

XELODA[®] (capecitabine)

Treatment Diary

with integrated action plan



Patient Name: _____

Physician: _____

INSTRUCTIONS ON HOW TO USE THE TREATMENT DIARY

DOSAGE:

- » Your doctor has indicated your starting dose of XELODA by prescribing a certain number of tablets that you will take twice per day. Enter the number of tablets prescribed in both the a.m. and p.m. box appearing next to the appropriately prescribed dosage (500 mg or 150 mg).

TREATMENT:

- » Record the Cycle Start Date by entering the month and day.
- » Each sheet represents one cycle of treatment. Please start a new sheet for each cycle.
- » Record the recommended daily dose of XELODA in the a.m. and p.m. boxes appearing in the treatment table by entering the number of tablets prescribed by your doctor in the appropriate box (500 mg or 150 mg) in the non colour-coded section of the table. Each time you take your dose of XELODA, complete the a.m. box for your morning dose and complete the p.m. box for the evening dose, all of which appear under the table entitled "TREATMENT".
- » During your 7-day rest period, you will not record any dosing. The table has already been completed for you under the "REST" period.
- » Should your health care professional modify your dose, indicate the new dosage in the a.m. and p.m. boxes by entering the correct number of tablets.

SIDE EFFECTS:

- » Record any side effects experienced by checking the appropriately colour-coded box. If the side effect is bad enough to make you stop taking XELODA, insert an asterisk in that coloured box and call your doctor immediately.
- » If you are worried about side effects or find them very bothersome, talk to your health care professional immediately. He will be able to tell you what to do and may be able to help you with these side effects.
- » If no side effects are experienced, do not complete the boxes with checkmarks.

Continue treatment with XELODA as planned

Nausea and vomiting: Use Stemetil® or Graval® 30 minutes before taking your XELODA and every 6 hours if you experience nausea or vomiting. Eat small meals more frequently.

Diarrhea: Drink plenty of clear fluids (Gatorade®, chicken broth, unsweetened juice). Decrease your consumption of dairy products (milk, yogurt, cheese) as much as possible, or choose lactose-free products. Avoid soft drinks, and eat several small meals (rice, pasta, toast).

If 2-3 watery stools per day: Immediately take 2 tablets of antidiarrheal medication (Imodium®) and 1 tablet after each subsequent diarrheic stool (maximum 8 tablets per day).

Hand-and-foot syndrome: Apply a moisturizing cream on hands and feet (Lubriderm®, Uremol® or Moisturel®). Avoid extreme temperatures and pressure.

Stomatitis: Essential to maintain good oral hygiene: brush your teeth 4 times a day, use dental floss daily. Rinse the mouth 2-4 times a day with a mix of water, salt and sodium bicarbonate (1 tsp salt and/or 1 tsp sodium bicarbonate in 500 mL of water).

Stop taking XELODA and call a member of your health care team

Nausea and vomiting: Two to five episodes of vomiting in a 24-hour period. Use Stemetil® or Graval® every 6 hours. Eat small meals more frequently.

Diarrhea: Take 1 tablet of antidiarrheal medication (Imodium®) after each liquid stool and call your nurse if no improvement after 12 hours. Drink plenty of clear fluids (Gatorade®, chicken broth, unsweetened juice). Decrease your intake of dairy products (milk, yogurt, cheese) or choose products without lactose. Avoid soft drinks; eat frequent small meals (rice, pasta, toast).

Hand-and-foot syndrome: Apply a moisturizing cream (Uremol-20®). Avoid extreme temperatures and pressure. Call your nurse or pharmacist.

Stomatitis: Avoid mouth rinse containing alcohol (Cepacol® or Listerine®). Use the mouth rinse (water + salt + sodium bicarbonate) every 2 hours. Swish and swallow with Maalox® 4 times a day. Do not eat or drink within 30 to 60 minutes after rinsing your mouth.

Do not resume taking your XELODA without talking first with your nurse or pharmacist.

Stop taking XELODA and call a member of your health care team

Nausea and vomiting: Six episodes or more of vomiting in a 24-hour period causing dehydration. As a result, you receive hydration therapy in a hospital setting. The nausea is so severe that it prevents you from eating any food.

Diarrhea: Nine or more bowel movements per day have necessitated a hospital emergency visit wherein hydration therapy was administered to address the onset of dehydration.

Hand-and-foot syndrome: Your quality of life has been severely affected due to redness, swelling, ulceration and pain on your hands and feet which may have necessitated a hospital emergency visit.

Stomatitis: Intake of food is severely affected by painful ulceration of the mouth which may have necessitated a hospital emergency visit to remedy dehydration.

Do not resume taking your XELODA without talking first with your nurse or pharmacist.

Fever: If you have a fever ($\geq 38^{\circ}\text{C}$), take your temperature again in one hour. If your fever ($\geq 38^{\circ}\text{C}$) persists, contact your healthcare professional or go to the nearest hospital emergency immediately. When you have a fever, do not take any acetaminophen or pain-killers (ibuprofen, naproxen or other). Contact your health care professional or go to the nearest hospital emergency immediately.

Contact information

Doctor: _____

Nurse: _____

Pharmacist: _____



Hospital: _____

Emergency: _____

XELODA Treatment Diary with integrated action plan

XELODA tablets Recommended daily dose (number of tablets)

Cycle : _____
(Date)
(Day of the cycle)



| | | | |
|---|--|------------------------------------|----|
|  | AM: | Enter the number of 500 mg tablets | AM |
| | PM: | | PM |
|  | AM: | Enter the number of 150 mg tablets | AM |
| | PM: | | PM |
| Nausea | Light nausea, but can eat. | | |
| | Moderate nausea and eating less food than usual. | | |
| | Not eating, severe nausea. | | |
| Vomiting | One episode of vomiting in 24 hours. | | |
| | 2-5 episodes of vomiting in 24 hours. | | |
| | 6 episodes in 24 hours. | | |
| Diarrhea | An extra 2 or 3 bowel movements over your normal bowel habits (before the treatment). | | |
| | An extra 4-6 bowel movements over your normal bowel habits or any diarrhea at night. | | |
| | 7 extra stools per day and/or incontinence and/or dehydration. | | |
| Diarrhea with colostomy | Slight increase of fluid, more watery fluid in your colostomy bag. | | |
| | Moderate increase of fluid, no change in daily activities. | | |
| | Severe increase of fluid affecting daily activities. | | |
| Hand-and-foot syndrome | Numbness, redness and/or tingling and/or peeling of the skin of your hands (palm) and/or your feet without pain. | | |
| | Redness and swelling with pain on your hands and feet without affecting your daily activities. | | |
| | Redness and swelling and/or ulceration with pain on your hands and feet affecting your daily activities. | | |
| Stomatitis (mouth ulcers) | Redness and mouth irritation without lesions or pain. | | |
| | Painful redness or ulcer. Can eat. | | |
| | Painful ulceration. Cannot eat. | | |

| TREATMENT | | | | | | | | | | | | | | REST | | | | | | | |
|-----------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
| Record any change to dosage | | | | | | | | | | | | | | | | | | | | | |
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XELODA Treatment Diary with integrated action plan

XELODA tablets Recommended daily dose (number of tablets)

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(Date)
(Day of the cycle)



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| | Redness and swelling with pain on your hands and feet without affecting your daily activities. | | |
| | Redness and swelling and/or ulceration with pain on your hands and feet affecting your daily activities. | | |
| Stomatitis (mouth ulcers) | Redness and mouth irritation without lesions or pain. | | |
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| TREATMENT | | | | | | | | | | | | | | REST | | | | | | | | | | | | | |
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| Record any change to dosage | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Record any change to dosage | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
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