

XELOX Treatment

This handout gives general information about this cancer treatment.

You will learn:

- · who to contact for help
- · what the treatment is
- how it is given
- what to expect while on treatment



This handout was created by Ontario Health (Cancer Care Ontario) together with patients and their caregivers who have also gone through cancer treatment. It is meant to help support you through your cancer treatment and answer some of your questions.

This information does not replace the advice of your health care team. Always talk to your health care team about your treatment.

Who do I contact if I have questions or need help?			
My cancer health care provider is:			
During the day I should contact:			
Evenings, weekends and holidays:			

What is this treatment?

XELOX is the code name of your cancer treatment regimen.

A regimen is a combination of medications to treat cancer.

This regimen name is made up of one or more letters from the names of the 2 medications in your treatment.

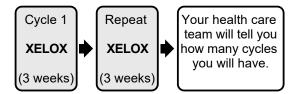
Here are the names of the medications in this regimen:

XEL = Capecitabine (also known as XELoda®)

OX = **OX**aliplatin

Treatment is divided into cycles. Each cycle is **3 weeks** long. Your health care team will tell you how many cycles you need.

Here is a picture of the schedule for XELOX treatment:



During each 3 week cycle you will have **oxaliplatin** treatment on day 1 at the hospital. You will also take capecitabine tablets on day 1 and continue these at home for 14 days. (2 weeks on, 1 week off).

Each cycle looks like this:

Day 1	2	3	4	5	6	7
oxaliplatin	(morning and evening)	(morning	(morning	(morning	Take your capecitabine (morning and evening)	Take your capecitabine (morning and evening)
(morning	(morning	(morning	(morning	(morning	Take your capecitabine (morning	(morning
and evening)	and evening)	and evening)	and evening)	and evening)	and evening)	and evening)
NO XELOX	16	17	18	19	20	21
Treatment						



- ✓ Tell your health care team about all of the other medications you are taking.
- ✓ Keep taking other medications that have been prescribed for you, unless you have been told not to by your health care team.

You will have a blood test to check for hepatitis B before starting treatment. See the <u>Hepatitis B and Cancer Medications</u> pamphlet for more information.

Your health care team may ask you to have a blood test to check for DPD deficiency before starting treatment.

- DPD deficiency is when you have low or no activity of an enzyme called DPD (dihydropyrimidine dehydrogenase). A deficiency can cause you to have severe side effects from capecitabine.
- See the <u>Testing for people taking capecitabine or 5-fluorouracil (5-FU) pamphlet</u> for more information.

How is this treatment given?

Oxaliplatin is given through an IV (injected into a vein) at the hospital.

Capecitabine is given as tablets that you swallow.

- Your health care team will tell you how many capecitabine tablets you need to take.
- Do not take your medicine more often or for longer than you have been told to.
- You may need tablets of different strengths to get the right dose. Make sure you look at the tablets closely so that you take the right dose.
- Take capecitabine two times each day. Space each dose about 12 hours apart.
- Swallow the tablets whole with a full glass of water. Take with food, up to 30 minutes after eating a meal (for example, right after breakfast and dinner).
- Do not crush or chew the capecitabine tablets.
- If you forget to take a dose, do not take an extra dose to make up for the missed dose. Follow
 the instructions given to you or talk to your health care team if you are unsure about what to do. If
 you are unable to talk to your healthcare team, take your next dose at the usual time.
- If you vomit (throw up) after taking your medication, do not take another dose until you have talked to your health care team. If you are unable to talk to your health care team, take your next dose at the usual time.

You will have a blood test before each treatment cycle to make sure it is safe for you to get treatment.

Warning: If you take too much capecitabine by accident, or if you think a child or a pet may have swallowed your capecitabine, you must call the Ontario Poison Control Center right away at: 1-800-268-9017.

What other medications are given with this treatment?

To Prevent Nausea and Vomiting

You will be given medications to help prevent nausea (feeling like throwing up) and vomiting (throwing up) before they start.

• These are called anti-nausea medications and include medications such as ondansetron (Zofran®), granisetron (Kytril®), dexamethasone or others.

To Treat Diarrhea

The capecitabine in your treatment regimen can cause diarrhea. Diarrhea is when you have loose bowel movements (watery poo) or you need to go poo (have bowel movements) more often than usual. Diarrhea may start a few days after your treatment.

You will be given a medication called loperamide (Imodium®) to help treat your diarrhea. Take this medication only if you need it.

Keep your loperamide with you all the time. When diarrhea starts, take the loperamide right away.

If you start to have diarrhea:

- Take 2 tablets (4mg) of loperamide right away.
- Take 1 tablet after each loose bowel movement (watery poo).
- Do not take more than 8 tablets every day.

What other important things should I know about this treatment?

This treatment causes cold sensitivity.

One of the medications in your treatment (oxaliplatin) can cause an unusual side effect where different parts of your body may become very **sensitive to cold**. This can cause discomfort from things such as cold food, cold drinks and cool or cold temperatures.

How does the cold sensitivity feel?

You may feel:

- Numbness or tingling in your fingers and toes. Sometimes it can be painful and feel like burning, which may be severe.
- Tightness in your throat or jaw
- Like it is hard to swallow
- Like it is hard to breathe, or that you have pressure on your chest

Tightness in your throat will usually go away after a few hours. If it lasts longer, or if you have trouble breathing, contact your health care team or get emergency help right away.

How can I help prevent sensitivity to cold?

- Avoid the cold as much as possible.
- If you must go outside in the cold, protect your face and mouth with a scarf or high-neck sweater, wear mittens and warm socks.
- Only eat and drink things that are room temperature or warmer. Do not drink cold drinks or put ice cubes in anything you drink. Do not eat cold foods, such as ice cream.
- Avoid direct exposure to air conditioning, such as in your car.
- Take shallow breaths when you are exposed to cold air (such as from a freezer or when you are outside in winter).
- Wear gloves if you need to touch cold objects, such as items in the freezer.
- Do not use an ice pack on any part of your body.

This treatment may cause Hand-Foot Syndrome

Hand-foot syndrome is a side-effect of capecitabine treatment that affects the skin on your hands and the bottoms of your feet. It usually starts with tingling or swelling of your skin. Your skin can become painful, red and numb. In worse cases, your skin may start to peel and you can get blisters or sores. This may start days or weeks after your treatment begins.

You can help to prevent symptoms of hand-foot syndrome by doing these things:

- Keep your skin moist, especially in the skin folds.
- Gently apply moisturizer cream or lotion to the inside of your hands and bottom of your feet as needed. Choose a fragrance-free cream that contains lanolin (like Bag Balm®, Udderly Smooth®) or urea 10% (like Uremol 10®).
- Do not let your hands and feet get too hot. Wash sweat from your skin. Bathe or shower in lukewarm water and gently pat yourself dry.
- Do not do activities that cause rubbing or pressure on your skin, like heavy-duty washing, gripping tools, typing, playing musical instruments, and driving.
- Wear gloves while cleaning to protect your skin from things like laundry detergent, bleach, cleaning products, and dish soap.
- Wear loose fitting clothes and loose fitting, comfortable shoes with cushioned soles. Do not walk
 in bare feet.
- Drink 6–8 glasses of liquids each day unless your health care team told you otherwise.

DO this while on treatment

- ✓ DO tell your health care team about any other medical conditions that you have such as problems with nerves in hands and feet (numbness or tingling), heart, liver, lung or kidney problems, if you have or had personal or family history of severe side effects with other drugs (especially a drug called fluorouracil), any allergies or intolerances.
- ✓ DO check with your health care team before getting any vaccinations, surgery, dental work or other medical procedures.
- ✓ DO talk to your health care team about your risk of getting other cancers and heart problems with this treatment.
- ✓ DO consider asking someone to drive you to and from the hospital on your treatment days. You may feel drowsy or dizzy after your treatment.

DO NOT do this while on treatment



- X DO NOT take any other medications, such as vitamins, over-the-counter (nonprescription) drugs, or natural health products without checking with your health care team.
- X DO NOT start any complementary or alternative therapies, such as acupuncture or homeopathic medications, without checking with your health care team.
- X DO NOT smoke or drink alcohol while on treatment without talking to your health care team first. Smoking and drinking can make side effects worse and make your treatment not work as well.

Will this treatment interact with other medications or natural health products?

Yes, the medications in this regimen can interact with other medications, vitamins, foods and natural health products. Interactions can make the treatment not work as well or cause severe side effects.

Tell your health care team about all of your:

- prescription and over-the-counter (non-prescription) medications
- natural health products such as vitamins, herbal teas, homeopathic medicines, and other supplements

Check with your health care team before starting or stopping any of them.

If you take seizure medications (such as phenytoin), your health care team may monitor your blood levels closely and may change your dose.

If you are taking a blood thinner (such as warfarin), your health care team may need extra blood tests and may change your dose.



Talk to your health care team BEFORE taking or using these :

- Anti-inflammatory medications such as ibuprofen (Advil[®] or Motrin[®]), naproxen (Aleve[®]) or Aspirin[®].
- Over-the-counter products such as dimenhydrinate (Gravol[®])
- Natural health products such as St. John's Wort
- Supplements such as vitamin C
- Grapefruit juice
- Alcoholic drinks
- Tobacco
- All other drugs, such as marijuana or cannabis (medical or recreational)

What should I do if I feel unwell, have pain, a headache or a fever?

- ✓ **Always** check your temperature to see if you have a fever **before** taking any medications for fever or pain (such as acetaminophen (Tylenol®) or ibuprofen (Advil®)).
 - Fever can be a sign of infection that may need treatment right away.
 - If you take these medications before you check for fever, they may lower your temperature and you may not know you have an infection.

How to check for fever:

Keep a digital (electronic) thermometer at home and take your temperature if you feel hot or unwell (for example, chills, headache, mild pain).

- You have a fever if your temperature taken in your mouth (oral temperature) is:
 - 38.3°C (100.9°F) or higher at any time

OR

• 38.0°C (100.4°F) or higher for at least one hour.



If you do have a fever:

- ✓ Try to contact your health care team. If you are not able to talk to them for advice, you MUST get emergency medical help right away.
- ✓ Ask your health care team for the <u>Fever</u> pamphlet for more information.

If you do not have a fever but have mild symptoms such as headache or mild pain:

✓ Ask your health care team about the right medication for you. **Acetaminophen (Tylenol®)** is a safe choice for most people.



Talk to your health care team before you start taking ibuprofen (Advil[®], Motrin[®]), naproxen (Aleve[®]) or ASA (Aspirin[®]), as they may increase your chance of bleeding or interact with your cancer treatment.



Talk to your health care team if you already take **low dose aspirin** for a medical condition (such as a heart problem). It may still be safe to take.

How will this treatment affect sex, pregnancy and breast feeding?

Talk to your health care team about:

- How this treatment may affect your sexual health.
- How this treatment may affect your ability to have a baby, if this applies to you.

This treatment may harm an unborn baby. Tell your health care team if you or your partner are pregnant, become pregnant during treatment, or are breastfeeding.

- If there is **any** chance of pregnancy happening, you and your partner together must use **2 effective forms of birth control** at the same time while you are on treatment. Talk to your health care team about which birth control options are best for you, and how long you should use them after your last treatment dose.
- Do not breastfeed while on this treatment. Talk to your health care team about how long to wait before you start breastfeeding after your last treatment dose, if this applies to you.

How should I safely store and handle the medications in this treatment?

Oxaliplatin is given and stored at the hospital.

Capecitabine:

- Keep capecitabine tablets in the original packaging at room temperature in a dry place, away from heat and light.
- Keep out of sight and reach of children and pets.
- Do not throw out any unused capecitabine tablets at home. Bring them to your pharmacy to be thrown away safely.

How to safely touch your capecitabine

If you are a patient:

- Wash your hands before and after touching capecitabine.
- Swallow each pill whole. Do not crush or chew your pills.

If you are a caregiver:

- Wear nitrile or latex gloves when touching capecitabine tablets.
- Wash your hands before putting on your gloves and after taking them off, even if your skin did not touch the pills.
- Throw out your gloves after each use. Do not re-use gloves.
- Do not touch capecitabine if you are pregnant or breastfeeding.

What to do if anti-cancer medication gets on your skin or in your eyes

If medication gets on your skin:

- Wash your skin with a lot of soap and water.
- If your skin gets red or irritated, talk to your health care team.

If medication gets in your eyes:

 Rinse your eyes with running water right away. Keep water flowing over your open eyes for at least 15 minutes.

What are the side effects of this treatment?

The following table lists side effects that you may have when getting XELOX treatment. The table is set up to list the most common side effects first and the least common last. It is unlikely that you will have all of the side effects listed and you may have some that are not listed.

Read over the side effect table so that you know what to look for and when to get help. Keep this paper during your treatment so that you can refer to it if you need to.

Very Common Side Effects (50 or more out of 100 people)		
Side effects and what to do	When to contact health care team	
Neuropathy (Tingling, numb toes or fingers)	Talk to your health care team,	
(May be severe)	especially if you have trouble doing	
What to look for?	tasks like doing up buttons, writing,	
 Numbness or tingling that most often happens in your hands, arms, legs or feet but can happen elsewhere in the body as well. It can sometimes be painful and feel like burning, which may be severe. 	moving, or if you have severe pain or numbness	
What to do?		
 Talk to your health care team if you have any of the symptoms described above. Numbness and tingling may slowly get better after your treatment ends. Avoid exposure to cold as it can trigger this side effect. Do not use ice packs on your body. Dress warmly and cover all of your skin if you must go outside in cold temperatures. Wear gloves to touch cold objects. Avoid breathing deeply when exposed to cold air. 		
In rare cases, numbness and tingling may continue long after treatment ends. If you continue to have bothersome symptoms, talk to your health care team for advice.		
Low neutrophils (white blood cells) in the blood (neutropenia)	If you have a fever, try to contact your health care team. If	
(May be severe)	you are unable to talk to the team for	

	When to contact health care team
When neutrophils are low, you are at risk of getting an infection more easily. Ask your health care team for the Neutropenia (Low white blood cell count) pamphlet for more information.	advice, you MUST get emergency medical help right away.
What to look for?	
 If you feel hot or unwell (for example if you have chills or a new cough), you must check your temperature to see if you have a fever. Do not take medications that treat a fever before you take your temperature (for example, Tylenol® (acetaminophen), or Advil® (ibuprofen)). Do not eat or drink anything hot or cold right before taking your temperature. 	
You have a fever if your temperature taken in your mouth (oral temperature) is:	
 38.3°C (100.9°F) or higher at any time OR 38.0°C (100.4°F) or higher for at least one hour. 	
What to do?	
If your health care team has told you that you have low neutrophils:	
 Wash your hands often to prevent infection. Check with your health care team before getting any vaccines, surgeries, medical procedures or visiting your dentist. Keep a digital thermometer at home so you can easily check for a fever. 	
If you have a fever:	
If you have a fever, try to contact your health care team. If you are unable to talk to the team for advice, you must get emergency medical help right away.	

Very Common Side Effects (50 or more out of 100 people)			
Side effects and what to do	When to contact health care team		
Low platelets in the blood When your platelets are low, you are at risk for bleeding and bruising. Ask your health care team for the Low Platelet Count pamphlet for more information. What to look for? • Watch for signs of bleeding: • bleeding from your gums • unusual or heavy nosebleeds • bruising easily or more than normal • black coloured stools (poo) or blood in your stools (poo) • coughing up red or brown coloured mucus • dizziness, constant headache or changes in your vision • heavy vaginal bleeding	Talk to your health care team if you have any signs of bleeding. If you have bleeding that doesn't stop or is severe (very heavy), you MUST get emergency medical help right away.		
 What to do? If your health care team has told you that you have low platelets: Tell your pharmacist that your platelet count may be low before taking any prescriptions or over-the-counter medication. Check with your healthcare team before you go to the dentist. Take care of your mouth and use a soft toothbrush. Try to prevent cuts and bruises. Ask your health care team what activities are safe for you. Your treatment may have to be delayed if you have low platelets. Your health care team may recommend a blood transfusion. 			
 If you have signs of bleeding: If you have a small bleed, clean the area with soap and water or a saline (saltwater) rinse. Apply pressure for at least 10 minutes. If you have bleeding that does not stop or is severe (very heavy), you must get emergency medical help right away. 			

Very Common Side Effects (50 or more out of 100 people)			
Side effects and what to do	When to contact health care team		
Nausea and vomiting	Talk to your		
What to look for?	healthcare team if nausea lasts more than 48 hours or		
 Nausea is feeling like you need to throw up. You may also feel light- headed. 	vomiting lasts more than 24 hours		
 You may feel nausea within hours to days after your treatment. 	or if it is severe		
What to do?			
To help prevent nausea:			
 It is easier to prevent nausea than to treat it once it happens. If you were given anti-nausea medication(s), take them as prescribed, even if you do not feel like throwing up. Drink clear liquids and have small meals. Get fresh air and rest. Do not eat spicy, fried foods or foods with a strong smell. Limit caffeine (like coffee, tea) and avoid alcohol. 			
If you have nausea or vomiting:			
 Take your rescue (as-needed) anti-nausea medication(s) as prescribed. Ask your health care team for the <u>Nausea & Vomiting</u> pamphlet for more information. Talk to your health care team if: 			
 nausea lasts more than 48 hours vomiting lasts more than 24 hours or if it is severe 			
Rash on your hands and feet (hand-foot syndrome)	Talk to your health		
(May be severe)	care team if it does not improve or if it is severe		
What to look for?			
 Tingling or swelling of the skin on the palms of your hands and the bottoms of your feet. This can become painful, red and numb. In worse cases your skin may start to peel and you can get blisters or sores. This may happen days or weeks after you start treatment. 			
What to do?			

Very Common Side Effects (50 or more out of 100 peo	ple)	
Side effects and what to do	When to contact health care team	
To help prevent Hand-foot syndrome:		
 Do not do activities that cause rubbing or pressure on your skin, like heavy-duty washing, gripping tools, typing, playing musical instruments, and driving. Moisturize your hands and feet often, especially in the skin folds. Wear loose, comfortable footwear and clothes. Rest and try to keep off your feet. Do not let your hands and feet get too hot. 		
Ask your health care team for the <u>Hand-foot syndrome</u> pamphlet for more information.		
Liver problems	Get emergency	
Your health care team may check your liver function with a blood test. Liver changes do not usually cause any symptoms.	medical help right away	
What to look for?		
 Rarely, you may develop yellowish skin or eyes, unusually dark pee or pain on the right side of your belly. This may be severe. 		
What to do?		
If you have any symptoms of liver problems, get emergency medical help right away.		
Diarrhea	Talk to your health	
(May be severe)	care team if no improvement after	
What to look for?	24 hours of taking diarrhea	
 Loose, watery, unformed stool (poo) that may happen days to weeks after you get your treatment. 	medication or if severe (more than 7 times in one day)	
What to do?		
If you have diarrhea:		
Take anti-diarrhea medication if your health care team prescribed it or		

Very Common Side Effects (50 or more out of 100 people)		
Side effects and what to do	When to contact health care team	
 told you to take it. Do not eat foods or drinks with artificial sweetener (like chewing gum or 'diet' drinks), coffee and alcohol. Eat many small meals and snacks instead of 2 or 3 large meals. Drink at least 6 to 8 cups of liquids each day, unless your health care team has told you to drink more or less. Talk to your health care team if you can't drink 6 to 8 cups of liquids each day when you have diarrhea. You may need to drink special liquids with salt and sugar, called Oral Rehydration Therapy. Talk to your health care team if your diarrhea does not improve after 24 hours of taking diarrhea medication or if you have diarrhea more than 7 times in one day. 		
Ask your health care team for the <u>Diarrhea</u> pamphlet for more information.		

Common Side Effects (25 to 49 out of 100 people)	
Side effects and what to do	When to contact health care team
 Mouth sores What to look for? Round, painful, white or gray sores inside your mouth that can occur on the tongue, lips, gums, or inside your cheeks. 	Talk to your health care team as soon as you notice mouth or lip sores or if it hurts to eat,
 In more severe cases they may make it hard to swallow, eat or brush your teeth. They may last for 3 days or longer. 	drink or swallow
What to do?	
To help prevent mouth sores:	
 Take care of your mouth by gently brushing and flossing regularly. Rinse your mouth often with a homemade mouthwash. To make a homemade mouthwash, mix 1 teaspoonful of baking soda and 1 teaspoonful of salt in 4 cups (1L) of water. Do not use store-bought mouthwashes, especially those with alcohol, because they may irritate your mouth. 	
If you have mouth sores:	
 Avoid hot, spicy, acidic, hard or crunchy foods. Your doctor may prescribe a special mouthwash to relieve mouth sores and prevent infection. Talk to your health care team as soon as you notice mouth or lip sores or if it hurts to eat, drink or swallow. 	
Ask your health care team for the Oral Care (Mouth Care) pamphlet for more information.	
Sensation that you are not breathing properly	Talk to your health care team
(With oxaliplatin)	if it does not
This can be caused by drinking cold fluids or inhaling cold air.	improve. Get emergency
What to look for?	medical help right away if it is
Trouble swallowing or talking.Tightness in your jaw.	severe.
 Unusual feelings in your tongue. Feeling like it is hard to breathe or pressure in your chest. 	

Common Side Effects (25 to 49 out of 100 people)			
Side effects and what to do	When to contact health care team		
What to do?			
 Avoid the cold as much as possible. If you must go outside in the cold, protect your face and mouth with a scarf or high-neck sweater. Only eat and drink things that are room temperature or warmer. Do not drink cold drinks or put ice cubes in anything you drink. Do not eat cold foods, such as ice cream. Avoid direct exposure to air conditioning, such as in your car. Take shallow breaths when you are exposed to cold air (such as from a freezer or when you are outside in winter). Do not use an ice pack on any part of your body. Problems with breathing and swallowing can be unpleasant. They should only last a few minutes. If they do not go away quickly or if you also feel chest pain, speak with your health care team as soon as possible. If severe, get emergency medical help right away. 			
Hair thinning or loss	Talk to your health care team if this		
(Generally mild)	bothers you		
What to look for?			
 Your hair may become thin or fall out during or after treatment. In most cases, your hair will grow back after treatment. The texture or colour may change. In very rare cases, hair loss may be permanent. 			
What to do?			
 Use a gentle soft brush. Do not use hair sprays, bleaches, dyes and perms. 			

Less Common Side Effects (10 to 24 out of 100 people)			
Side effects and what to do	When to contact health care team		
Constipation What to look for? • Having bowel movements (going poo) less often than normal. • Small hard stools (poo) that look like pellets. • The need to push hard and strain to have any stool (poo) come out. • Stomach ache or cramps. • A bloated belly, feeling of fullness, or discomfort. • Leaking of watery stools (poo). • Lots of gas or burping. • Nausea or vomiting.	Talk to your health care team if it does not improve or if it is severe		
What to do?			
To help prevent constipation:			
 Try to eat more fiber rich foods like fruits with skin, leafy greens and whole grains. Drink at least 6 to 8 cups of liquids each day unless your health care team has told you to drink more or less. Be active. Exercise can help to keep you regular. If you take opioid pain medication, ask your health care team if eating more fibre is right for you. 			
To help treat constipation:			
 If you have not had a bowel movement in 2 to 3 days you may need to take a laxative (medication to help you poo) to help you have regular bowel movements. Ask your health care team what to do. 			
Ask your health care team for the Constipation Pamphlet for more information.			
Mild swelling What to look for? • You may have mild swelling or puffiness in your arms and/or legs. Rarely, this may be severe.	Talk to your health care team if it does not improve or if it is severe		
What to do?			

Less Common Side Effects (10 to 24 out of 100 people)				
Side effects and what to do	When to contact health care team			
To help prevent swelling:				
Eat a low-salt diet.				
If you have swelling:				
Wear loose-fitting clothing.For swollen legs or feet, keep your feet up when sitting.				
Rash; dry, itchy skin	Talk to your health			
What to look for?	care team if it does not improve			
 You may have cracked, rough, flaking or peeling areas of the skin. Your skin may look red and feel warm, like a sunburn. Your skin may itch, burn, sting or feel very tender when touched. 	or if it is severe			
What to do?				
To prevent and treat dry skin:				
 Use fragrance-free skin moisturizer. Protect your skin from the sun and the cold. Use sunscreen with UVA and UVB protection and a SPF of at least 30. Avoid perfumed products and lotions that contain alcohol. Drink 6 to 8 cups of non-alcoholic, non-caffeinated liquids each day, unless your health care team has told you to drink more or less. 				
Rash may be severe in some rare cases and cause your skin to blister or peel. If this happens, get emergency medical help right away.				
Mild joint, muscle pain or cramps	Talk to your health			
What to look for?	care team if it does not improve			
New pain in your muscles or joints, muscle cramps, or feeling achy.	or if it is severe			
What to do?				
 Take pain medication (acetaminophen or opioids such as codeine, morphine, hydromorphone, oxycodone) as prescribed. Read the above section: "What should I do if I feel unwell, have pain, a headache or a fever?" before taking acetaminophen (Tylenol®), ibuprofen (Advil®, Motrin®), naproxen (Aleve®) or Aspirin. These medications may hide an infection that needs treatment or they may 				

Less Common Side Effects (10 to 24 out of 100 people)					
Side effects and what to do	When to contact health care team				
increase your risk of bleeding. Rest often and try light exercise (such as walking) as it may help.					
Ask your health care team for the Pain pamphlet for more information.					
Taste changes	Talk to your health				
What to look for?	care team if it does not improve or if it is severe				
Food and drinks may taste different than usual.					
What to do?					
 Eat foods that are easy to chew, such as scrambled eggs, pasta, soups, cooked vegetables. Taste foods at different temperatures, since the flavour may change. Try different forms of foods, like fresh, frozen or canned. Experiment with non-spicy foods, spices and seasonings. 					
Allergic reaction	Get emergency				
(With oxaliplatin)	medical help right away for severe				
What to look for?	symptoms				
 Fever, itchiness, rash, swollen lips, face or tongue, chest and throat tightness. It may happen during or shortly after your treatment is given to you and may be severe. 					
What to do?					
 Tell your nurse right away if you feel any signs of allergic reaction during or just after your treatment. Talk to your health care team for advice if you have a mild skin reaction. 					

Other rare, but serious side effects are possible with this treatment.

If you have **any** of the following, talk to your cancer health care team or get emergency medical help right away:

- Irregular heartbeat, shortness of breath, chest pain, fainting spells
- Swelling in your ankles and belly
- Pain, swelling and hardening of a vein in an arm or leg
- New cough or coughing up blood
- Feeling confused, having trouble with speaking, moving your arms or legs, problems with balancing yourself, or trouble with eye or face movements
- Seizures
- Any sudden changes to your vision (eye sight)
- Leg weakness that may spread to the upper body
- Severe belly pain, bloating or feeling of fullness and severe constipation
- Lower back pain, swelling, peeing less than usual, or new unexpected weight gain

For more information on how to manage your symptoms ask your health care provider, or visit: https://www.cancercareontario.ca/symptoms.

Notes			

XELOX
October 2023 Updated " How will this medication affect sex, pregnancy and breastfeeding" section
For more links on how to manage your symptoms go to <u>www.cancercareontario.ca/symptoms</u> .
The information set out in the medication information sheets, regimen information sheets, and symptom management information(for patients) contained in the Drug Formulary (the "Formulary") is intended to be used by health professionals and patients for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or side effects of a certain drug, nor should it be used to indicate that use of a particular drug is safe, appropriate or effective for a given condition.
A patient should always consult a healthcare provider if he/she has any questions regarding the information set out in the Formulary. The information in the Formulary is not intended to act as or replace medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.