Some patients are unable to metabolize 5-FU or Xeloda (capecitabine) as expected. During treatment, prolonged or enhanced exposure due to mutations in the enzymes responsible for normal metabolism of 5-FU or Xeloda can result in early-onset severe toxicity or death.

While it is common for side effects to occur to a mild or moderate degree with 5-FU or Xeloda, if you find that you are having a moderate to severe reaction on your first or second round of chemotherapy you should contact your healthcare provider immediately. This checklist will help you determine whether you are experiencing a side effect of the treatment or a symptom of toxicity.

### SIDE EFFECTS

**During your first or second administration of 5-FU or 14 day cycle of Xeloda, it is common to have mild/moderate nausea and/or diarrhea.**

After your first or second administration, it is common to experience:

**COMMON**
- Mild to moderate diarrhea
- Mucositis or stomatitis (mouth sores)
- Anemia (low red blood cells)
- Neutropenia (low white blood cells)
- Thrombocytopenia (low platelets)
- Mild to moderate nausea and vomiting
- Hand and foot syndrome (capecitabine)
- Sensitivity to light

**RARE**
- Hair thinning or loss
- Nail changes
- Darkening of the skin

**TREATMENTS**

Talk to your doctor about ways to reduce the effects of these side effects.
- Supportive care for common side effects
- Treating individual symptoms

### SYMPTOMS OF EARLY-ONSET SEVERE TOXICITY

These can be symptoms of life-threatening toxicity especially if they occur during the first or second round of treatment. **TALK TO YOUR HEALTH CARE PROVIDER IMMEDIATELY** if you think you are experiencing these symptoms as it is critical that you receive treatment as soon as possible.

These symptoms can result in septic shock or organ failure.
- Diarrhea more than 7 times what is normal for you and/or incontinence
- Mucositis- oral and/or anal that interferes with eating, drinking, swallowing or daily activities
- Nausea to the point where you are unable to eat or drink
- Vomiting more than than 6 times
- Bleeding (hemorrhage), including black tarry stools or “coffee ground” vomit
- Severe hand and foot syndrome, including pain, blisters, bleeding and peeling that interferes with daily activities
- Cardiac arrhythmias (irregular heart beats), chest pain or heart attack, acute pulmonary edema, congestive heart failure, cardiac arrest
- Neurologic cerebellar syndrome (uncoordination), dizziness, queasiness, disorientation, seizures, coma

**TREATMENTS**

- Supportive care for life threatening toxicities
- Uridine triacetate, which must be given within 96 hours of your last dose of 5-FU or Xeloda and will reduce or prevent further toxicity from developing.

Many patients are able to receive additional cycles of 5-FU or Xeloda despite having had early-onset severe toxicity. Please discuss treatment options with your doctor.

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