

Regimen Monograph

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A - Regimen Name

CAPECISP Regimen

CISplatin-Capecitabine

Disease Site Gastrointestinal
 Hepatobiliary / Liver / Bile Duct

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.

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

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B - Drug Regimen

CISplatin	60 mg /m ²	IV	Day 1
capecitabine	1000-1250 mg /m ²	PO	BID, Days 1 to 14

(Outpatient prescription in 150mg and 500mg tablets)

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C - Cycle Frequency**REPEAT EVERY 21 DAYS**

Until disease progression or unacceptable toxicity, usually up to 6 cycles due to cumulative cisplatin toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate
No routine prophylaxis for capecitabine

Other Supportive Care:

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

- 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

Approximate Patient Visit	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

Hong YS, Lee J, Lee SC, et al. Phase II study of capecitabine and cisplatin in previously untreated advanced biliary tract cancer. *Cancer Chemother Pharmacol* 2007;60(3):321-8.

Kim TW, Chang HM, Kang HJ, et al. Phase II study of capecitabine plus cisplatin as first-line chemotherapy in advanced biliary cancer. *Ann Oncol* 2003;14(7):1115-20.

Lee J, Hong TH, Lee IS, et al. Comparison of the Efficacy between Gemcitabine-Cisplatin and Capecitabine-Cisplatin Combination Chemotherapy for Advanced Biliary Tract Cancer. *Cancer Res Treat* 2015;47(2):259–65.

Lee JO, Lee KW, Oh DY, et al. Combination chemotherapy with capecitabine and cisplatin for patients with metastatic hepatocellular carcinoma. *Ann Oncol* 2009;20(8):1402-7.

Shim JH, Park JW, Nam BH, et al. Efficacy of combination chemotherapy with capecitabine plus cisplatin in patients with unresectable hepatocellular carcinoma. *Cancer Chemother Pharmacol* 2009;63(3):459-67.

Woo SM, Lee WJ, Kim JH, et al. Gemcitabine plus cisplatin versus capecitabine plus cisplatin as first-line chemotherapy for advanced biliary tract cancer: a retrospective cohort study. *Chemotherapy* 2013;59(3):232-8.

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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