



Provincial Health Services Authority

For the Patient: GIGAVCOXT

Other Names: Palliative treatment of Metastatic or Locally Advanced Gastric, Gastroesophageal Junction, or Esophageal Adenocarcinoma Using Capecitabine, Oxaliplatin and Trastuzumab

GIG = GastroIntestinal Gastric (stomach)
AV = Advanced
COXT = Capecitabine, Oxaliplatin, Trastuzumab

ABOUT THIS MEDICATION

What are these drugs used for?

- Capecitabine, oxaliplatin and trastuzumab are drugs given to treat metastatic or locally advanced cancer of the stomach or esophagus.

How do these drugs work?

- Both capecitabine and oxaliplatin work by interfering with dividing cells and preventing an increase in the number of cancer cells.
- Trastuzumab helps your immune system to interfere with how cancer cells grow and divide.

INTENDED BENEFITS

- This therapy is being given to destroy and/or limit the growth of cancer cells in your body. This treatment may improve your current symptoms, and delay the onset of new symptoms.
- It may take several treatments before your doctor can judge whether or not this treatment is helping.

TREATMENT SUMMARY

How are these drugs given?

- Your treatment plan consists of 6 chemotherapy cycles given every 3 weeks followed by 10 cycles of trastuzumab given every three weeks.
- Oxaliplatin and trastuzumab are given directly into the vein (IV) and capecitabine is a tablet taken by mouth.
- You will receive the oxaliplatin and trastuzumab at the clinic by a chemotherapy nurse on the first day of treatment **for one day only**. You will be given the capecitabine to start on the same day. Capecitabine is usually given **for 14 days, followed by a 7 day break**. You will take this medication home with you. This 21 day period of time is called a “cycle”. The cycle is usually repeated as long as you are benefiting from treatment and not having too many side effects.
- First treatment will take **about four and half hours**. This includes 3 and half hours for the drugs to drip into your body, or what is called an “infusion”. This is then followed by a 60 minute observation time, to ensure that the drug does not cause any infusion related side effects. If your body does not experience any infusion related side effects, the infusion and observation time for trastuzumab may be shortened to only 30 minutes each, as determined

by your chemotherapy nurse. Your first treatment will probably take longer, as the nurse will review information on the chemotherapy drug with you.

- Capecitabine will be given to you by a pharmacist when you come in for each oxaliplatin treatment. You will be given enough tablets so you can take them while at home.

The calendar on the following page shows how the medications are given each 3 week cycle.

C Y C L E	DATE	TREATMENT PLAN
		▶ Week 1 → oxaliplatin, trastuzumab IV x 1 day → capecitabine orally in a.m.& p.m. x 7 days with food.
	1	Week 2 → capecitabine orally in a.m.& p.m. x 7 days with food.
		Week 3 → No Treatment

C Y C L E	DATE	TREATMENT PLAN
		▶ Week 1 → oxaliplatin, trastuzumab IV x 1 day → capecitabine orally in a.m.& p.m. x 7 days with food.
	2-6	Week 2 → capecitabine orally in a.m.& p.m. x 7 days with food.
		Week 3 → No Treatment

Trastuzumab cycles – Single agent 7 cycles (total of 16 trastuzumab Cycles)

C Y C L E S	DATE	TREATMENT PLAN
		▶ Week 1 → Trastuzumab IV on Day 1
		▶ Week 2 → no treatment
	7-16	▶ Week 3 → no treatment

Treatment may be continued as long as you are benefiting from it and not having too many side effects, as determined by your oncologist.

What will happen when I get my drugs?

- A blood test is done each cycle, on or before the first day of each treatment cycle. The dose and timing of your chemotherapy may be changed based on your blood counts and/or other side effects
- A test to determine how well your heart is working, called a “MUGA” scan, will be done at the beginning of treatment.

SIDE EFFECTS AND WHAT TO DO ABOUT THEM

Unexpected and unlikely side effects can occur with any drug treatment. The ones listed below are particularly important for you to be aware of as they are directly related to the common actions of the drugs in your treatment plan.

Your doctor will review the risks of treatment and possible side effects with you before starting treatment. The chemotherapy nurse will review possible side effects of oxaliplatin and how to manage those side effects with you on the day you receive your first treatment. The pharmacist will review how to take the capecitabine and possible side effects with you on the day you first pick up your medication.

SERIOUS SIDE EFFECTS DURING TREATMENT	MANAGEMENT
Tell your nurse if you feel like you have difficulty breathing or swallowing during or immediately after your oxaliplatin infusion. This may occur rarely.	<ul style="list-style-type: none"> • These symptoms will disappear in a few hours, and may not require treatment. • If you have these symptoms with a 2-hour infusion, your next treatment may be given over 6 hours.
Allergic reactions may rarely occur. Signs of an allergic reaction are dizziness, feeling faint, confusion, shortness of breath, and wheezing. This may occur immediately or several hours after receiving the drugs. It can occur after the first dose, or after many doses.	Tell your nurse if this happens while you are receiving the drugs or contact your doctor immediately if this happens after you leave the clinic.
Oxaliplatin burns if it leaks under the skin.	Tell your nurse or doctor immediately if you feel burning, stinging, or any other change while the drug is being given.
Allergic reactions to trastuzumab may rarely occur. Signs of an allergic reaction may include chills, fever, shivering, nausea, vomiting, headache, dizziness, problems breathing, rash and weakness during the infusion. Reactions are less common with later treatments even if you have a reaction with the first treatment.	Tell your nurse immediately if this happens while you are receiving trastuzumab. • Your trastuzumab may be temporarily stopped and then given more slowly when restarted. • You may be given other drugs to treat the reaction. Contact your oncologist immediately if this happens after you leave the clinic.

SERIOUS SIDE EFFECTS DURING TREATMENT	MANAGEMENT
<p>Hand-foot skin reaction may occur very commonly during capecitabine treatment. The palms of your hands and soles of your feet may tingle, become red, numb, painful, or swollen. Skin may also become dry or itchy. You may not be able to do your normal daily activities if blisters, severe pain or ulcers occur.</p>	<ul style="list-style-type: none"> • Avoid tight-fitting shoes or rubbing pressure to hands and feet, such as that caused by heavy activity. • Clean hands and feet with lukewarm water and gently pat to dry; avoid hot water. • Apply lanolin-containing creams (eg. BAG BALM®, UDDERLY SMOOTH®) to hands and feet liberally and often. • Tell your cancer doctor at the next visit if you have any signs of hand-foot skin reaction. • Stop taking capecitabine and call your cancer doctor if the skin reaction is painful, as your dose may need to be changed. Taking a lower dose does not affect the usefulness of capecitabine.
<p>Nausea and vomiting may occur after your oxaliplatin treatment and may last for 24- 48 hours.</p> <p>Nausea and vomiting may also occur while you are taking capecitabine.</p>	<p>You may be given a prescription for an anti-nausea drug(s) to take before your chemotherapy treatment and/or at home. It is easier to prevent nausea than treat it once it has occurred, so follow directions closely.</p> <ul style="list-style-type: none"> • Drink plenty of liquids. • Eat and drink often in small amounts. Try the ideas in <i>Practical Tips to Help Manage Nausea</i>.*
<p>You may feel tingling or a loss of feeling in your hands, feet, nose, or throat. They may be made worse by exposure to cold. This is very common after oxaliplatin treatment. These problems often disappear after a few hours or days.</p>	<ul style="list-style-type: none"> • Avoid cold air if possible. • Protect yourself from the cold, which can cause or worsen these symptoms. Wear gloves, socks, and something that covers your mouth and nose when outside in cold weather. • Do not drink cold beverages or eat cold food for a few days after treatment. • If symptoms continue for more than a week, or interfere with how your hands work, talk to your doctor. • Try the ideas in <i>Coping With/Preventing Oxaliplatin Cold Dysesthesias</i>*

SERIOUS SIDE EFFECTS DURING TREATMENT	MANAGEMENT
<p>Diarrhea may occur very commonly during your treatment.</p>	<p>To help diarrhea:</p> <ul style="list-style-type: none"> • Drink plenty of fluids • Eat and drink often in small amounts • Eat low fibre foods and avoid high fibre foods as outlined in <i>Food Ideas to Help Manage Diarrhea*</i>. <p>If you have an increase of less than 4 stools per day more than normal, or a mild increase in ostomy output, start the following:</p> <ul style="list-style-type: none"> • Loperamide (IMODIUM®) 2 mg, take 2 tablets (4 mg) to start, followed by 1 tablet (2 mg) every 4 hours, or after each unformed stool to a maximum of 8 tablets (16 mg) daily, unless otherwise directed by a physician <p>Stop taking capecitabine and call your cancer doctor if you have four stools a day more than usual or diarrhea during the night, or a moderate increase in ostomy output, as your capecitabine dose may need to be changed.</p> <p>Note: If lactose in milk usually gives you diarrhea, the lactose in the tablet may be causing your diarrhea. Take LACTAID® tablets just before your capecitabine dose.</p>
<p>Sore mouth may occur commonly during treatment. Mouth sores can occur on the tongue, the sides of the mouth or in the throat. Mouth sores or bleeding gums can lead to an infection.</p>	<ul style="list-style-type: none"> • Brush your teeth gently after eating and at bedtime with a very soft toothbrush. If your gums bleed, use gauze instead of a brush. Use baking soda instead of toothpaste. • Make a mouthwash with ½ teaspoon baking soda or salt in 1 cup warm water and rinse several times a day. • Try soft, bland foods like puddings, milkshakes and cream soups. • Avoid spicy, crunchy or acidic food, and very hot or cold foods. • Try ideas in <i>Food Ideas to Try with a Sore Mouth*</i>.

SERIOUS SIDE EFFECTS DURING TREATMENT	MANAGEMENT
<p>Your white blood cells will decrease 1-2 weeks after your treatment. They usually return to normal 3 weeks after your last treatment. White blood cells protect your body by fighting bacteria (germs) that cause infection. When they are low, you are at greater risk of having an infection.</p>	<p>To help prevent infection:</p> <ul style="list-style-type: none"> • Wash your hands often and always after using the bathroom. • Take care of your skin and mouth. • Call your doctor immediately at the first sign of an infection such as fever (over 100°F or 38°C by an oral thermometer), chills, cough, or burning when you pass urine.

OTHER SIDE EFFECTS DURING TREATMENT	MANAGEMENT
<p>Pain or tenderness may occur where the needle was placed.</p>	<p>Apply warm compresses or soak in warm water for 15-20 minutes several times a day.</p>
<p>Fever may commonly occur shortly after treatment with oxaliplatin. Fever should last no longer than 24 hours. Fever, chills, and flu-like illness may rarely occur shortly after treatment with trastuzumab. Fever should last no longer than 24 hours.</p>	<ul style="list-style-type: none"> • Take acetaminophen (e.g. TYLENOL®) every 3-4 hours. • Fever (over 100°F or 38°C by an oral thermometer) which occurs more than 48 hours after treatment may be the sign of an infection. See “white blood cells” above.
<p>Your platelets may decrease during or after your treatment. They will return to normal after your last treatment. This is common. Platelets help to make your blood clot when you hurt yourself. You may bruise or bleed more easily than usual.</p>	<p>To help prevent bleeding problems:</p> <ul style="list-style-type: none"> • Try not to bruise, cut, or burn yourself. • Clean your nose by blowing gently. Do not pick your nose. • Avoid constipation. • Brush your teeth gently with a soft toothbrush as your gums may bleed more easily. Maintain good oral hygiene. <p>Some medications such as ASA (e.g. ASPIRIN®) or ibuprofen (e.g. ADVIL®) may increase your risk of bleeding.</p> <ul style="list-style-type: none"> • Do not stop taking any medication that has been prescribed by your doctor (e.g. ASA for your heart). • For minor pain, try acetaminophen (e.g. TYLENOL®) first, but occasional use of ibuprofen may be acceptable.
<p>Tiredness, fatigue and lack of energy may occur commonly. As the number of treatment cycles increase, fatigue may get worse.</p>	<ul style="list-style-type: none"> • Do not drive a car or operate machinery if you are feeling tired. • Try the ideas in the handout titled <i>Fatigue/Tiredness*</i>.

OTHER SIDE EFFECTS DURING TREATMENT	MANAGEMENT
Your skin may sunburn easily from the capecitabine. This occurs very rarely.	To help prevent sunburn: <ul style="list-style-type: none"> • Avoid direct sunlight. • Wear a hat, long sleeves and long pants or skirt outside on sunny days. • Apply a sun block lotion with an SPF (sun protection factor) of at least 30. • Refer to Your Medication Sun Sensitivity and Sunscreens* or the BC Health Guide for more information. • After sun exposure, if you have a severe sunburn or skin reaction such as itching, rash, or swelling, contact your doctor.
Hair loss is rare with oxaliplatin and capecitabine. Your hair will grow back once you stop treatment. Colour and texture may change.	<ul style="list-style-type: none"> • Use a gentle shampoo and soft brush. • Care should be taken with use of hair spray, bleaches, dyes and perms.
Abnormal heart rhythm (QT prolongation) rarely occurs.	Minimize your risk of abnormal heart rhythm by: <ul style="list-style-type: none"> • Always checking with your pharmacist and doctor about drug interactions when starting a new medication, herbal product, or supplement. • Tell your doctor immediately or get emergency help if your heart is beating irregularly or fast, or if you feel faint, lightheaded, or dizzy.

*Please ask your chemotherapy nurse, pharmacist or dietitian for a copy.

Special note:

Heart Problems: Serious heart problems can occur when starting capecitabine. These can rarely be fatal. Problems such as chest pain, heart attack, abnormal heart rhythm, or heart failure can occur. Having a history of heart problems with fluorouracil, a related chemotherapy drug, is a risk factor, as is having a history of prior angina (heart pain) or heart attack. Seek medical attention promptly if you experience feelings of heavy pressure or pain in the chest, trouble breathing, significant worsening leg swelling, or marked lightheadedness. These symptoms can occur within days after starting capecitabine. If your symptoms are severe, you may need to call for emergency help.

INSTRUCTIONS FOR THE PATIENT

- Tell your doctor if you have ever had an unusual or **allergic reaction** to trastuzumab, cisplatin (PLATINOL®) or carboplatin (PARAPLATIN®) before starting oxaliplatin treatment, or to fluorouracil (5FU, ADRUCIL®) before taking capecitabine.
- The **drinking of alcohol** (in small amounts) does not appear to affect the safety or usefulness of oxaliplatin, trastuzumab or capecitabine.
- Oxaliplatin, trastuzumab and capecitabine may damage sperm and may harm the baby if used during pregnancy. It is best to **use birth control** while being treated with these drugs. Tell your doctor right away if you or your partner becomes pregnant. Do not breast feed during treatment.
- **Tell** doctors, dentists and other health professionals that you are being treated with oxaliplatin, trastuzumab and capecitabine before you receive any treatment from them.

Capecitabine

- Capecitabine is taken by mouth twice a day, about 10-12 hours apart, with equal numbers of tablets taken at each dose. You may be given tablets of more than one strength to make the right dose. Capecitabine should be taken within 30 minutes following the end of a meal (breakfast and dinner) with a glass of water. It is usually **given for 14 days, followed by a 7 day break**.
- The tablet contains lactose.
- If you **vomit after taking capecitabine**, do not take a second dose. Call your doctor during office hours for advice.
- If you **miss a dose of capecitabine**, take it as soon as you can if it is within 6 hours of the missed dose. If it is over 6 hours since the missed dose, skip the missed dose and go back to the usual dosing time. Let your doctor know during office hours if you have missed a dose.
- Sometimes capecitabine treatment has to be **stopped for a short time** because of side effects. When you **restart** capecitabine treatment, do not make up for the missed dose; instead, take as directed by your cancer doctor and finish the treatment on the same day as originally planned. For example, if you stop on day 3 of your 14-day treatment course and then restart at a later day, you would still take the last dose on day 14. You may be told to take a different dose and you may have extra tablets left over. Return the extra tablets to the clinic at your next visit. Taking a lower dose does not affect the usefulness of capecitabine.
- **Store** capecitabine tablets out of the reach of children; at room temperature; away from heat, light and moisture.

Medication Interactions

Some drugs such as warfarin (COUMADIN®), phenytoin (DILANTIN®) and fosphenytoin (CEREBYX®) may **interact** with capecitabine and oxaliplatin. Tell your doctor if you are taking these or any other drugs as you may need extra blood tests or your dose may need to be changed. Check with your doctor or pharmacist before you start taking any new drugs.

THE FOLLOWING INFORMATION IS VERY IMPORTANT

STOP TAKING CAPECITABINE AND SEE YOUR DOCTOR OR GET EMERGENCY HELP IMMEDIATELY IF YOU HAVE:

- Signs of an **infection** such as fever (over 100°F or 38°C by an oral thermometer); chills; cough; pain or burning when you pass urine.
- Signs of **bleeding problems** such as black tarry stools; blood in urine; pinpoint red spots on skin.
- Signs of **heart or lung problems** such as fast or uneven heartbeat, chest pain, chest pressure, shortness of breath or difficulty in breathing, swelling of ankles, or fainting.
- Signs of an **allergic reaction** (rare) soon after a treatment including dizziness, fast heart beat, face swelling, or breathing problems.
- **Seizures** or **loss of consciousness** with or without **confusion, headache, or changes in eyesight.**

SEE YOUR DOCTOR AS SOON AS POSSIBLE (DURING OFFICE HOURS) IF YOU HAVE:

- **Painful hand-foot skin reaction** such as painful redness, peeling, tingling, numbness, swelling or blistering of the palms of your hands and/or bottoms of your feet. If there is a delay in seeing your doctor, stop taking your capecitabine tablets until you are seen or have discussed with your doctor
- **Diarrhea** with four stools a day more than usual, or diarrhea during the night.
- **Nausea** that causes you to eat a lot less than usual or **vomiting** more than 2 times in 24 hours.
- **Painful redness, swelling or sores on your lips, tongue, mouth or throat.**
- Signs of **liver problems** such as yellow eyes or skin, white or clay-coloured stools.
- Signs of **anemia** such as unusual tiredness or weakness.
- **Severe abdominal or stomach cramping or pain.**

CHECK WITH YOUR DOCTOR IF ANY OF THE FOLLOWING CONTINUE OR BOTHER YOU:

- Painless hand-foot skin reaction such as redness, peeling, tingling, numbness, swelling or blistering of the palms of your hands and/or bottoms of your feet,
- Painless redness, swelling or sores on your lips, tongue, mouth or throat.
- Uncontrolled nausea, vomiting, loss of appetite, diarrhea or constipation.
- Skin rash or itching.
- Changes in fingernails or toenails.
- Heartburn; mild to moderate abdominal or stomach pain.
- Easy bruising or minor bleeding.
- Tingling or a loss of feeling in your hands, feet, nose or throat
- Redness, swelling, pain or sores where the needle was placed.
- Watery, irritated eyes.

If you experience symptoms or changes in your body that have not been described above but worry you, or if any symptoms are severe, contact:

_____ at telephone number: _____