**Regimen Monograph**

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

## A - Regimen Name

# CAPECRBP+TRAS Regimen

**Capecitabine-CARBOplatin-Trastuzumab**

**Disease Site**
Gastrointestinal
Esophagus
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.

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

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## B - Drug Regimen

**Note:** Different trastuzumab products are **NOT INTERCHANGEABLE.**

***Trastuzumab Loading Dose:***

| | | | |
|---|---|---|---|
| trastuzumab[1] | 8 mg /kg | IV | Day 1 (first cycle only) |

**(Prior authorization is required for PDRP funding of this drug within this regimen)**

***THEN, Trastuzumab Maintenance Dose:***

| | | | |
|---|---|---|---|
| trastuzumab[1] | 6 mg /kg | IV | Day 1 (Cycle 2 and onwards) |

**(Prior authorization is required for PDRP funding of this drug within this regimen)**

[1] The dose of trastuzumab should be delayed if the chemotherapy cycle is delayed for scheduling.

**AND**

| | | | |
|---|---|---|---|
| CARBOplatin | AUC 4 to 5 | 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)

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## C - Cycle Frequency

**REPEAT EVERY 21 DAYS**

Carboplatin-Capecitabine: Up to 6 cycles unless evidence of disease progression or unacceptable toxicity occurs

Trastuzumab: Until evidence of disease progression or unacceptable toxicity

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## D - Premedication and Supportive Measures

**Antiemetic Regimen:** Moderate + NK1 antagonist (Carboplatin AUC ≥ 5)
No routine prophylaxis for capecitabine

**Other Supportive Care:**

Also refer to CCO Antiemetic Summary

• Trastuzumab: Nausea and vomiting are usually symptoms that are related to infusion-associated reactions. To prevent recurrence of infusion-associated reactions, acetaminophen and diphenhydramine may be given as pre-medication. Refer to Trastuzumab drug monograph for full details.

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## J - Administrative Information

| | |
|---|---|
| Approximate Patient Visit | 1-2 hours |
| Pharmacy Workload (average time per visit) | 31.31 minutes |
| Nursing Workload (average time per visit) | 59.17 minutes |

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## K - References

Bang YJ, Van Cutsem E, Deyereislova A et al. Trastuzumab in combination with chemotherapy versus chemotherapy alone for treatment of HER2-positive advanced gastric or gastro-oesophageal junction cancer (ToGA): a phase 3, open-label, randomised controlled trial. Lancet 2010;376:687-97.

**PEBC Advice Documents or Guidelines**

- Systemic Therapy for Advanced Gastric and Gastro-Esophageal Carcinoma

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

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## L - Other Notes

### DPD Deficiency:

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.

### Calvert Formula:

**DOSE (mg) = target AUC X (GFR + 25)**

- AUC = product of serum concentration (mg/mL) and time (min)
- GFR (glomerular filtration rate) expressed as measured Creatinine Clearance or estimated from Serum Creatinine (by Cockcroft and Gault method or Jelliffe method)

(Calvert AH, Newell DR, Gumbrell LA, et al, Carboplatin dosage: Prospective evaluation of a simple formula based on renal function. J Clin Oncol, 1989; 7: 1748-1756)

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## M - Disclaimer

***Regimen Abstracts***

*A 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). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.*

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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.*

*The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.*

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*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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