Regimen Monograph

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

A - Regimen Name

CAPEMTMC(RT) Regimen

Capecitabine-mitomycin

Disease Site

Gastrointestinal
Anus

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.

Rationale and Uses

For treatment of stage I-III squamous cell carcinoma of the anal canal and ECOG performance status of less than or equal to 2.

Supplementary Public Funding

capecitabine
ODB - General Benefit (capecitabine)

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B - Drug Regimen

capecitabine	825 mg /m²	PO	BID*

*total daily dose 1650 mg/m^2

Concurrent on radiation days

(Days 1-5, 8-12, 15-19, 22-26, 29-33, and continue until last day of RT)

mitomycin	10 mg /m²	IV (maximum 20 mg)	Days 1 and 29

Alternative mitomycin schedule:

mitomycin	12 mg /m²	IV (maximum 20 mg)	Day 1 ONLY

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C - Cycle Frequency

Single course, concurrent with radiotherapy

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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) 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.

Also refer to CCO Antiemetic Recommendations.

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J - Administrative Information

Outpatient prescription for home administration (capecitabine)

Approximate Patient Visit	0.5 hour
Pharmacy Workload (average time per visit)	16.99 minutes
Nursing Workload (average time per visit)	41.667 minutes

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K - References

Glynne-Jones R, Meadows H, Wan S, et al. EXTRA--a multicenter phase II study of chemoradiation using a 5 day per week oral regimen of capecitabine and intravenous mitomycin C in anal cancer. Int J Radiat Oncol Biol Phys. 2008 Sep 1;72(1):119-26.

Meulendijks D, Dewit L, Tomasoa NB, et al. Chemoradiotherapy with capecitabine for locally advanced anal carcinoma: an alternative treatment option. Br J Cancer. 2014 Oct 28;111(9):1726-33.

Thind G, Johal B, Follwell M, Kennecke HF. Chemoradiation with capecitabine and mitomycin-C for stage I-III anal squamous cell carcinoma. Radiat Oncol. 2014 May 29;9:124.

BCCA protocol summary for Curative Combined Modality Therapy for Carcinoma of the Anal Canal using mitoMYcin, Capecitabine and Radiation Therapy. Updated 2010 May 1. Available from: http://www.bccancer.bc.ca/NR/rdonlyres/C0A8933B-3AAD-4EBA-A95C-4552A0A060C9/63672/GICART_Protocol_1May2013.pdf

PEBC Advice Documents or Guidelines

- Management of Squamous Cell Cancer of the Anal Canal

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.

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.

The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly

evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

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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