NHS
North West Coast
Strategic Clinical Networks

# Chemotherapy protocol

**Drug regimen**
Oral capecitabine, breast cancer

**Indications for use**
Metastatic or locally advanced breast cancer
Monotherapy for patients who are unsuitable for anthracycline chemotherapy or after taxanes and anthracyclines have failed

**Regimen**
Capecitabine 1250mg/$m^2$ twice daily for 2 weeks orally
Repeat cycle every 3 weeks until disease progression or unacceptable toxicity
Tablet should be swallowed with water within 30 minutes after a meal

**Contraindications**
Do not use capecitabine in severe renal impairment (creatinine clearance <30ml/min)

**Investigation prior to initiating treatment**
FBC
LFT
U&E

**Investigations and consultations prior to each cycle**
FBC
U&Es
LFT **If liver metastases present**
These may be looked at retrospectively **unless** they are known to be abnormal, then they need to be checked the day before so that the results are available pre-chemotherapy

**Acceptable levels for treatment to proceed**
(if outside these levels delay one week or contact consultant)
Acceptable blood range: - Neutrophils ≥1.5, platelets ≥100, Hb ≥9.5
If Neutrophils 1.2 – 1.5 contact **consultant**

**Side Effects**
Gastro-intestinal toxicity: nausea, vomiting, diarrhoea and constipation
Skin toxicity: hand foot syndrome, skin rash
CVS: LL oedema, chest pain, angina
Haematological: low Hb and neutropenia
General: fatigue, pyrexia, anorexia, conjunctivitis

**Dose Modification Criteria**
20% dose reduction with > grade II toxicity
Reduce dose by 25% in moderate renal failure (creatinine clearance 30-50ml/min)

**Specific Information on Administration**
Take tablets with water within 30 minutes of food
For patients with swallowing difficulties, tablets may be dispersed in water (do not crush)

**THIS PROTOCOL HAS BEEN DIRECTED BY DR HOGG, THE DESIGNATED LEAD CLINICIAN FOR BREAST CANCER**

**RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE**

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