

# BCCA Protocol Summary for Palliative Therapy of Advanced Colorectal Cancer using Leucovorin and Fluorouracil

**Protocol Code:**

GIFUFA

**Tumour Group:**

Gastrointestinal

**Contact Physician:**

GI Systemic Therapy

## ELIGIBILITY:

- Metastatic or unresectable colorectal adenocarcinoma
- ECOG 0-2

## TESTS:

- Baseline: CBC & diff, LFTs (if liver metastases), CEA, bilirubin
- Prior to each treatment: CBC & diff
- Every 2-3 cycles: CEA
- If clinically indicated: LFTs, bilirubin

## PREMEDICATIONS:

- metoclopramide 10-20 mg po or prochlorperazine 10 mg po is usually adequate.

## TREATMENT:

- See dose modification #1 for elderly infirm patients and dose modification #2 for particularly fit patients.

Drug	Dose	BCCA Administration Guideline
Leucovorin (Folinic Acid)	20 mg/m <sup>2</sup> /day x 5 days (d1-5)	IV push prior to Fluorouracil
Fluorouracil (5FU)	400 mg/m <sup>2</sup> /day x 5 days (d1-5)	IV push

Repeat every 28 days as long there is evidence of a favorable response.

Some patients may experience stomatitis and/or diarrhea during Days 1-5 requiring dose modifications and/or treatment discontinuation due to excessive sensitivity. It is essential that all patients be assessed for stomatitis and diarrhea at each treatment visit and that any signs of these toxicities be reported to the attending physician or designate prior to administering the chemotherapy for that day. Continuing chemotherapy in this setting may result in life threatening toxicity.

## DOSE MODIFICATIONS for Fluorouracil:

- For elderly (greater than 70 yr) or infirm (ECOG greater than or equal to 2) patients, escalate dose of Fluorouracil as follows:
  - Cycle 1: 375 mg/m<sup>2</sup>/day x 5 days (d1-5).
  - Cycle 2: 400 mg/m<sup>2</sup>/day x 5 days (d1-5) if no side effects at starting dose.
- For young, fit patients, the dose of Fluorouracil may be started at (or escalated to) 425 mg/m<sup>2</sup>/day x 5 days (d1-5).

1. **Hematological:**

<b>ANC (x 10<sup>9</sup>/L)</b> greater than or equal to 1.5 less than 1.5	<b>Platelets (x 10<sup>9</sup>/L)</b> greater than or equal to 100 less than 100	<b>Dose</b> 100% delay treatment
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2. **Toxicity:**

Inform the attending physician or designate prior to administration of chemotherapy if any signs of stomatitis and/or diarrhea (Grade 1-4) are present.

Grade	Stomatitis	Diarrhea	*Dose Fluorouracil
Grade 1	Painless ulcers, erythema or mild soreness	Increase of 2-3 stools/day or nocturnal stools; or moderate increase in loose watery colostomy output	100%
Grade 2	Painful erythema, edema, or ulcers but can eat	Increase of 4-6 stools, or nocturnal stools or moderate increase in loose watery colostomy output	Delay if still present, then 80%
Grade 3 or 4	As above but cannot eat, mucosal necrosis and/or requires enteral support, dehydration	Increase of greater than or equal to 7 stools/day or incontinence, malabsorption, severe increase in loose watery colostomy output, grossly bloody diarrhea, may require parenteral support	Delay if still present, then 70%

\*Dose reductions for stomatitis and diarrhea are based on dose given in preceding cycle and continue for remaining cycles. If multiple toxicities are seen, the dose administered is based on the most severe toxicity experienced. The dose of leucovorin is not modified for chemotherapy toxicity.

5. **Hepatic dysfunction:** Omit treatment if bilirubin greater than 85 micromol/L unless secondary to biliary obstruction (BCCA Cancer Drug Manual).

**PRECAUTIONS:**

- Enterocolitis:** can occur in elderly patients and requires prompt attention, especially intravenous fluids, to ensure adequate hydration.
- Neutropenia:** Fever or other evidence of infection must be assessed promptly and treated aggressively; increased risk of myelosuppression in elderly.
- Mucositis:** sucking ice chips is recommended, especially at higher doses of Fluorouracil to reduce mucositis following chemotherapy. Remove dentures and place ice chips in mouth five minutes before chemotherapy. Continuously swish in mouth for 30 minutes, replenishing as ice melts. This may cause numbness or headaches which subside quickly.
- Possible drug interactions with fluorouracil and warfarin, phenytoin and fosphenytoin** have been reported and may occur at any time. Close monitoring is recommended (eg, for warfarin, monitor INR weekly during fluorouracil therapy and for 1 month after stopping fluorouracil).

**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: N/A

Date revised: 1 May 2011 (minor edit in Test Section)