

# FELV

For use in advanced pancreatic and biliary tract cancers

Drug / Dosage:	Calcium Folate (Folinic acid)	60 mg/m <sup>2</sup>	IV	D1, D2 and D3
	5 Fluorouracil	600 mg/m <sup>2</sup>	IV	D1, D2 and D3
	Etoposide	120 mg/m <sup>2</sup>	IV	D1, D2 and D3

Administration: 5FU and Calcium Folate given as bolus injections.  
Calcium folinate should be administered first.  
Etoposide IV diluted in 500ml – 1 litre of 0.9% Sodium Chloride (dependent on dosage) and infused over a minimum of 1 hour.

Frequency: 3 weekly cycle for up to 6 cycles

Main Toxicities: myelosuppression; alopecia; mucositis; diarrhoea;  
palmar-plantar erythema; ovarian failure / infertility

Anti-emetics: moderately emetogenic

Extravasation: non-vesicants

Regular	FBC	D1
Investigations:	LFTs	D1
	U&Es	D1

## Dose Modifications

Haematological Toxicity:	WBC < 3.0 x 10 <sup>9</sup> /l or Neutrophils < 1.5 x 10 <sup>9</sup> /l or Platelets < 100 x 10 <sup>9</sup> /l	Delay for 1 week. Repeat FBC and, if within normal parameters, resume treatment as follows: for 1 <sup>st</sup> delay, give 100% doses for 2 <sup>nd</sup> delay, give 75% doses of 5FU and etoposide > 2 delays, give 50% doses of 5FU and etoposide
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5FU-Related  
Non-Haematological  
Toxicities:

For any Grade 3 or 4 non-haematological toxicities, withhold treatment until recovery, then restart with 50% doses of 5FU for remaining cycles.

Renal Impairment:

CrCl (ml/min)	Etoposide Dose
60	Give 85%
45	Give 80%
30	Give 75%

Reason for Update: New regimen	Approved by Matron: I Patterson
Version: 1	Approved by Consultant: Dr Middleton
Supersedes: Any other versions	Date: 6.11.06
Prepared by: S Taylor	Checked by: S Punter

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.

Creatinine clearance is the strongest predictor of etoposide clearance. There is conflicting information about dose reduction with hepatic impairment. Use the table below but, if in doubt, discuss with Consultant.

<b>Bilirubin (μmol/l)</b>	<b>AST (units/l)</b>	<b>Etoposide Dose</b>
26 – 51 <b>or</b>	60 - 180	Give 50% dose
> 51 <b>or</b>	> 180	Clinical decision

References:

Glimelius, B et al; Annals of Oncology (1996); 7: 593 – 600  
Rao, S et al; Br J Cancer (2005); 92: 1650 - 1654

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