WEEKLY 5-FLUOROURACIL AND FOLINIC ACID
Cumbria, Northumberland, Tyne & Wear Area Team

DRUG ADMINISTRATION SCHEDULE

<table>
<thead>
<tr>
<th>Day</th>
<th>Drug</th>
<th>Daily Dose</th>
<th>Route</th>
<th>Diluent and Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Sodium Chloride 0.9%</td>
<td>500ml</td>
<td>Infusion</td>
<td>Fast Running</td>
</tr>
<tr>
<td></td>
<td>Calcium Leucovorin (folinic acid)</td>
<td>20mg/m²</td>
<td>IV bolus</td>
<td>Slow Bolus via saline drip</td>
</tr>
<tr>
<td></td>
<td>5-Fluorouracil</td>
<td>*425mg/m²</td>
<td>IV bolus</td>
<td>Slow Bolus via saline drip</td>
</tr>
</tbody>
</table>

* The 5-FU dose may be reduced to 400 mg/m² or to 370 mg/m² depending on patient’s performance status. Weekly cycle, for 30 weeks

If used with concurrent radiotherapy, a dose of 300 mg/m² is used.

CYCLE LENGTH AND NUMBER OF DAYS
Given ONCE a week for 30 doses (30 weeks)

APPROVED INDICATIONS
Adjuvant treatment for Duke's B & C colorectal cancer

EXCLUSION CRITERIA
Pregnancy, lactation

RECOMMENDED TAKE HOME MEDICATION
Metoclopramide 10mg three times daily as required

INVESTIGATIONS / MONITORING REQUIRED
CEA every 4 weeks
FBC, U&E & LFT’s every 2-4 weeks or pre cycle

ASSESSMENT OF RESPONSE
Adjuvant There will be no visible disease to monitor for adjuvant treatment.

REVIEW BY CLINICIAN
Every 4 to 6 weeks

NURSE / PHARMACIST LED REVIEW
On cycles where not seen by clinician.

ADMINISTRATION NOTES
- The dose of folinic acid given with 5-FU varies depending on clinician preference.
- The usual dose is 20mg/m² however many units use a standard dose for all patients. Doses in the range 20mg to 50mg are all acceptable.
- Two forms of Folinic Acid are available. The doses given above refer to 'standard' calcium folinate only. If the disodium salt, calcium levofolinate (Isovorin®) is used the dose will generally be half that of the 'standard' folinate.
• Some units find advising the patient to suck ice during administration of the 5-FU may lessen the severity of stomatitis.
• For diarrhoea occurring between cycles treat symptomatically. Initially loperamide 2 to 4mg four times daily and codeine phosphate 30 to 60mg four times daily as required. If diarrhoea from the previous cycle has not resolved by the time the next cycle is due, delay 1 week.

EXTRAVASATION  See NECN / local Policy

TOXICITIES

Usually tolerated very well with few side effects
Diarrhoea
Occasional Nausea
Darkening/ Discoloration of Veins
Myelosuppression
Stomatitis
Palmar/Plantar Erythrodynesthesia
Hyperpigmentation
Dry/watery eyes
Cardiotoxicity - Occasionally patients with heart disease may experience coronary artery spasm. Stop Treatment with 5-FU if this occurs.

DOSE MODIFICATION / TREATMENT DELAYS

The 5-FU dose may be reduced to 400 mg/m² or to 370 mg/m² depending on patient’s performance status.

Haematological Toxicity:

- ANC < 1.5 and/or platelets <100, delay for 1 week
- >1 week recovery, dose reduce by 20-25%
- Following 2 delays for toxicity, all subsequent doses should be dose reduced by 20-25%
- If further delays necessary consider further dose reduction (discuss with SpR/Consultant) or consider stopping treatment

Non- Haematological Toxicity:

Any patient with CTC toxicity should be prescribed the therapeutic option for grade 1 toxicity in addition to 5FU modification (see PVI 5FU modification).

<table>
<thead>
<tr>
<th>Toxicity</th>
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<th>CTC Grade</th>
<th>% 5FU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stomatitis (erythema and/or painless ulcers)</td>
<td>Diarrhoea (watery stool 2-3 times/day)</td>
<td>1</td>
<td>Hold until recovery, then resume at 100% dose for remainder of course</td>
</tr>
<tr>
<td>Stomatitis (erythema and/or painful ulcers but can eat)</td>
<td>Diarrhoea (watery stool 4-6 times/day)</td>
<td>2 and 3</td>
<td>Hold until recovery, then reduce the 5FU dose by 20% for subsequent cycles.</td>
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</tbody>
</table>
TREATMENT LOCATION
Can be given at Cancer Centre or Cancer Unit

REFERENCES: