

# BCCA Protocol Summary for Adjuvant Therapy for Stage II and III Rectal Cancer Previously Treated with Preoperative Radiation Therapy using Capecitabine

**Protocol Code**  
**Tumour Group**  
**Contact Physician**

**GIRCAP**  
**Gastrointestinal**  
**GI Systemic Therapy**

**ELIGIBILITY:**

- Stages II and III rectal adenocarcinoma
- Preoperative radiation therapy
- A BCCA “Class II Drug Registration Form” must be submitted

**TESTS:**

Baseline: CBC, differential and platelets, CEA, bilirubin, liver enzymes, calculated creatinine clearance  
 Prior to each treatment: CBC, differential & platelets, creatinine

**PREMEDICATIONS:**

- Antiemetic protocol for low emetogenic chemotherapy with Capecitabine. May not need any antiemetic with Capecitabine. See SCNAUSEA protocol

**TREATMENT:**

Drug	Dose	BCCA Administration Guideline
Capecitabine	1250 mg/m <sup>2</sup> BID (Total daily dose = 2500 mg/m <sup>2</sup> ) x 14 days	PO with food

Repeat every 21 days x 8 cycles.

**DOSE MODIFICATIONS:**

**1. Hematological:**

ANC (x10 <sup>9</sup> /L)		Platelets (x10 <sup>9</sup> /L)	1 <sup>st</sup> Event Dose	2 <sup>nd</sup> Event Dose	3 <sup>rd</sup> Event Dose	4 <sup>th</sup> Event Dose
greater than or equal to 1.5	and	greater than or equal to 75	100%	100%	100%	100%
1 – 1.49	or	50-74.9	delay* then 100%	delay* then 75%	delay* then 50%	discontinue
0.5-0.99	or	25-49.9	delay* then 75%	delay* then 50%	discontinue	discontinue
less than 0.5	or	less than 25	discontinue or delay* then 50%	discontinue	discontinue	discontinue

\*delay until ANC greater than or equal to 1.5 x 10<sup>9</sup>/L and platelets greater than or equal to 75 x 10<sup>9</sup>/L

## 2. Hand-Foot Skin Reaction:

Grade	Hand-Foot Skin Reaction	1 <sup>st</sup> Event Dose	2 <sup>nd</sup> Event Dose	3 <sup>rd</sup> Event Dose	4 <sup>th</sup> Event Dose
1	Skin changes with discomfort (eg, numbness, dysesthesia, paresthesia, tingling, erythema) not disrupting normal activities	100%	100%	100%	100%
2	Skin changes (eg, erythema, swelling) with pain affecting activities of daily living	delay* then 100%	delay* then 75%	delay* then 50%	discontinue
3	Severe skin changes (eg, moist desquamation, ulceration, blistering) with pain, causing severe discomfort and inability to work or perform activities of daily living	delay* then 75%	discontinue or delay* then 50%	discontinue	discontinue

\*stop treatment immediately and delay until resolved to grade 0-1

## 3. Other Non-Hematological Toxicity:

### Toxicity Criteria

Grade	Diarrhea	Nausea and Vomiting	Stomatitis
0-1	Increase of 2-3 stools/day or nocturnal stools	1 episode/day but can eat	Painless ulcers, erythema or mild soreness
2	Increase of 4-6 stools/day or nocturnal stools	2-5 episodes/day; intake decreased but can eat	Painful erythema, edema or ulcers but can eat
3	Increase of 7-9 stools/day or incontinence, malabsorption	6-10 episodes/day and cannot eat	Painful erythema, edema or ulcers and cannot eat
4	Increase of 10 or more stools/day or grossly bloody diarrhea; may require parenteral support; dehydration	10 episodes or more per day or requires parenteral support; dehydration	Mucosal necrosis, requires parenteral support

Toxicity Grade	1 <sup>st</sup> Event Dose	2 <sup>nd</sup> Event Dose	3 <sup>rd</sup> Event Dose	4 <sup>th</sup> Event Dose
0-1	100%	100%	100%	100%
2	delay* then 100%	delay* then 75%		discontinue
3	delay* then 75%	delay* then 50%	discontinue	discontinue

4	discontinue or delay* then 50%	discontinue	discontinue	discontinue
---	--------------------------------	-------------	-------------	-------------

\*stop treatment immediately and delay until toxicity resolved to grade 0-1

4. **Hepatic dysfunction:** Dose modification may be required. Capecitabine has not been studied in severe hepatic dysfunction.

5. **Renal dysfunction:**

Creatinine Clearance mL/min	Dose
greater than 50	100%
30-50	75%
less than 30	0%

Cockcroft-Gault Equation:

$$\text{Estimated creatinine clearance: (mL/min)} = \frac{N (140 - \text{age}) \text{ wt (kg)}}{\text{serum creatinine (micromol/L)}}$$

N = 1.23 male  
N = 1.04 female

**PRECAUTIONS:**

1. Hand-foot syndrome should be monitored with treatment interruption and dose reductions as indicated in the dose modification section.
2. **Possible interactions with warfarin, phenytoin and fosphenytoin** have been reported with Capecitabine and may occur at any time. Close monitoring is recommended (e.g. for warfarin, monitor **INR weekly during capecitabine therapy and for 1 month after stopping capecitabine**
3. **Myocardial ischemia and angina** occur rarely in patients receiving Capecitabine (overall incidence = 3%, severe 1%). Development of cardiac symptoms, including signs of cardiac ischemia or new arrhythmia should prompt discontinuation of Capecitabine
4. **Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively; increased risk of myelosuppression in elderly.
5. Dipyrimidine dehydrogenase deficiency may result in severe and unexpected toxicity – stomatitis, diarrhea, neutropenia, neurotoxicity. This deficiency is thought to be present in about 3% of the population.

**Call the GI Systemic Therapy physician at your regional cancer centre or Dr. Sanjay Rao at (250) 712-3900 or 1-888-563-7773 with any problems or questions regarding this treatment program.**

Date activated: 01 Dec 2007

Date revised: 01 Apr 2011 (use of pyridoxine deleted)

**REFERENCES:**

1. De Paoli, A, et al. Capecitabine in combination with preoperative radiation therapy in locally advanced, resectable, rectal cancer: a multicentric phase II study. Ann Onc 2006;17:246-51.