CAPECITABINE

INDICATION (ICD10) C18, C20, C23

1. Monotherapy adjuvant colorectal cancer (consider a regimen without capecitabine if has ileostomy)
2. First line monotherapy metastatic colorectal cancer (consider a regimen without capecitabine if has ileostomy).
3. Patients with adjuvant completely-resected cholangiocarcinoma (CCA) or gallbladder cancer (including liver and pancreatic resection, as appropriate), with adequate biliary drainage, no ongoing infection, adequate renal, haematological and liver function, and ECOG PS ≤2. To begin within 12 weeks of radical surgery (unlicensed).
4. Unknown primary if appropriate.
   PS 0, 1, 2

REGIMEN

Days 1 to 14	**CAPECITABINE**	1250mg/m^2 (2500mg/m^2/day)	oral	twice daily

CYCLE FREQUENCY AND NUMBER OF CYCLES

Colorectal adjuvant, unknown primary – every 21 days for up to 8 cycles
Colorectal metastatic – every 21 days until disease progression or excessive toxicity
Cholangicarcinoma, gallbladder adjuvant – every 21 days for 8 cycles

ANTI-EMETICS

Low risk days 1 to 14

CONCURRENT MEDICATION REQUIRED

Capecitabine	Mouth and bowel support eg loperamide, benzydamine mouthwash

ADMINISTRATION

Capecitabine	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).

EXTRAVASATION AND TYPE OF LINE / FILTERS

Not applicable

INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs Neutrophils ≥1.5x10^9/L (colorectal 1.0-1.5x10^9/L retest and if on an upward trend then can go ahead, if no access to retest then contact Dr) Platelets ≥100x10^9/L (colorectal ≥75)	baseline and every cycle
EDTA GFR or calculated CrCl at consultant's discretion.	baseline and every cycle
Serum creatinine	baseline and every cycle
DPYD (dihydropyrimidine dehydrogenase) test	baseline
Weight	baseline and every cycle

MAIN TOXICITES 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.

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

Capecitabine	Brivudine and analogues should be avoided Warfarin and caution with all oral anticoagulants Phenytoin Allopurinol

DOSE MODIFICATIONS

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

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

Hepatic impairment

Capecitabine

Treatment related 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.

Renal impairment

Capecitabine

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

REFERENCES

1. Cancer Research (Dec 2003vs 1) amended November 2004. An Open Label Phase II Study of Capecitabine in the Treatment of Neuroendocrine Tumours
2. BILCAP trial

Assessments

	Pre	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Ongoing	Last cycle
Clinical assessment	X		Pre cycle		Pre/post cycle 4	Alternate cycles or team discretion	
SACT assessment (PS and toxicities)	X	X	X	X	X	Every cycle	Check has OPD
FBC	X	X	X	X	X	Every cycle	X
U&E, calcium, & LFT	X	X	X	X	X	Every cycle	X
CrCl	X	X	X	X	X	Every cycle	X
CEA (Advanced patients only)	X	X	X	X	X	Every cycle	X
Dihydropyrimidine dehydrogenase (DPYD) deficiency test	X					Essential for all patient to be started on capecitabine or fluorouracil. The result MUST be available before administration of chemotherapy unless clear documentation from the consultant is available to the contrary.	
CT scan (Advanced patients only)	X					Inform consultant team if not booked	Check has date for CT
Informed consent	X					Verbal each cycle	
Height	X						
Weight recorded	X	X	X	X	X	Every cycle	X