

## OXALIPLATIN CAPECITABINE (OX)

### INDICATION (ICD10) C15, C16, C17, D37

1. Advanced gastric, oesophageal cancer.
  2. Unknown primary adenocarcinoma if appropriate (unlicensed).
- PS 0, 1, 2

### REGIMEN

Day 1 OXALIPLATIN 130mg/m<sup>2</sup> in #ml glucose 5% IV infusion over 2 hours  
 Days 1 to 21 CAPECITABINE 625mg/m<sup>2</sup> twice daily (1250mg/m<sup>2</sup>/day) oral continuously

# diluent and diluent volume for dose prescribed as per national standardised product specification

### CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 21 days 6-8 cycles

### ADMINISTRATION

Tablets should be taken 12 hours apart.  
 Swallowed with water within 30 minutes after a meal, or dissolve in 200ml luke warm water, stir thoroughly (squash may be added if unpalatable).

### ANTI-EMETICS

Moderately emetogenic day 1  
 Low emetogenic risk days 2 to 21

### CONCURRENT MEDICATION REQUIRED

Capecitabine	Mouth and bowel support eg_Loperamide, benzydamine mouthwash
Oxaliplatin	Flush with glucose 5% after infusion

### EXTRAVASATION AND TYPE OF LINE / FILTERS

Oxaliplatin - exfoliant

Peripheral or central line

### INVESTIGATIONS

Blood results required before SACT administration  
 FBC, U&E and LFTs and creatinine every cycle  
 Neutrophils x 10<sup>9</sup>/L ≥1.5  
 Platelets x 10<sup>9</sup>/L ≥100  
 Serum creatinine  
 DPYD (dihydropyrimidine dehydrogenase) test  
 Baseline weight and every cycle

## MAIN TOXICITIES AND ADVERSE REACTIONS

Capecitabine	Palmar plantar (handfoot syndrome) causing red palms and soles – treat with pyridoxine 50mg tds Diarrhoea – treat with loperamide or codeine Cardiotoxicity – monitor cardiac function. To minimise risk of anthracycline induced cardiac failure signs of cardiotoxicity e.g. cardiac arrhythmias, pericardial effusion, tachycardia with fatigue. All patients should be told to report any cardiac symptoms immediately and should be told to stop the medication immediately if any suspicion of cardiac problems. Stomatitis
Oxaliplatin	Peripheral sensory neuropathy and laryngeal spasm – avoid cold drinks and touching cold items

## INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS (not exhaustive list check SPC/BNF/Stockleys)

Capecitabine	Brivudine and analogues should be avoided Warfarin Phenytoin Allopurinol
--------------	---

## DOSE MODIFICATIONS

DPYD variant identified follow national or local DPD dose modification guidelines.

### Haematological

Platelets $\geq 100 \times 10^9/L$ neutrophils $\geq 1.5 \times 10^9/L$	Give 100% dose
Platelets 50-100 $\times 10^9/L$ neutrophils 0.5-1.5 $\times 10^9/L$	Stop capecitabine, delay oxaliplatin until recovery. Restart capecitabine at 100% dose give 75% oxaliplatin doses on subsequent cycles
Platelets 25-49 $\times 10^9/L$ neutrophils $< 0.5 \times 10^9/L$	Stop capecitabine, delay oxaliplatin until recovery. Restart capecitabine at 100% dose, give 75% oxaliplatin doses on subsequent cycles
Platelets $< 25 \times 10^9/L$	Stop capecitabine, delay oxaliplatin until recovery. Restart capecitabine at 100% dose and oxaliplatin 75%

## Non-haematological

### Capecitabine

Dose limiting toxicities include diarrhoea, abdominal pain, nausea, stomatitis and handfoot syndrome.

Toxicity can be managed by symptomatic treatment and/or modification of the dose (treatment interruption or dose reduction).

Once the dose has been reduced it should not be increased at a later time.

When capecitabine is stopped for toxicity, the doses are omitted and not delayed.

Toxicity grades	Dose changes within a treatment cycle	Dose adjustment for next cycle/dose (% of starting dose)
Grade 2 - 1st appearance	Interrupt until resolved to grade 0-1	100%
Grade 2 - 2nd appearance	Interrupt until resolved to grade 0-1	75%
Grade 2 - 3rd appearance	Interrupt until resolved to grade 0-1	50%
Grade 2 - 4th appearance	Discontinue treatment permanently	Not applicable
Grade 3 - 1st appearance	Interrupt until resolved to grade 0-1	75%
Grade 3 - 2nd appearance	Interrupt until resolved to grade 0-1	50%
Grade 3 - 3rd appearance	Discontinue treatment permanently	Not applicable
Grade 4 - 1st appearance	Discontinue permanently OR if physician deems it to be in the patient's best interest to continue, interrupt until resolved to grade 0-1	50%
Grade 4 - 2nd appearance	Discontinue treatment permanently	Not applicable

### Oxaliplatin

If patients develop acute laryngopharyngeal dysaesthesia infuse the next cycle over 4 hours.

If symptoms persist give 80% dose.

If persistent sensory symptoms occur, withdraw treatment.

## Hepatic impairment

### Capecitabine

Bilirubin of >3xULN or ALT/AST >2.5xULN	Interrupt capecitabine Treatment may be resumed when bilirubin decreases to <3xULN or hepatic aminotransferases decrease to <2.5xULN.
---	--

### Oxaliplatin

No dose adjustment is needed.

## Renal impairment

### Capecitabine

CrCl (ml/min) >50	give 100% dose
CrCl (ml/min) 30-50	give 75% dose
CrCl (ml/min) <30	contraindicated

### Oxaliplatin

CrCl >30ml/min	give 100% dose
CrCl <30ml/min	Dose reduce (consider 50% of original dose)



## REFERENCES

1. REAL 2 trial
2. REAL 3 standard arm