# CAPETMZL Regimen

**Capecitabine-Temozolomide**

<table>
<thead>
<tr>
<th><strong>Disease Site</strong></th>
<th>Gastrointestinal - Neuroendocrine (GI)</th>
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<tr>
<td><strong>Intent</strong></td>
<td>Palliative</td>
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<tr>
<td><strong>Regimen Category</strong></td>
<td>Evidence-informed :</td>
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Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

**Supplementary Public Funding**
- capecitabine
- ODB - General Benefit (capecitabine)

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B - Drug Regimen

**capecitabine**  
750 mg /m² PO BID* Days 1 to 14  
(*Total dose 1500 mg/m²/day)

**temozolomide**  
200 mg /m² PO Daily on Days 10 to 14  
(This drug is not currently publicly funded for this regimen and intent)

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C - Cycle Frequency

**REPEAT EVERY 28 DAYS**

Until disease progression or unacceptable toxicity.

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D - Premedication and Supportive Measures

**Antiemetic Regimen:**  
Moderate – Consider prophylaxis daily (Days 10-14)  
Low – No routine prophylaxis; PRN recommended (Days 1-9)

**Other Supportive Care:**

- Topical emollients (e.g. hand creams, udder balm) or oral pyridoxine therapy may ameliorate the manifestations of hand-foot syndrome in patients receiving capecitabine.
- Supportive care should be provided, including loperamide for diarrhea.

Also refer to [CCO Antiemetic Recommendations](#).

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K - References


**PEBC Advice Documents or Guidelines**

- [Systemic Therapy of Incurable Gastroenteropancreatic Neuroendocrine Tumours](#)

**May 2019** Updated emetic risk category
last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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