

## Regimen Monograph

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## A - Regimen Name

# CAPETMZL Regimen

## Capecitabine-Temozolomide

**Disease Site**      Gastrointestinal  
                                Neuroendocrine (GI)

**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)

[temozolomide](#)  
  ODB - General Benefit (temozolomide)

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<a href="#">capecitabine</a>	750 mg /m <sup>2</sup>	PO	BID* Days 1 to 14
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(\*Total dose 1500 mg/m<sup>2</sup>/day)

<a href="#">temozolomide</a>	200 mg /m <sup>2</sup>	PO	Daily on Days 10 to 14
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Until disease progression or unacceptable toxicity.

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**Antiemetic Regimen:** Moderate – Consider prophylaxis daily (Days 10-14)  
Low – No routine prophylaxis; PRN recommended (Days 1-9)

**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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Fine RL, Gulati AP, Krantz BA, et al. Capecitabine and temozolomide (CAPTEM) for metastatic, well-differentiated neuroendocrine cancers: The Pancreas Center at Columbia University experience. *Cancer Chemother Pharmacol* 2013;71(3):663-70.

Welin S, Sorbye H, Sebjornsen S, et al. Clinical effect of temozolomide-based chemotherapy in poorly differentiated endocrine carcinoma after progression on first-line chemotherapy. *Cancer* 2011;117(20):4617-22.

Strosberg JR, Fine RL, Choi J, et al. First-line chemotherapy with capecitabine and temozolomide in patients with metastatic pancreatic endocrine carcinomas. *Cancer* 2011;117(2):268-75.

### **PEBC Advice Documents or Guidelines**

- [Systemic Therapy of Incurable Gastroenteropancreatic Neuroendocrine Tumours](#)

**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***

*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.*

*Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not*

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undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

### **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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