

## Regimen Monograph

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## A - Regimen Name

# CAPE(RT) Regimen

## Capecitabine

**Disease Site**      Gastrointestinal  
                                 Small bowel and appendix

**Intent**              Neoadjuvant

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

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**B - Drug Regimen**[capecitabine](#)825 mg /m<sup>2</sup>

PO

BID\*

(Outpatient prescription in 150 mg and 500 mg tablets; \*Total dose 1650 mg/m<sup>2</sup>/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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Capecitabine drug monograph, Cancer Care Ontario.

Clinical Practice Guidelines in Oncology (NCCN Guidelines). Colon Cancer. Version 3.2015. NCCN.org

De Paoli, A, et al. Capecitabine in combination with preoperative radiation therapy in locally advanced, resectable, rectal cancer: a multicentric phase II study. *Ann Oncol* 2006;17:246-51.

Dunst J, Debus J, Rudat V et al. Neoadjuvant Capecitabine Combined with Standard Radiotherapy in Patients with Locally Advanced Rectal Cancer: Mature Results of a Phase II Trial. *Strahlenther Onkol* 2008;184(9):450-6.

Dupuis O, Vie B, Lledo G et al. Preoperative treatment combining capecitabine with radiation therapy in rectal cancer: a GERCOR Phase II Study. *Oncology* 2007;73(3-4):169-76

Hofheinz R, Wenz F, Post S, et al: Capecitabine (Cape) versus 5-fluorouracil (5-FU)-based (neo)adjuvant chemoradiotherapy (CRT) for locally advanced rectal cancer (LARC): Long-term results of a randomized, phase III trial. 2011 ASCO Annual Meeting. [Abstract 3504](#). Presented June 4, 2011.

**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, 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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