MF

1. Third-line use in metastatic colorectal cancer
2. An option in advanced pancreatic cancer

Drugs/Dosage:	Mitomycin C 7mg/m^2	IV D1 of Cycles 1, 3, 5 and 7 **i.e. every 6 weeks**
	5 Fluorouracil 300mg/m^2	IV continuous D1 to D21

NB. Consider an initial 5FU dose of 250mg/m^2/24hr in patients who required a dose reduction of their fluoropyrimidine in any previous 5FU or capecitabine-containing regimen

Administration: Mitomycin C via fast running infusion of 0.9% Sodium Chloride
5FU continuous IVI via central venous catheter & ambulatory infusion device

Frequency: 3 weekly cycle for 8 cycles **(N.B. Mitomycin C every 6 weeks x 4 doses)**

Main Toxicities: myelosuppression; diarrhoea; hand-foot syndrome (PPE); mucositis; haemolytic uraemic syndrome: coronary artery spasm (see Comments); ovarian failure/infertility

Anti- emetics: mildly emetogenic

Regular Investigations:	FBC	Day 1
	U&Es*	Day 1 (*monitor renal function closely)
	LFTs	Day 1
	CEA	Day 1
	CA 19-9	Day 1 (pancreas only)
	CT scan	Week 12 and Week 24

Comments: Maximum cumulative dose of Mitomycin C = 28mg/m^2 or 56mg total dose. Haemolytic uraemic syndrome is a complication of Mitomycin C. Therefore, monitor renal function carefully and request Red Cell Fragments on peripheral blood films if in doubt.

Coronary artery spasm is a recognised complication of 5FU although the evidence base regarding aetiology, management and prognosis is not particularly strong. The incidence is estimated to be between 2% and 18%. Coronary artery spasm is more common in patients receiving continuous infusions of 5FU, and is usually reversible on discontinuing the infusion. Should a patient receiving 5FU present with chest pains, stop the 5FU. Standard investigation and treatment of angina may be required. If re-challenge is deemed necessary, this can be performed under close supervision, but should symptoms redevelop, the 5FU should be withdrawn permanently.[1] Refer to Consultant to discuss.

Reason for Update: Typing error – Cycle 7 MMC added	Approved by Lead Chemotherapy Nurse: C Palles-Clark
Version: 2	Approved by Consultant: Dr G Middleton
Supersedes: Version 1	Date: 11.02.08
Prepared by: S Taylor	Checked by: S Seymour

Dose Modifications

Haematological Toxicity:	WBC < 3.0 x 10^9/l or Neutrophils < 1.5 x 10^9/l or Platelets < 100 x 10^9/l	Delay Mitomycin C for 1 week. Continue with 5FU only if neutrophils ≥ 1.0 x 10^9/l and platelets ≥ 75 x 10^9/l. Repeat FBC after one week and, if normal, resume treatment at full dose.

If Grade 3 or 4 neutropenic fever occurs, stop 5FU until recovery, then resume, but omit any further Mitomycin C doses.

Renal Impairment:

CrCl (ml/min)	Mitomycin C Dose
> 10	Give 100%
< 10	Give 75%

Hepatic Impairment:

Moderate hepatic impairment	Reduce initial 5FU dose by 1/3
Severe hepatic impairment	Reduce initial 5FU dose by ½

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

Non-Haematological Toxicities: Patients with any grade PPE should receive Pyridoxine 50mg po tds throughout remainder of treatment.
Standard anti-diarrhoeal drugs and mouthwashes (eg sucralfate) should be used for symptomatic control.

For Grade 2 and above toxicities, PVI 5FU should be discontinued until healing has occurred, and then recommenced with dose reduction according to worst grade of toxicity recorded:

Grade 2 toxicity:	Reduce 5FU dose by 50mg/m^2
Grade 3 toxicity:	Reduce 5FU dose by 100mg/m^2
Grade 4 toxicity:	Reduce 5FU dose by 150mg/m^2, **only after discussion with Consultant**

Once a dose reduction has been made, all subsequent treatment should be given at the reduced dose.

References:

Ross, P et al; Annals of Oncology 1997; 8: 995 – 1001 (colorectal reference)
MRC Colorectal Cancer Group; FOCUS Trial (CR08), Protocol Version 6, Jan 2003
Maisey, N et al; JCO 2002; 20 (14): 3130 – 3136 (pancreas reference)