

Regimen Monograph

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A - Regimen Name

CAPE Regimen

Capecitabine

Disease Site Gastrointestinal
 Hepatobiliary / Liver / Bile Duct

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 Treatment of patients with completely resected cholangiocarcinoma or gallbladder cancer and good performance status (less than 2).

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

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[capecitabine](#) 1250 mg /m² PO BID * Days 1 to 14

(Total dose 2500 mg/m² per day)

(Available as 150 mg or 500 mg tablets)

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For a usual total of 8 cycles unless disease progression or unacceptable toxicity occurs

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Antiemetic Regimen: Minimal

Febrile Neutropenia Risk: Low

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.

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Outpatient prescription for home administration

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K - References

Primrose JN et al. Capecitabine compared with observation in resected biliary tract cancer (BILCAP): a randomised, controlled, multicentre, phase 3 study. *Lancet Oncol* 2019; 20: 663–73.

Capecitabine drug monograph, Cancer Care Ontario.

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

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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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