



Time to evolve

adjuvant treatment of Dukes' C
(stage III) colon cancer*

tablets
Xeloda[®]
capecitabine

XELODA is contraindicated in patients with severe renal impairment. Patients with mild or moderate renal impairment at baseline should be carefully monitored for adverse events.

XELODA can induce diarrhea, sometimes severe. **Patients with severe diarrhea should be carefully monitored and given fluid and electrolyte replacement if they become dehydrated.**

If an adverse event of grade 2, 3, or 4 occurs (eg, diarrhea), administration of XELODA should be immediately interrupted until the adverse event resolves or decreases in intensity to grade 1. Following a grade 2 reoccurrence of the adverse event or occurrence of any other grade 3 or 4 adverse event, subsequent doses of XELODA should be decreased. Please consult XELODA Prescribing Information (**DOSAGE AND ADMINISTRATION**) for recommended dose modifications for management of adverse events. Women of childbearing potential should be advised to avoid becoming pregnant while receiving treatment with XELODA. Men should use birth control while taking XELODA. Women should not nurse when receiving XELODA therapy.

Adverse reactions: In XELODA monotherapy for colon cancer in the adjuvant setting, the most common adverse events ($\geq 10\%$) in patients receiving either XELODA or 5-FU/LV (%;%) were hand-foot syndrome (60;9), diarrhea (47;65), nausea (34;47), stomatitis (22;60), fatigue (16;15), vomiting (15;21), abdominal pain (14;16), asthenia (10;10), lethargy (10;9), anorexia (9;11), constipation (9;11), and alopecia (6;22). Grade 3/4 adverse events ($\geq 5\%$) in patients receiving either XELODA or 5-FU/LV were hand-foot syndrome (17;<1), diarrhea (12;14), stomatitis (2;14), and neutropenia (<1;5).

Please see summary of XELODA prescribing information on adjacent pages, including boxed WARNING.