

# Treatment options for palliative anti-cancer therapy: Colorectal cancer



**Information for patients**  
Weston Park Cancer Centre



This leaflet contains information about the treatment options available for patients with metastatic colorectal cancer, explaining what each treatment option involves. These treatments are called palliative chemotherapy. Palliative chemotherapy is a systemic anti-cancer treatment designed to prolong survival, relieve and control symptoms and improve your quality of life. Your treatment options will be fully explained by your doctor, who will be happy to answer any questions, including any other possible ways of treating your particular cancer. Please discuss any questions and concerns you may have with the doctors and nurses.

Detailed information about possible side effects for each of the treatment options will be given to you by the medical and nursing staff, and in separate information leaflets.

### **Option 1: Not to have chemotherapy**

Some patients prefer not to have any chemotherapy at the present time, but attend the clinic regularly for review, and possibly scans, to see how they are doing. The benefits of having chemotherapy to control cancer and improve symptoms have to be weighed up against potential side effects from having the treatment. If you are feeling well now the chemotherapy may affect your quality of life because of the potential side effects.

### **Option 2: Capecitabine tablets**

Capecitabine is an oral chemotherapy treatment. It is taken in tablet form twice a day, morning and evening. The treatment is given for two weeks, followed by a break for one week and then the course is given again.

You will see a doctor, specially trained nurse or pharmacist every 3 weeks at the hospital. At this appointment you will have a blood test and any side effects you have had will be discussed. This information is needed to decide if it is safe for you to have your next course of treatment. This is repeated 4 to 6 times, to make a total of 3 to 4 months of treatment. A CT scan will then show how effective the treatment has been. If the cancer has stayed the same or has reduced in size it is usual to have a break from chemotherapy for a while.

Capecitabine tablets can be delivered to your home, or can be collected from designated Boots chemist shops in Sheffield.

**Side effects include:** sore mouth/hands and feet, tiredness, diarrhoea, anaemia, blood clots or bleeding, not being able to fight infection, and heart problems such as angina, or even a heart attack.

### **Option 3: Capecitabine tablets plus Oxaliplatin (xelox)**

This is called combination therapy, as it involves having 2 drugs. This may be more effective for some people but it does have an increased risk of side effects.

The Capecitabine tablets are taken as described in the section above. On the first day of each treatment cycle a second drug is given, called Oxaliplatin. This is given as a short two hour infusion (intravenous drip). This treatment is currently given on the Day Case Unit at Weston Park Hospital.

You will see a doctor or specially trained nurse or pharmacist every 3 weeks at the hospital. At this appointment you will have a blood test and any side effects you have had will be discussed. You will then have your Oxaliplatin infusion 2 days later.

**Side effects include:** sore mouth/hands and feet, tiredness, diarrhoea, nausea, anaemia, blood clots or bleeding, not being able to fight infection, heart problems, such as angina or even a heart attack, tingling and numbness of hands, feet and throat, which is worse in the cold, and can sometimes last for a long time.

#### **Option 4: Oxaliplatin and 5 FU (FOLFOX)**

If you do not want to take tablets then Capecitabine can be replaced by an infusion called 5 FU. This is the same drug as Capecitabine but in infusion (drip) form. 5FU can cause less diarrhoea compared with Capecitabine. This treatment is given every 2 weeks.

Oxaliplatin is given on the Day Case Unit at Weston Park Hospital over 2 hours and then a small portable bottle containing 5FU is started. This infuses over 2 days at home. 5FU in the bottle cannot be given through a cannula, but needs a more permanent line called a PICC (this stands for peripherally inserted central catheter). A PICC line is inserted before your first dose of Oxaliplatin and 5FU and can stay in place for all of a course of treatment. A friend or relative can be taught how to disconnect the bottle and care for the line, which needs dressing every week. District nurses cannot disconnect chemotherapy.

**Side effects** are the same as Oxaliplatin and Capecitabine therapy.

#### **Option 5: Irinotecan and 5FU (FOLFIRI)**

This is an alternative combination treatment which involves 2 drugs in drip form, but doesn't cause tingling or numbness of the hands, feet or throat. Irinotecan is given as an infusion (drip) over 45 minutes, followed by a drug called calcium folinate which increases the effect of the chemotherapy drugs. A small portable bottle of 5FU is then connected, which is given over 2 days at home.

5FU in the bottle cannot be given through a cannula, but needs a more permanent line called a PICC (this stands for peripherally inserted central catheter). A PICC line is inserted before your first dose of Irinotecan and 5FU and can stay in place for all of a course of treatment. A friend or relative can be taught how to disconnect the bottle and care for the line, which needs dressing every week. District nurses cannot disconnect chemotherapy.

**Side effects include:** immediate and delayed diarrhoea, hair thinning (occasionally complete hair loss), sore mouth, tiredness, not being able to fight infections, heart problems such as angina or even a heart attack. Anaemia, bleeding, and blood clots are also possible.

**Panitumumab and Cetuximab:** given with FOLFOX or FOLFIRI treatment

Some people can benefit from having other drugs added to their chemotherapy treatment. This includes drugs such as Panitumumab and Cetuximab. These are antibody drugs which block signals that encourage cancer cell growth. These drugs do not work for everyone as they will not have an effect on the cancer if it has a genetic change called KRAS. The original piece of tumour removed at biopsy (or at the time of operation) will be tested to see if the antibody treatment will affect your cancer. If your tumour shows this genetic mutation, these drugs will not work and you will be offered chemotherapy drugs only.

These treatments are only used for patients who have not had other palliative chemotherapy drugs. They are funded through the NHS via the Cancer Drugs Fund.

Panitumumab and Cetuximab are given intravenously on the same day as FOLFOX or FOLFIRI chemotherapy. Research shows that these antibody treatments are most effective if given continuously, rather than having long breaks in treatment. If you have a break of more than 6 weeks, you will not be able to continue with the antibody treatment as you will lose the funding. However, you can continue with the chemotherapy.

**Side effects include:** allergic reaction at the time of administration, severe skin rash, nausea and diarrhoea.



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