A Message for Patients Getting Fluorouracil and Leucovorin Injection

What is the problem?
Sometimes, the drugs we use at BC Cancer are in short supply (also known as a “drug shortage”).

Right now, we have less leucovorin injection at BC Cancer than usual. This happens when companies who supply the drug have problems making the drug. Cancer centres across Canada are in the same situation. We expect our supply to return to normal by September.

During this drug shortage, we need to make sure our leucovorin supply lasts until September. We are making sure that every patient who needs leucovorin will get it.

Leucovorin works by making another cancer treatment, called fluorouracil, work better. We give leucovorin just before we give you fluorouracil. We give both drugs intravenously (“IV”). This means we put a needle into your vein.

Some chemotherapy protocols (the type of treatment you are getting) use a higher dose of leucovorin in an IV bag. Other chemotherapy protocols use a lower dose of leucovorin in a syringe.

What will change for me?
We need to make sure our supply of leucovorin lasts until September. Depending on your treatment, we may need to do one of three things:

1. We may switch you from the higher dose (IV bag) of leucovorin to the lower dose (syringe).
2. We may switch you to a drug called capecitabine. We will only do this if research has shown that capecitabine is just as good at treating your type of cancer as fluorouracil and leucovorin together. Capecitabine is a pill that you swallow.
3. If the full dose of fluorouracil and leucovorin is making you too sick, we might not give you the leucovorin. This way, you can continue your treatment.

You do not need to worry about switching from the higher dose to the lower dose. The lower dose works just as well for your type of cancer.

A few years ago, there was a shortage of leucovorin in the United States. Some cancer centres switched their patients from a higher dose to a lower dose of leucovorin. A study showed that there was no difference in patients who got the higher dose compared to patients who got the lower dose. The cancers in all patients responded just as well, no matter what dose they got. In fact as a result of this drug shortage we may make changes to our existing treatments so we only use the higher dose when it is truly needed.

Where can I get more information?
Please talk to your oncologist, chemotherapy nurse, or chemotherapy pharmacist.