

Regimen Monograph

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A - Regimen Name

CAPECISP+PEMB Regimen

Capecitabine-CISplatin-Pembrolizumab

CAPE+PEMB Regimen

Capecitabine-Pembrolizumab

Disease Site Gastrointestinal
 Gastric / Stomach

Intent Palliative

Regimen Category **Evidence-informed :**

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.

Rationale and Uses First-line treatment in patients with locally advanced unresectable or metastatic HER2-negative gastric adenocarcinoma

Supplementary [capecitabine](#)
Public Funding ODB - General Benefit (capecitabine) ([ODB Formulary](#))

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B - Drug Regimen

Cycles 1 to 6:

pembrolizumab ^{1,2}	200 mg	IV	Day 1
(This drug is not currently publicly funded for this regimen and intent)			
CISplatin	80 mg /m ²	IV	Day 1
capecitabine [^]	1000 mg /m ²	PO	BID Days 1 to 14

([^]Total dose 2000 mg/m²/day)

Cycles 7 and onwards:

pembrolizumab ¹	200 mg	IV	Day 1
(This drug is not currently publicly funded for this regimen and intent)			
capecitabine ^{^,†}	1000 mg /m ²	PO	BID Days 1 to 14

([^]Total dose 2000 mg/m²/day)

[†]May continue with PEMB(MNT) if capecitabine is discontinued. Refer to PEMB(MNT) regimen for details.

¹Alternative pembrolizumab dosing schedule (400 mg IV q 6 weeks).

²Give pembrolizumab before chemotherapy when given on the same day.

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C - Cycle Frequency

CAPECISP or CAPE: Repeat every 21 days

PEMBROLIZUMAB: Repeat every 21 days (200 mg dose)[†]

For 6 cycles of CAPECISP+PEMB[^], followed by CAPE+PEMB[^] for up to 2 years (including initial CAPECISP+PEMB cycles), unless disease progression or unacceptable toxicity.

[^]If chemotherapy is discontinued after at least 1 cycle due to intolerance, pembrolizumab may be continued as single agent (PEMB(MNT)) for up to 2 years, unless disease progression or unacceptable toxicity.

[†]Alternative pembrolizumab dosing schedule is 400 mg IV q 6 weeks.

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D - Premedication and Supportive Measures

Antiemetic Regimen: High (Cycles 1-6)
Low – No routine prophylaxis; PRN recommended (Cycles 7+)

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the [hepatitis B virus screening and management](#) guideline.

Pembrolizumab Premedication (prophylaxis for infusion reactions):

- Routine pre-medication is not recommended.
- May consider antipyretic and H1-receptor antagonist in patients who experienced a grade 1-2 infusion reaction.

Other Supportive Care:

- Also refer to [CCO Antiemetic Recommendations](#).
- Avoid the use of corticosteroids or immunosuppressants before starting pembrolizumab treatment.
- Standard regimens for Cisplatin premedication and hydration should be followed. Refer to local guidelines.
- Topical emollients (e.g. hand creams, udder balm) therapy may ameliorate the manifestations of hand-foot syndrome in patients receiving capecitabine.
- Supportive care should be provided, including loperamide for diarrhea.

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J - Administrative Information

Approximate Patient Visit

CAPECISP+PEMB 4 hours

CAPE+PEMB 0.5 hour

Pharmacy Workload (average time per visit)

CAPECISP+PEMB 40.337 minutes

CAPE+PEMB 22.05 minutes

Nursing Workload (average time per visit)

CAPECISP+PEMB 54.833 minutes

CAPE+PEMB 45 minutes

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K - References

Capecitabine drug monograph. Ontario Health (Cancer Care Ontario).

Cisplatin drug monograph. Ontario Health (Cancer Care Ontario).

Pembrolizumab drug monograph. Ontario Health (Cancer Care Ontario).

Rha SY, Oh DY, Yañez P, et al. Pembrolizumab plus chemotherapy versus placebo plus chemotherapy for HER2-negative advanced gastric cancer (KEYNOTE-859): a multicentre, randomised, double-blind, phase 3 trial. *Lancet Oncol* 2023 Nov;24(11):1181-95. doi: 10.1016/S1470-2045(23)00515-6.

May 2024 new ST-QBP regimen

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L - Other Notes

DPD Deficiency Testing and Guidance:

Patients should be tested for DPD deficiency before starting treatment with capecitabine. Refer to the [DPD Deficiency Guidance for Clinicians](#) for more information.

In patients with unrecognized DPD deficiency, acute, life-threatening toxicity may occur; if acute grade 2-4 toxicity develops, treatment should be stopped immediately and permanent discontinuation considered based on clinical assessment of the toxicities.

Antidote for Capecitabine Overdose:

Uridine triacetate is a prodrug of uridine and is a specific antidote for treating capecitabine overdose or severe early onset toxicities. If available, consider administering as soon as possible (i.e. within 96 hours) for suspected overdose. If not available, treatment is symptomatic and supportive.

For usage approval and supply, contact Health Canada's [Special Access Program](#) (SAP) (Phone: 613-941-2108. On-call service is available for emergencies). Uridine triacetate (Vistogard®) is supplied by its manufacturer in the United States.

The recommended dosing and administration for **uridine triacetate** in patients ≥18 years is:

- 10 grams (1 packet of coated granules) orally every 6 hours for 20 doses in total, without regards to meals.
- Granules should not be chewed. They should be mixed with 3 to 4 ounces of soft foods such as applesauce, pudding or yogurt.
- The dose should be ingested within 30 minutes of preparation, followed by at least 4 ounces of water.
- Refer to the prescribing information on dose preparation for NG-tube or G-tube use.

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.

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