WEEKLY 5-FLUOROURACIL AND FOLINIC ACID

Adjuvant use in Stage III and high risk Stage II colorectal cancer, for patients not suitable for more intensive regimens

Drugs / Dosage:	Calcium folinate (Folinic acid)	50mg	IV	once weekly
	5-Fluorouracil	370mg/m^2	IV	once weekly

Administration: Bolus injections.
Calcium folinate should be administered first.

Frequency: Once weekly for 24 weeks
Clinical review every 4 weeks (by nurse or Consultant, according to local arrangements)
The next 4 doses should be prescribed and confirmed at each clinical review

Main Toxicities: mucositis; diarrhoea; myelosuppression;
palmar / plantar erythema (PPE); ovarian failure/infertility

Anti – emetics: mildly emetic – but administer ondansetron 4mg before each dose (opposes 5FU-associated diarrhoea)

Extravasation: non-vesicants

Regular Investigations:	FBC	every 4 weeks, and as indicated
	LFTs	every 4 weeks
	U&Es	every 4 weeks
	CEA	every 4 weeks

Comments: Pyridoxine 50 mg po tds should be given for any grade PPE, and should be continued until the end of treatment.

Advice on mouthcare should be given.

If significant mucositis, consider sucking ice chips for 30 minutes, starting 5 minutes before chemotherapy administration, as an adjunct to dose reduction.

Coronary artery spasm is a recognised complication of 5FU although the evidence base regarding aetiology, management and prognosis is not particularly strong. Coronary artery spasm is more common in patients receiving continuous infusions of 5FU, and is usually reversible on discontinuing the infusion. Should a patient receiving 5FU present with chest pains, stop the 5FU. Standard investigation and treatment of angina may be required. If re-challenge is deemed necessary, this can be performed under close supervision, but should symptoms redevelop, the 5FU should be withdrawn permanently. Refer to Consultant.

Reason for Update: route of administration for ondansetron removed	Approved by Consultant: Dr S Essapen
Version: 4	Approved by Lead Chemotherapy Nurse: P Deery
Supersedes: Version 3	Date: 19.9.13
Prepared by: S Taylor	Checked by: C Tucker

Dose Modifications

Neutrophils < 1.5 x 10^9/l
or
Platelets < 100 x 10^9/l
or
Persistent mucositis or diarrhoea

Delay for 1 week or until completely recovered.
Treat non-haematological toxicities appropriately

Once recovered, the dose of 5FU for further cycles should be reduced depending on the worst grade of toxicity observed since the last cycle was administered, as shown in the table below. The dose of 5FU should remain at the reduced level for all subsequent cycles, unless further toxicity occurs, when a further reduction should be made according to the same table:

Haematological Toxicity before recovery	**Worst Grade of Non–Haematological Toxicity before Recovery**			
	Grade 0-1	Grade 2	Grade 3	Grade 4
Platelets ≥ 50 x 10^9/l and Neutrophils ≥ 1.0 x 10^9/l	Give 100% 5FU	Give 80% 5FU	Give 50% 5FU	No further treatment
Platelets 25 – 49 x 10^9/l or Neuts 0.5 – 0.9 x 10^9/l	Give 80% 5FU	Give 70% 5FU	Give 50% 5FU	No further treatment
Platelets < 25 x 10^9/l or Neutrophils < 0.5 x 10^9/l	Give 50% 5FU	Give 50% 5FU	Give 50% 5FU	No further treatment

Hepatic Impairment:

Moderate hepatic impairment	Reduce initial 5FU dose by 1/3
Severe hepatic impairment	Reduce initial 5FU dose by ½

Dose can be increased if no toxicity seen. If in doubt, check with the relevant Consultant.

References:

Lancet 2000 (May 6th); 355 (9215): 1588 - 1596
Annals of Oncology 2000 (Aug); 11 (8): 947 - 955
Gray, R et al; JCO 2004; ASCO Annual Meeting Proceedings Vol 22; No 14S (July 15 Supplement): Abstract No: 3501