Regimen Monograph

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

A - Regimen Name

CAPEGEMC Regimen

Gemcitabine-Capecitabine

Disease Site
Genitourinary
Renal Cell / Kidney

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

gemcitabine	1000 mg /m²	IV	Days 1, 8 and 15
capecitabine	830 mg /m²	PO	BID* Days 1 to 21

(Total daily dose 1660 mg/m^2 per day)
(*Outpatient prescription in 150mg and 500mg tablets)

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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: Low
No routine prophylaxis for capecitabine

Other Supportive Care:

- Topical emollients (e.g. hand creams, udder balm) 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 Summary

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J - Administrative Information

Approximate Patient Visit	0.75 hour
Pharmacy Workload (average time per visit)	22.85 minutes
Nursing Workload (average time per visit)	36.667 minutes

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K - References

Stadler WM, Halabi S, Rini B, et al; Cancer and Leukemia Group B. A phase II study of gemcitabine and capecitabine in metastatic renal cancer: a report of Cancer and Leukemia Group B protocol 90008. Cancer. 2006 Sep 15;107(6):1273-9.

Tannir NM, Thall PF, Ng CS, et al. A phase II trial of gemcitabine plus capecitabine for metastatic renal cell cancer previously treated with immunotherapy and targeted agents. J Urol. 2008 Sep;180(3):867-72; discussion 872.

Waters JS, Moss C, Pyle L, et al. Phase II clinical trial of capecitabine and gemcitabine chemotherapy in patients with metastatic renal carcinoma. Br J Cancer 2004;91(10):1763-8.

April 2023 Updated DPD deficiency information in the Other Notes section

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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.

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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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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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