

Systemic Anti Cancer Treatment Protocol

**Capecitabine
Breast Cancer**

**PROTOCOL REF: MPHACAPEBR
(Version No: 1.0)**

Approved for use in:

Locally advanced and/or metastatic breast cancer

Dosage:

Drug	Dosage	Route	Frequency
Capecitabine	1000 to 1250mg/m ²	PO	Twice daily (morning and evening) for 14 days

Start at a maximum dose of 1000mg/m² for patients over 70 years or PS2

Repeat every 21 days for 6 cycles and reassess, continue subject to patient choice, tolerability and response

Caution in patients with pre-existing coronary heart disease, angina pectoris, arrhythmias or those on high dose aspirin or anticoagulants

Supportive treatments:

Anti-emetic Risk - Low

Domperidone 10mg oral tablets, up to 3 times a day or as required

Loperamide 2mg after each loose stool

Ensure patients are counselled to regularly moisturise hands and feet

Extravasation risk:

Not applicable

Administration:

See renal dose adjustments table below

Do not start capecitabine if baseline ANC < $1.0 \times 10^9/L$ OR platelets < $100 \times 10^9/L$

Notes

Tablets should be taken 12 hours apart

Swallow whole with water within 30 minutes of a meal

Do not add doses missed due to toxicity onto the end of the cycle. Continue according to the treatment plan and stop taking on the originally scheduled day.

Take missed doses if remembered within 2 hours of the normal scheduled time.

Otherwise continue with the next scheduled dose. Do not double up missed doses

In case of swallowing difficulties the tablets may be dissolved in 200ml warm water.

Once dissolved stir the contents with a spoon and drink immediately. Wash well and reserve the glass and spoon for chemotherapy administration only

Drug Interactions

Phenytoin – potentially toxic levels of phenytoin have been reported- monitor carefully

Warfarin and other coumarin anticoagulants – increased bleeding risk, monitor INR carefully, consider switch to LMWH

Sorivudine and analogues – Potentially fatal interaction – avoid completely

Allopurinol – reduced efficacy of capecitabine – avoid

Issue Date: August 2018 Review Date: August 2021	Page 2 of 5	Protocol reference: MPHACAPEBR
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Main Toxicities:

Haematological	Neutropenia, anaemia, thrombocytopenia,
Cardiac and Vascular disorders	Angina
Gastrointestinal	Nausea, vomiting, diarrhoea, constipation, mucositis
Hepatobiliary	Elevation of liver transaminases, alkaline phosphatase and bilirubin.
Skin and subcutaneous tissue disorders	Palmar Plantar Erythema (PPE or hand- foot syndrome),
General disorders and administration site conditions	Fatigue, taste changes Infertility, early menopause

DPD deficiency – leads to severe early 5FU toxicity, affects approximately 3% of population, may be life threatening

Investigations and treatment plan

	Pre	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Ongoing
Medical Assessment	X		X		X	Alternate cycles
Nursing Assessment		X	X	X	X	Every cycle
FBC	X		X	X	X	Every cycle
U&E & LFT	X		X	X	X	Every cycle
CrCl (Cockroft and Gault formula)	X		X	X	X	Every cycle
CT scan	X					As clinically indicated
Informed Consent	X					
ECG*	X					Repeat as clinically indicated
PS recorded	X	X	X	X	X	Every cycle
Toxicities documented	X		X	X	X	
Weight recorded	X	X	X	X	X	Every cycle

*If previous history of heart disease

Dose Modifications and Toxicity Management:

Haematological toxicity

Proceed on day 1 if all apply:-

ANC $\geq 1.0 \times 10^9/L$	Platelets $\geq 100 \times 10^9/L$
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Delay 1 week on day 1 if any apply:-

ANC $\leq 0.9 \times 10^9/L$	Platelets $\leq 99 \times 10^9/L$
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Non-haematological toxicities

If patients experience toxicities in general manage toxicities symptomatically and/or with dose modification. Withhold treatment until toxicities have resolved to grade 1. Do not increase doses of capecitabine once they have been reduced.

Toxicity	Management								
Renal	Calculate CrCl using Cockcroft and Gault formula at baseline and before each cycle and adjust dose according to table								
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Diarrhoea	Loperamide at standard doses, codeine may be added – see table below for dose reductions								
Stomatitis	Regular mouthwashes (water, saline), brush gently with a soft brush, adequate pain relief, nutritional support in severe cases – see below for dose reductions.								
Palmar plantar erythema or hand foot syndrome	Withhold treatment until resolved to grade 1, dose reductions as per table below.								
Sore eyes / Conjunctivitis	Eye drops for symptomatic treatment								
Chest Pain / coronary artery spasm	Stop capecitabine, standard angina investigations, refer to consultant, if symptoms persist stop capecitabine permanently								

Haematological and non-haematological dose adjustment guidelines according to Common Toxicity Criteria

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

References:

NICE TA62 2003, now updated in CB81 August 2017

O'Shaughnessy JA et al, Annals of Oncology 2001 12:1247-1254

Blum JL et al, JCO 1999 17(2):485