Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

CAPECISP(RT) Regimen

Capecitabine-Cisplatin-Radiotherapy

Disease Site

Gastrointestinal
- Esophagus
- Gastric / Stomach

Intent

Adjuvant

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.

Supplementary Public Funding

capecitabine
ODB - General Benefit (capecitabine)

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B - Drug Regimen

Cycles 1 and 2:

CISplatin	60 mg /m²	IV	Day 1
capecitabine	1000 mg /m²	PO	BID* Days 1 to 14

(*Total dose 2000 mg/m^2/day)
(Outpatient prescription in 150mg and 500mg tablets)

Q21 days

Cycle 3 (concurrent with radiation):

capecitabine	825 mg /m²	PO	BID**

(**Total dose 1650 mg/m^2/day)
(Outpatient prescription in 150mg and 500mg tablets, may give either on days of radiation (5 days per week) OR continuously (7 days per week) during radiotherapy)

Cycles 4 and 5:

CISplatin	60 mg /m²	IV	Day 1
capecitabine	1000 mg /m²	PO	BID* days 1-14

(*Total dose 2000 mg/m^2/day)
(Outpatient prescription in 150mg and 500mg tablets)

Q21 days

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C - Cycle Frequency

SINGLE COURSE

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D - Premedication and Supportive Measures

Antiemetic Regimen: High
No routine prophylaxis for capecitabine

Other Supportive Care:
Also refer to CCO Antiemetic Summary

Standard regimens for Cisplatin premedication and hydration should be followed. Refer to local guidelines.

- 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.

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J - Administrative Information

Capecitabine: Outpatient prescription for home administration

Approximate Patient Visit	2 to 3 hours
Pharmacy Workload (average time per visit)	36.087 minutes
Nursing Workload (average time per visit)	41.667 minutes

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K - References

Lee J, Lim do H, Kim S, et al. Phase III trial comparing capecitabine plus cisplatin versus capecitabine plus cisplatin with concurrent capecitabine radiotherapy in completely resected gastric cancer with D2 lymph node dissection: the ARTIST trial. J Clin Oncol 2012 Jan 20;30(3):268-73.

April 2023 Updated DPD deficiency information in the Other Notes section.

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L - Other Notes

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.

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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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