Indication	As adjuvant treatment for triple negative breast cancer, where there has been a poor response to non-carboplatin containing neoadjuvant chemotherapy. 2nd or subsequent line metastatic disease
Treatment Intent	Adjuvant Palliative
Frequency and number of cycles	Every 21 days Adjuvant: for 8 cycles Palliative: Continue until progressive disease/intolerable toxicity/patient choice
Monitoring Parameters pre-treatment	• ECG prior to cycle 1 • **DPD testing** It is highly recommended that DPD testing is undertaken before starting treatment. If DPD testing is undertaken, the result must be checked before treatment is started. • At each cycle monitor FBC, U&Es & LFTs. • If neuts 1.0-1.4 and/ or Plts 75-100 d/w consultant. • If neuts <1.0 or PLT <75 defer 1 week • **Renal:** Before starting treatment, GFR should be ≥50ml/min. If CrCl <50ml/min dose reduce capecitabine (see SPC). Capecitabine is contraindicated if CrCl <30ml/min • **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. • **Cardiotoxicity:** Caution in patients with prior history of coronary heart disease, arrhythmias and angina pectoris. • **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. • **Drug interactions:** Capecitabine must not be given with concurrent sorivudine or derivatives (e.g brivudine), see SPC. Monitor PT and INR regularly in patients taking coumarin-derivative anticoagulants. Monitor phenytoin levels with concomitant use. Caution with folinic acid or folic acid – potential for increased toxicity. Avoid concomitant allopurinol.
References	KMCC SACT protocol v4; SPC accessed 08/10/2018

NB for funding information, refer to the SACT spreadsheet

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				
	Metoclopramide	10mg	PO	10mg up to 3 times a day as required. Do not take for more than 5 days continuously.