Indication	**Breast:** As adjuvant treatment for triple negative breast cancer, where there has been a poor response to non-carboplatin containing neoadjuvant chemotherapy. or 2nd or subsequent line metastatic disease. **Colorectal cancer** As adjuvant treatment in high risk stage II or stage III colorectal cancer. Or An option for metastatic colorectal cancer.
Treatment Intent	Adjuvant Palliative
Frequency and number of cycles	Repeat every 21 days. Adjuvant: for 8 cycles. Palliative: Continue until disease progression or unmanageable toxicity or patient choice. When using with palliative intent review every 12 weeks to assess if treatment should continue.
Monitoring Parameters pre-treatment	• **Virology screening:** All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion. • For **adjuvant** treatment consider using actual BSA. • **ECG** prior to cycle 1. • **DPD** testing must be undertaken in all patients before starting treatment; the result must be checked before treatment is started. • **Cardiotoxicity:** Caution in patients with prior history of coronary heart disease, arrhythmias and angina pectoris. • Patients should be informed to contact the oncology team immediately if any chest pain/ coronary artery symptoms are experienced. Capecitabine should be withheld and an emergency medical assessment should be performed. Inform consultant. • **Monitoring:** At each cycle monitor FBC, U&Es & LFTs. • **Haematological parameters:** • If neuts >/=1.5 and PLT >/=100 proceed with chemo. • If neuts 1.0-1.4 and WBC >/=3.0 and PLT >/=100 proceed with chemo. • If neuts <1.0 or neuts <1.5 **and** WBC < 3 **or** PLT <100 defer one week and inform treating consultant. • **Renal:** Calculate CrCl using Cockcroft and Gault formula at baseline and before each cycle. o Before starting treatment, GFR should be >/=50ml/min. o **During treatment:** o If Crcl >50ml/min proceed at 100% dose. o If CrCl 30-50ml/min proceed at 75% dose. o If CrCl <30ml/min omit capecitabine. • **Hepatic Impairment:** o **Prior to treatment:** no recommended dose adjustment. o **During treatment:** Interrupt treatment if treatment-related elevation of bilirubin >3.0x ULN or in hepatic aminotransferases (ALT or AST) >2.5x ULN. o NB significantly impaired hepatic function might be a sign of disease progression and require cessation or change of treatment.

	○ Discuss deteriorating function with consultant. • **Management of adverse reactions and dose adjustments:** ○ **Interrupt treatment** in the event of >/= grade 2 non-haematological toxicity (with the exception of side effects such as alopecia, alteration in taste etc, considered to be not serious) until resolution to grade 0-1. ○ Dose reduction should be considered if grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&V and alopecia). Delay until resolution of toxicity to </= grade 1. • **Adverse reactions:** ○ Dose limiting toxicities include diarrhoea, abdominal pain, nausea, stomatitis and hand-foot syndrome (hand-foot skin reaction, palmar-plantar erythrodysesthesia) have been reported. Most adverse reactions are reversible and do not require permanent discontinuation of therapy, although doses may need to be withheld or reduced. ○ **Skin reactions:** Capecitabine can induce severe skin reactions such as Stevens-Johnson syndrome and Toxic Epidermal Necrolysis. Patients should be informed of the possibility of such reactions and informed to seek urgent medical advice should any symptoms of a severe skin reaction occur. Treatment should be permanently discontinued in affected patients. • **Common drug interactions (for comprehensive list refer to BNF/SPC):** ○ **Sorivudine or derivatives (e.g. brivudine)** must not be given concurrently, see SPC. ○ **Coumarin-derivative anticoagulants:** Monitor PT and INR regularly in patients taking these medications. ○ **Phenytoin:** Monitor phenytoin levels with concomitant use. ○ **Folinic acid or folic acid:** Caution potential for increased toxicity. ○ **Allopurinol:** possible decreased efficacy, avoid concomitant use. • **Driving:** Capecitabine may cause dizziness, fatigue and nausea. Patients should be aware this may affect their ability to drive or operate machinery. • For oral self-administration: refer to local Trust policy on oral anti-cancer medicines and supply Patient Information Leaflet and Macmillan information sheet.
References	KMCC SACT protocol V5

NB for funding information, refer to the CDF and NICE Drugs Funding List

Repeat every 21 days

Day	Drug	Dose	Route	Administration
1	**CAPECITABINE**	**2500mg/m²/day** **In 2 divided doses**	PO	**for 14 days** (the 1st dose will be taken as the evening dose on day 1 and the last dose is taken the morning of day 15, followed by a 7-day rest period) Take within 30 minutes after food, and approximately every 12 hours. **Available as 500mg and 150mg tablet**
TTO	Drug	Dose	Route	Directions
Day 1	Metoclopramide	10mg	PO	10mg up to 3 times a day as required. Do not take for more than 5 days continuously.