

4-WEEKLY BOLUS 5-FLUOROURACIL AND FOLINIC ACID

Off-study adjuvant role for pancreas (patients should be urged to go into ESPAC-3 trial)
(Often referred to as Mayo regimen)

Drugs / Dosage:	Calcium Folate (Folinic acid) 5 Fluorouracil	50mg IV 425mg/m ² IV	Daily on Days 1 – 5 Daily on Days 1 - 5
Administration:	Bolus injections. Calcium folinate should be administered first. Ice chips (ice sucked by patient for 10 – 25 minutes, starting 5 minutes before chemotherapy given) should be used routinely to reduce risk of mucositis.		
Frequency:	28 day (4 weekly) cycle for 6 cycles Review prior to each cycle and clinical review after cycle 3		
Main Toxicities:	Mucositis; Diarrhoea; Myelosuppression; Plantar–Palmar Erythema (PPE); Ovarian failure/Infertility		
Anti – emetics:	Mildly emetogenic		
Extravasation:	Non – vesicants		
Regular investigations:	FBC 4 weekly LFTs 4 weekly U&Es 4 weekly CEA 4 weekly		
Comments:	Pyridoxine 50 mg po tds should be given for any grade PPE, and continued until treatment completed. Advice on mouthcare should be given.		

Reason for Update: Complete review of colorectal protocols	Approved by Matron: I Patterson
Version: 1	Approved by Consultant: Dr Middleton
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Prepared by: S Taylor	Checked by: C Tucker

Dose Modifications¹

Haematological Toxicity

WBC < 3.0 x 10⁹/l
or
Platelets < 100 x 10⁹/l

Delay for 1 week. Repeat FBC and, if within normal parameters, continue with 100% doses.

**If 2 delays for toxicity, all subsequent 5FU should be given at 75% of full dose.
If any further delays, all subsequent 5FU should be given at 50% of full dose.**

Non-Haematological Toxicity

Patients who develop any Grade 2 toxicity during the 5 day schedule should have the remainder of the 5FU and calcium folinate omitted for that cycle. Subsequent cycles should then be dosed as indicated above.

Toxicity	Grade	Dosing Advice
Stomatitis (erythema or painless ulcers) or mild diarrhoea not responding to anti-diarrhoeals or skin erythema	1	Delay until recovery, then resume with 100% 5FU dose
Stomatitis (ulcers but able to eat) or diarrhoea (watery stools 4-6 times daily) or PPE associated with pain / not interfering with function	2	Delay until recovery, then give 5FU at 75% dose for remaining cycles
Severe stomatitis (requiring IV hydration) or severe diarrhoea (≥ 7 watery stools per day or parenteral support for dehydration) or painful PPE that interferes with function	3	Delay until recovery, then give 5FU at 50% dose for remaining cycles
Any toxicity	4	Discontinue treatment

Hepatic Impairment

Moderate hepatic impairment	Reduce initial 5FU dose by 1/3
Severe hepatic impairment	Reduce initial 5FU dose by 1/2

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

References:

Neoptolemos, JP et al, on behalf of the ESPAC Group; *Pacreatology* (2003); 3 (3): 216 (abstract)
Neoptolemos, JP et al, on behalf of the ESPAC Group; *Lancet* 2001; 358: 1576 - 1585

¹ESPAC-3 (v2) Study (NCRI) June 2003

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