

CAPTEM

Information for patients and caregivers. Read this with your treatment calendar and the instructions from your oncology team.

At a glance

Treatment	Capecitabine + temozolomide
Used in selected settings	Selected neuroendocrine tumours, especially pancreatic
How it is given	The treatment calendar below identifies the infusions, tablets or capsules used in this regimen.
Before you start	Save your 24-hour oncology number and have a thermometer and written medicine calendar available.

What this treatment is and how it works

CAPTEM combines oral [capecitabine](#) and [temozolomide](#). It is used for selected neuroendocrine tumours, particularly pancreatic neuroendocrine tumours. It is different from treatment for pancreatic adenocarcinoma. Using medicines with different actions helps attack cancer cells in more than one way. Healthy cells can also be affected, causing side effects.

When it may be used

Your team may use this treatment in the following settings: Selected neuroendocrine tumours, especially pancreatic. The choice depends on the exact diagnosis, stage, previous treatment, health and treatment aim. For advanced neuroendocrine tumours, CAPTEM usually aims to shrink or slow the cancer and help control symptoms. Your team will explain what benefit is realistic for you and how treatment fits with your other options.

A listed use is not a claim that every brand is licensed for that use in every country. Your oncologist will explain why this treatment is appropriate for you.

Before treatment

Before starting, tell the team about previous cancer treatment, allergies, infection symptoms, heart, lung, kidney or liver disease, hearing or nerve problems, diabetes and all medicines you take. Discuss pregnancy, contraception and fertility. Ask for a written treatment calendar, supportive-medicine instructions and a 24-hour oncology contact number. Baseline blood tests usually include a full blood count and kidney and liver function; additional tests depend on the medicine and your health. Before chemotherapy that reaches the whole body, the team should check for current or past hepatitis B infection. If a test is positive, extra monitoring or antiviral treatment may be needed to prevent the virus becoming active again. The team will coordinate testing and treatment; do not delay urgent cancer treatment yourself.

How treatment is given and the schedule

Example schedule - use your own prescription

When	What happens
Days 1-14	Capecitabine according to the prescribed twice-daily plan.
Days 10-14	Temozolomide is added in a commonly used schedule.
Days 15-28	Recovery period in this 28-day example. Temozolomide dose timing varies by protocol.

Anti-sickness medicine is particularly important around temozolomide. A separate calendar for each drug prevents timing errors.

The dose is calculated for your treatment and health. Rest periods, delays or dose changes may be needed. Do not change doses or treatment dates yourself, except to follow specific instructions to stop a medicine and seek help for warning symptoms. The team will give you a revised plan when needed.

Tests and monitoring during treatment

Before capecitabine, the team assesses dihydropyrimidine dehydrogenase (DPD), an enzyme that helps the body break down this treatment. Known complete DPD deficiency means capecitabine must not be used; partial deficiency may require a lower dose. A normal test does not remove all risk. Blood counts and kidney and liver function are checked. The team reviews nausea, bowel symptoms, mouth soreness and hands and feet. Infection prevention depends on lymphocyte counts, steroid use and the full plan.

At each review, describe symptoms since the previous dose, including problems that have already settled. Blood tests can detect effects before you feel them. Your team may delay, reduce, omit or stop a medicine if results or symptoms make this necessary. The decision depends on the exact protocol; a normal result does not make new symptoms safe to ignore.

Side effects: what to expect

Side-effect rates depend on the exact protocol, doses and other treatments. Frequencies from individual-drug labels cannot simply be added together or treated as regimen rates. The groups below describe the expected clinical pattern without assigning unsupported percentages.

You are unlikely to have all of these effects. This is not an exhaustive list. Tell the team about any new or troublesome symptom, including one not mentioned here.

Common or more frequent side effects

Practical care and when to ask for help

Possible effect	What you can do	When to contact the team
Low blood counts	White cells fight infection, red cells carry oxygen and platelets help clotting. Treatment can lower one or more of these. Wash hands, avoid close contact with people who are unwell and keep blood-test appointments.	Stop capecitabine and call the team immediately for fever, shaking chills or signs of infection. Follow your hospital's temperature instructions and seek urgent help if suddenly unwell. Report unusual bruising, bleeding, marked tiredness or increasing breathlessness. Do not wait for a blood-test result before seeking help. Do not restart capecitabine until instructed.
Feeling or being sick	Take preventive anti-sickness medicines at the prescribed times. Try small meals and frequent small drinks; avoid strong food smells if they worsen nausea.	Stop capecitabine and contact the team immediately if you vomit more than once in 24 hours or eat much less than usual because of nausea. Seek urgent help if you cannot keep fluids down, feel faint or pass much less urine. Do not restart until instructed.
Tiredness and reduced stamina	Balance rest with short periods of gentle activity. Prioritise tasks and accept help with shopping, meals or transport. Tell the team about poor sleep or pain.	Report fatigue that prevents basic activities or is worsening. Sudden breathlessness, chest pain, fainting or confusion needs urgent assessment.
Loose or frequent stools	Keep a record of stools. Take frequent small drinks and use the diarrhoea medicine prescribed for your regimen. Oral rehydration solution may help if the team recommends it.	Stop capecitabine and contact the team immediately for four or more extra bowel movements in a day compared with your usual pattern, or any diarrhoea at night. Seek help earlier for fever, blood, severe pain, dizziness or difficulty drinking. Do not restart until instructed.

Possible effect	What you can do	When to contact the team
Sore palms or soles (hand-foot syndrome)	Use a plain moisturiser and avoid friction, tight shoes, prolonged heat and pressure on the skin. Check hands and feet each day.	Stop capecitabine and contact the team immediately for pain, redness, swelling or tingling in the hands or feet. Do not wait for blisters or difficulty walking or using your hands. Do not restart until instructed.
Sore mouth or throat	Use a soft toothbrush and the mouth-care plan from your team. Choose soft, moist foods and avoid alcohol-containing mouthwash or foods that sting.	Stop capecitabine and contact the team immediately for pain, redness, swelling or sores in your mouth or throat. Do not wait until eating or drinking is difficult. Inability to swallow fluids, fever or severe pain needs urgent assessment. Do not restart until instructed.
Reduced appetite or changes in eating	Try smaller, frequent meals with protein and energy-rich foods you tolerate. Ask for a dietitian if your weight or intake is falling.	Stop capecitabine and contact the team immediately if nausea makes you eat much less than usual. Report ongoing weight loss or other difficulty eating. Inability to drink or signs of dehydration needs urgent assessment. Do not restart until instructed.
Constipation	Keep a bowel record. Gentle movement, usual fluids and a prescribed laxative can help. Ask before using suppositories or enemas when blood counts may be low.	Contact the team for worsening constipation. A swollen or painful abdomen, vomiting or inability to pass wind needs urgent assessment; do not simply add laxatives.

Other reported side effects (frequency varies)

These effects may be common in some treatment settings, less common in others, or have no reliable frequency estimate. Their position here does not mean they are necessarily less frequent or less serious.

Mouth soreness, rash, headache and liver-test changes may occur.

Report these at review, or sooner if worsening. Use the urgent guidance for symptoms that affect breathing, drinking, urination, walking, consciousness or bleeding.

Important serious side effects, including rare effects

Serious does not always mean rare. Where reliable incidence is unavailable, no numerical frequency is assigned. The action to take matters even when the likelihood is uncertain.

Unusually severe fluoropyrimidine toxicity

Reduced DPD activity can cause severe diarrhoea, mouth injury, low blood counts and neurological effects, sometimes early in the first course. Testing reduces but does not remove risk. Seek urgent oncology assessment for unexpectedly severe or rapidly worsening symptoms.

Chest pain or a heart-rhythm problem

New chest tightness, chest pain, severe breathlessness, fainting or a sustained racing heartbeat needs emergency assessment. Do not try to manage this with home remedies or wait for the next visit.

Serious liver injury

Yellow eyes or skin, dark urine, severe upper abdominal pain, rapid abdominal swelling or unexplained weight gain needs urgent review. Some treatments can injure the small blood vessels in the liver.

Infections during prolonged immune suppression

Unusual infections can occur during treatment and afterwards. Report fever, persistent cough, breathlessness, shingles-like blisters or unexplained deterioration promptly. Continue preventive medicines for the full prescribed period.

Suspected overdose or unexpectedly rapid infusion

If you may have taken extra capecitabine tablets, seek urgent medical assessment immediately, even if you feel well. Tell the oncology team what happened and when; bring the medicine packaging. A hospital may consider a time-sensitive antidote, so do not wait for symptoms or the next appointment. Local access to the antidote must be arranged by the treating service.

When to seek urgent help

Follow your hospital's temperature instructions. If you have not been given a threshold, contact the oncology team immediately for a temperature of 37.5°C (99.5°F) or above, below 36°C (96.8°F), shaking chills or feeling suddenly unwell. Do not wait for a fever if you are deteriorating. Check your temperature before taking a fever-reducing medicine when possible, but do not delay seeking help.

Emergency assessment now

Seek emergency medical help immediately for severe breathing difficulty, chest pain, collapse, a seizure, new confusion, sudden one-sided weakness, uncontrolled bleeding or swelling of the face or throat. Tell emergency staff that you are receiving cancer treatment and when the last dose was given. Do not drive yourself if seriously unwell.

Practical advice for this treatment

Capecitabine is taken within 30 minutes after a meal; temozolomide is taken without food as instructed by the pharmacist. Ask the pharmacist to map both onto your day.

Stop capecitabine and contact the oncology team immediately if you have diarrhoea at night or at least four more stools than usual in a day, vomit more than once in 24 hours, or are eating much less because of nausea. Also stop and call for painful or swollen mouth or throat, or sore, red, swollen or tingling hands or feet. Do not wait for symptoms to stop you eating or walking.

Stop and seek urgent advice for fever or signs of infection, using your hospital's temperature threshold and the urgent-help guidance above. Seek help sooner if you feel unwell or cannot drink. Do not restart until your oncology team tells you to. Do not double missed or vomited doses.

If chest pain develops, stop capecitabine immediately and seek emergency medical assessment. Do not take another dose or restart until the oncology team says it is safe.

Taking cancer medicines at home

Keep cancer tablets or capsules in their labelled packaging, away from children and pets. Do not share them or put them in a household pill organiser unless the oncology pharmacist agrees. Do not crush, open, split or dissolve them without product-specific pharmacy instructions. A [caregiver](#) who handles the medicine should follow the pharmacy's precautions. Return unused medicine to the pharmacy. If you miss a dose or vomit after one, do not take an extra dose; contact the team and follow the medicine-specific plan. If you accidentally take an extra dose or the wrong strength, contact the oncology team urgently even if you feel well. Do not try to make yourself vomit or work out a compensating dose yourself.

Medicines, interactions and vaccinations

Give the oncology pharmacist a complete list of prescription medicines, over-the-counter products, vitamins, herbal and Ayurvedic remedies and supplements. Ask before starting anything new. Do not stop prescribed medicines, including anticoagulants or infection-prevention medicines, without a coordinated plan. Live vaccines are generally unsuitable while immunity is suppressed; discuss vaccine type and timing with the team. Non-live vaccines may be offered, although protection can be reduced. Follow any specific stop-and-call instructions for the cancer medicine on this page or in your written treatment plan.

- **Capecitabine:** Brivudine must not overlap with capecitabine; at least 4 weeks are needed after brivudine before starting capecitabine. Warfarin can cause dangerous bleeding unless closely monitored. Phenytoin, allopurinol and other medicines need a pharmacist check.
- **Temozolomide:** Review anticonvulsants, steroids, other medicines affecting blood counts and all supplements. Do not stop anti-seizure medicines or prescribed infection prevention yourself.

Pregnancy, fertility and breastfeeding

Chemotherapy can harm a developing baby and may affect fertility temporarily or permanently. Discuss sperm, egg or embryo storage before treatment when feasible. If you could become pregnant, or your partner could become pregnant, use effective contraception during treatment and for the drug-specific period afterwards. Ask for a written end date based on every medicine in your plan: the required period differs by product and can extend for months. Periods stopping does not guarantee infertility. Tell the team immediately about a suspected pregnancy. Do not breastfeed during treatment; restart only after the team confirms the interval for the exact medicine and formulation.

Everyday life

Gentle activity, regular meals and rest can help you cope. Prepare food hygienically and drink according to your individual fluid plan. Avoid smoking; ask whether alcohol is safe with your exact treatment and other medicines. Plan work, travel and driving around symptoms and monitoring visits. Do not drive if dizzy, sleepy, weak, visually affected or impaired by neuropathy. You can usually be close to family and friends: chemotherapy does not make you radioactive. Follow the unit's instructions for handling urine, vomit, laundry and sexual precautions for the period it specifies.

When to contact the oncology team

Contact the oncology team the same day for persistent vomiting or diarrhoea, difficulty drinking, reduced urine, mouth pain affecting eating, new cough, jaundice, a painful or spreading rash, unusual bruising, worsening constipation or new nerve symptoms. Use the more urgent instructions for the particular symptom when given above. If the team cannot be reached and you are unwell, seek urgent medical care.

Write down your hospital's daytime and out-of-hours numbers before treatment. CTI's general contact details do not replace the emergency number provided by your treating hospital.

After treatment

Keep the planned blood tests and follow-up appointments after the last dose. Blood counts and immunity may take time to recover, and some effects can start or persist later. Contact the team about symptoms rather than waiting for a routine visit. Keep a treatment summary, including drug names, dates and any serious reactions, for future doctors. Response may be assessed with examination, scans or blood or marrow tests, depending on the cancer.

Words you may hear

DPD / DPYD	DPD is an enzyme that helps break down fluorouracil . DPYD is the gene that carries its instructions. Reduced activity can increase serious toxicity.
Neuroendocrine tumour	A tumour arising from cells with nerve-like and hormone-producing features. Its grade and site affect treatment.

Frequently asked questions

Can I take both medicines together with breakfast?

Their food instructions differ. Use the timing plan from your pharmacist.

Does temozolomide start on day 1?

Not in the common days-10-14 CAPTEM schedule. Check your own protocol and calendar.

Will I get every side effect listed?

No. Many people have only some of them. Your dose, other medicines, health and previous treatment all affect risk. Reporting symptoms early often makes them easier to manage.

Does having few side effects mean treatment is not working?

No. Side effects do not reliably show how well cancer treatment is working. The team assesses response using the appropriate tests.

Can a dose be reduced or delayed?

Yes. Blood counts, organ function or side effects may require a delay, reduction, omission or change. The team balances safety with the treatment aim; do not change doses yourself. Follow the specific instructions to stop a medicine and seek help if a warning symptom occurs.

Can I take vitamins, herbal or Ayurvedic products?

Check every product with the oncology pharmacist first. “Natural” does not mean interaction-free, and some products can affect the liver, bleeding or drug levels.

What should I have ready at home?

A thermometer, the 24-hour oncology number, a treatment calendar, your medicine list and prescribed symptom medicines. Arrange help with transport or meals if needed.

When should I call instead of waiting for the next appointment?

Use the urgent-help instructions on this page. Fever, sudden illness, uncontrolled symptoms or difficulty drinking should not wait until the next treatment visit.

Individual medicine guides

- Capecitabine
- Temozolomide

Sources and further reading

Summary of Product Characteristics

Product-specific details vary by formulation and treatment protocol.

Professional reference resources. These describe the specific product, warnings, interactions, monitoring and adverse effects. For US substitutes, the document is prescribing information rather than an SmPC. Check the product actually dispensed in India.

- [Xeloda - EMA product information \(includes SmPC\)](#). Accessed 16 October 2026. Original-brand information identified.
- [Temodal capsules - Merck Sharp & Dohme \(UK\)](#). Accessed 16 October 2026. Original-brand information identified.

Other authoritative references

- [Cancer Research UK - CAPTEM](#). Accessed 16 October 2026.
- [FDA - current fluoropyrimidine DPD safety labelling update](#). Accessed 16 October 2026.

- [NCI - infection and neutropenia](#). Accessed 16 October 2026.
- [NCI - mouth and throat problems](#). Accessed 16 October 2026.
- [NCI - diarrhoea](#). Accessed 16 October 2026.
- [NCI - fatigue](#). Accessed 16 October 2026.
- [BC Cancer - GIAVTZCAP Protocol](#). Accessed 16 October 2026. Independent cross-check: TREATMENT; TESTS; PRECAUTIONS; dose modifications / treatment schedule.
- [ASCO hepatitis B screening and management opinion](#). Accessed 16 October 2026. Independent cross-check: Provisional Clinical Opinion: universal three-test screening before or at systemic anticancer therapy; chronic/past infection management.
- [eviQ fluoropyrimidine overdose guidance](#). Accessed 16 October 2026. Independent cross-check: Background; assessment and management; uridine triacetate timing and asymptomatic overexposure.