Regimen Monograph

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

A - Regimen Name

ECX Regimen

EPIrubicin-CISplatin-XELODA ® (Capecitabine)

Disease Site Unknown Primary

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)

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B - Drug Regimen

EPIrubicin	50 mg /m²	IV	Day 1
CISplatin	60 mg /m²	IV	Day 1
capecitabine	625 mg /m²	PO	BID* days 1 to 21

(*Total daily dose = 1250mg/m^2/day; available as 150mg and 500mg tablets)

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

Until disease progression or unacceptable toxicity, usually up to 6 cycles due to cumulative cisplatin toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: High
No routine prophylaxis for capecitabine

Other Supportive Care:

• Standard regimens for Cisplatin premedication and hydration should be followed. Refer to local guidelines.

• 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.

Also refer to CCO Antiemetic Recommendations.

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J - Administrative Information

Approximate Patient Visit	Day 1: 4 hours
Pharmacy Workload (average time per visit)	41.231 minutes
Nursing Workload (average time per visit)	61.667 minutes

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K - References

Cunningham D, Starling N, Rao S, et al; Upper Gastrointestinal Clinical Studies Group of the National Cancer Research Institute of the United Kingdom. Capecitabine and oxaliplatin for advanced esophagogastric cancer. N Engl J Med. 2008 Jan 3;358(1):36-46.

Parnis FX, Olver IN, Kotasek D, et al. Phase II study of epirubicin, cisplatin and continuous infusion 5-fluorouracil (ECF) for carcinoma of unknown primary site. Ann Oncol 2000;11(7):883-4.

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.

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