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Tegafur-uracil (Uftoral®)

Tegafur-uracil is a chemotherapy drug usually given to treat colon and rectal cancer. It's also sometimes called Uftoral.

This fact sheet describes tegafur-uracil, how it is given and some of the possible side effects. It should ideally be read with our general information about chemotherapy and your type of cancer.

You'll see your hospital doctor regularly while you have this treatment so they can monitor the effects of the chemotherapy. This fact sheet should help you discuss any queries about your treatment and its side effects with your doctor, chemotherapy nurse or pharmacist.

If you'd like to discuss this information with our cancer support specialists, call the Macmillan Support Line free on **0808 808 00 00**, Monday–Friday, 9am–8pm. If you're hard of hearing you can use textphone 0808 808 0121, or Text Relay. For non-English speakers, interpreters are available. Alternatively, visit macmillan.org.uk

Includes the following information

- What tegafur-uracil looks like
- How it is given
- How it works
- Possible side effects
- Less common side effects
- Additional information
- Things to remember about tegafur-uracil capsules
- Related Macmillan information

What tegafur-uracil looks like

Tegafur-uracil is available as white capsules.

How it is given

The capsules should be taken three times a day at regular intervals. They should be swallowed whole and taken either an hour before or an hour after food.

A tablet called calcium folinate (folinic acid) is given with tegafur-uracil. This helps to make tegafur-uracil work more effectively. Both tablets should be taken at the same time.

Chemotherapy is usually given as a course of several sessions (cycles) of treatment over a few months. Tegafur-uracil is usually taken for 28 days (four weeks), followed by a seven day break. The cycle is then repeated.

The length of your treatment and the number of cycles you have will depend

on the type of cancer you're being treated for. Your nurse or doctor will discuss your treatment plan with you. It's important to follow the instructions carefully and take the tablets as directed by your doctor, chemotherapy nurse or pharmacist.

Before you have your treatment your doctor will arrange for you to have blood tests. You'll usually be given anti-sickness drugs before and/or during your treatment.

How it works

Tegafur-uracil is a combination of two chemotherapy drugs: tegafur and uracil. After the capsules are taken, tegafur is absorbed into the bloodstream, converted into the active drug 5FU in the liver and then absorbed by tumour cells. Within the cells is an enzyme that breaks down the 5FU. The uracil slows the breakdown of 5FU, which means that the 5FU stays in the cancer cells for longer.

Combining these two drugs means there's a higher concentration of 5FU in the tumour cells than when tegafur is given alone or when the same dose of 5FU is given into a vein. 5FU itself has been used as a treatment for bowel cancer for almost 50 years.

Possible side effects

Each person's reaction to chemotherapy is different. Some people have very few side effects while others may experience more. The side effects described here won't affect everyone who has tegafur-uracil, and may be different if you are having more than one type of chemotherapy drug.

We have outlined the most common side effects but haven't included those that are rare and unlikely to affect you. If you notice any effects that aren't listed here, discuss them with your doctor, chemotherapy nurse or pharmacist.

The known side effects of tegafur-uracil aren't usually severe.

Diarrhoea Tegafur-uracil can cause diarrhoea. This can usually be easily controlled with medicine, but tell your doctor if it is severe or continues. It's important to drink plenty of fluids if you have diarrhoea.

Feeling sick (nausea) and being sick (vomiting) This may begin soon after the treatment is given and can last for a few days. Your doctor can prescribe very effective anti-sickness (anti-emetic) drugs to prevent or greatly reduce nausea and vomiting. If the sickness isn't controlled, or if it continues tell your doctor; they can prescribe other anti-sickness drugs that may be more effective.

Some anti-sickness drugs can cause constipation. Let your doctor or nurse know if this is a problem.

Tiredness (fatigue) and feeling weak Feeling tired is a common side effect of chemotherapy, especially towards the end of treatment and for some weeks after it's over. It's important to try to pace yourself and get as much rest as you need. Try to balance this with some gentle exercise, such as short walks, which will help. If tiredness is making you feel sleepy, don't drive or operate machinery.

Risk of infection Tegafur-uracil can reduce the number of white blood cells, which help fight infection. White blood cells are produced by the bone marrow. If the number of your white blood cells is low you'll be more prone to infections. A low white blood cell count is called neutropenia.

Neutropenia begins seven days after treatment, and your resistance to infection is usually at its lowest 10–14 days after chemotherapy. The number of your white blood cells will then increase steadily and usually return to normal before your next cycle of chemotherapy is due.

Contact your doctor or the hospital straight away if:

- your temperature goes above 38°C (100.4°F)

- you suddenly feel unwell even with a normal temperature.

You'll have a blood test before having more chemotherapy to check the number of white blood cells. Occasionally, your treatment may need to be delayed if the number of your blood cells (blood count) is still low.

Bruising and bleeding Tegafur-uracil can reduce the production of platelets, which help the blood to clot. Tell your doctor if you have any unexplained bruising or bleeding, such as nosebleeds, bleeding gums, blood spots or rashes on the skin. You may need to have a platelet transfusion if your platelet count is low.

Anaemia Tegafur-uracil can reduce the number of red blood cells, which carry oxygen around the body. A low red blood cell count is called anaemia. This may make you feel tired and breathless. Tell your doctor or nurse if you have these symptoms. You may need to have a blood transfusion if the number of red blood cells becomes too low.

Nail changes Your nails may become brittle, chipped and ridged. These changes grow out slowly over a few months once the treatment has finished.

Skin changes Tegafur-uracil can sometimes cause a rash or dry skin, which may be itchy. Your doctor can prescribe medicine to help with this.

Increased production of tears This may be caused by tegafur-uracil and is temporary. You may also notice that your eyes become sore and inflamed (conjunctivitis). Let your doctor know if this happens so they can prescribe soothing eye drops if necessary.

Less common side effects

Hair loss This is rare but your hair may thin or occasionally fall out completely. If this happens, it usually begins about 3–4 weeks after starting treatment, although it may occur earlier. This is temporary and your hair will start to grow back once the

treatment has finished. Your hair may grow back straighter, curlier, finer, or a slightly different colour than it was before. Your nurse can give you advice about coping with hair loss.

Sore mouth Your mouth may become sore or dry, or you may notice small ulcers during this treatment. Drinking plenty of fluids, and cleaning your teeth regularly and gently with a soft toothbrush, can help reduce the risk of this happening. Some people may find sucking on ice soothing. Tell your nurse or doctor if you have any of these problems, as they can prescribe mouthwashes and medicine to prevent or clear mouth infections.

Taste changes You may notice that food tastes different. Normal taste usually comes back after treatment finishes. A dietitian or specialist nurse at your hospital can give you advice about ways of coping with this side effect.

Liver changes Treatment with tegafur-uracil may cause changes in the way your liver works, although it will return to normal when the treatment finishes. You're very unlikely to notice any problems but your doctor will take regular blood samples to check your liver is working properly.

It's important to let your doctor know straight away if you feel unwell or have any severe side effects, even if they're not mentioned above.

Additional information

Risk of developing a blood clot Cancer can increase the risk of developing a blood clot (thrombosis), and chemotherapy may increase this risk further. A blood clot may cause symptoms such as pain, redness and swelling in a leg, or breathlessness and chest pain. Blood clots can be very serious so it's important to tell your doctor straight away if you notice any of these symptoms. Most clots can be treated with drugs that thin the blood. The doctor or nurse can give you more information.

Other medicines Some medicines, including those that you can buy in a shop or chemist, can be harmful to take when you are having chemotherapy. Tell your doctor about any medicines you're taking, including over-the-counter drugs, complementary therapies and herbal drugs.

Fertility Your ability to become pregnant or father a child may be affected by having this treatment. It's important to discuss fertility with your doctor before starting treatment.

Contraception It's not advisable to become pregnant or father a child while having tegafur-uracil as it may harm the developing baby. It's important to use effective contraception while having this drug and for at least a few months afterwards. You can discuss this with your doctor.

It's not known whether chemotherapy drugs can be present in semen or vaginal fluids. To protect your partner, it's safest to either avoid sex or use a barrier form of contraception for about 48 hours after chemotherapy.

Breastfeeding There is a potential risk that chemotherapy drugs may be present in breast milk. Women are advised not to breastfeed during chemotherapy and for a few months afterwards.

Non-cancer admission If you're admitted to hospital for a reason not related to the cancer, it's important to tell the doctors and nurses looking after you that you're having chemotherapy treatment. You should tell them the name of your cancer specialist so that they can ask for advice.

Emergency contacts It's a good idea to know who you should contact if you have any problems or troublesome side effects when you're at home. During office hours you can contact the clinic or ward where you had your treatment. Your chemotherapy nurse or doctor will tell you who to contact during the evening or at weekends.

Things to remember about tegafur-uracil capsules

- It's important to take your capsules at the right times as directed by your doctor.
- Remember to take your folic acid tablets and tegafur-uracil capsules at the same time.
- Always tell any doctors treating you for non-cancerous conditions that you're taking a course of chemotherapy capsules that shouldn't be stopped without the advice of your cancer specialist.
- Keep the capsules in their original packaging, and store them at room temperature, away from heat and direct sunlight.
- Keep the capsules in a safe place and out of the reach of children.
- If your doctor decides to stop treatment return the remaining capsules to the pharmacist. Don't flush them down the toilet or throw them away.
- If you're sick just after taking the capsules, let your doctor know. You may need to take another dose. Don't take another capsule without telling your doctor first.
- When possible, take tegafur-uracil on an empty stomach, ie one hour before or one hour after meals.
- Take the capsules whole with water. Don't open the capsule.

Related Macmillan information

- Avoiding infection when you have reduced immunity
- Cancer treatment and fertility – information for men
- Cancer treatment and fertility – information for women
- Controlling nausea and vomiting
- Coping with fatigue
- Diet and cancer

- Leucovorin (folinic acid)
- Mouth care during chemotherapy
- Understanding chemotherapy
- Understanding colon cancer
- Understanding rectal cancer

For copies of this related information call free on **0808 808 00 00**, or see it online at **macmillan.org.uk**

This fact sheet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our medical editor, Dr Terry Priestman, Consultant Clinical Oncologist.

With thanks to Dermot Ball, Pharmacist; Jane Depledge, Nurse Consultant/Lead Cancer Nurse; and the people affected by cancer who reviewed this edition.

This fact sheet has been compiled using information from a number of reliable sources, including:

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- *British National Formulary*. 62nd edition. 2011. British Medical Association and Royal Pharmaceutical Society of Great Britain.
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This fact sheet was revised in 2012. The next edition will be available in 2013.

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