

Regimen Monograph

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A - Regimen Name

CAPE(RT) Regimen

Capecitabine

Disease Site Gastrointestinal
 Hepatobiliary / Liver / Bile Duct

(Cholangiocarcinoma)

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) ([ODB Formulary](#))

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B - Drug Regimen[capecitabine](#)825 mg /m²

PO

BID*

(Outpatient prescription in 150 mg and 500 mg tablets; *Total dose 1650 mg/m²/day)

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Either on days of radiation (5 days per week) OR continuously (7 days per week) during radiotherapy (single cycle).

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Antiemetic Regimen: Low – No routine prophylaxis; PRN recommended

Other Supportive Care:

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

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Outpatient prescription for home administration

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Das P, Wolff RA, Abbruzzese JL, et al. Concurrent capecitabine and upper abdominal radiation therapy is well tolerated. *Radiat Oncol* 2006;1:41.

Hepatobiliary cancers. National Comprehensive Cancer Network (NCCN) Clinical Practice

Guidelines in Oncology, v2.2016.

Ramírez-Merino N, Aix SP, Cortés-Funes H ,et al. Chemotherapy for cholangiocarcinoma: An update. World J Gastrointest Oncol 2013;5(7):171-6.

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

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,

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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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