherapy team. You can also speak to our specialist nurses on our free Support Line.

Further information and support

Pancreatic Cancer UK services

We are here for everyone affected by pancreatic cancer.

Our specialist nurses are here to talk now

If your world has been turned upside down by a pancreatic cancer diagnosis, we are here to talk now. We can answer your questions, recommend practical steps and provide the emotional support you and those close to you need, when you need it most.

Call free on **0808 801 0707** or email **nurse@pancreaticcancer.org.uk**

Expert information

Our free information covers everything about pancreatic cancer to help you understand your diagnosis, ask questions, make decisions and live as well as you can.

Go to: **pancreaticcancer.org.uk/information**

Download or order our free publications at:
pancreaticcancer.org.uk/publications or call **0808 801 0707**

Our online forum

The forum is a supportive online space where everyone affected by pancreatic cancer can be there for each other at any time.

Go to: **forum.pancreaticcancer.org.uk**

Living with Pancreatic Cancer Online Support Sessions

Our online support sessions are hosted by our specialist pancreatic cancer nurses and will give you the chance to connect with others who have also been diagnosed.

Go to: **pancreaticcancer.org.uk/supportsessions**

Real life stories

Read other people's experiences of pancreatic cancer to find out how they coped with their diagnosis and treatment and their tips on looking after themselves.

Go to: **pancreaticcancer.org.uk/stories**

Useful organisations

Cancer Hair Care

www.cancerhaircare.co.uk

Telephone: 01438 311322

Support with hair loss and hair care during cancer treatment.

Cancer Research UK

www.cancerresearchuk.org

Helpline: 0808 800 4040 (Mon-Fri 9am-5pm)

Information for anyone affected by cancer.

Healthtalk

www.healthtalk.org

Personal experiences presented in written, audio and video formats, including people talking about pancreatic cancer.

Macmillan Cancer Support

www.macmillan.org.uk

Support Line: 0808 808 00 00 (Every day, 8am-8pm)

Provides practical, medical and financial support for anyone affected by cancer.

Maggie's Centres

www.maggies.org

Telephone: 0300 123 1801

Centres around the UK and online offer free practical, emotional and social support for anyone affected by cancer.

This fact sheet has been produced by the Support and Information Team at Pancreatic Cancer UK.

We make every effort to make sure that our services provide up-to-date, accurate information about pancreatic cancer. We hope this will add to the medical advice you have had, and help you make decisions about your treatment and care. This information should not replace advice from the medical team – please speak to your doctor, nurse or other members of your medical team about any questions.

Email us at **publications@pancreaticcancer.org.uk** for references to the sources of information used to write this fact sheet.

Give us your feedback

We hope you have found this information helpful. We are always keen to improve our information, so let us know if you have any comments or suggestions. Email us at **publications@pancreaticcancer.org.uk** or write to our Information Manager at the address below.

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