

# CANCER TREATMENT REGIMENS

## Gastrointestinal Cancers

### Colon Cancer

The selection, dosing, and administration of anticancer agents and the management of associated toxicities are complex. Drug dose modifications and schedule and initiation of supportive care interventions are often necessary because of expected toxicities and because of individual patient variability, prior treatment, and comorbidities. Thus, the optimal delivery of anticancer agents requires a healthcare delivery team experienced in the use of such agents and the management of associated toxicities in patients with cancer. These cancer treatment regimens may include both FDA-approved and unapproved uses/regimens and are provided as references only to the latest treatment strategies. Clinicians must choose and verify treatment options based on the individual patient.

NOTE: Grey shaded boxes contain updated regimens.

## COLON CANCER (Part 1 of 3)

### Principles of adjuvant therapy:<sup>1</sup>

- Capecitabine (Xeloda) appears to be equivalent to the combination of bolus 5-fluorouracil (5-FU) and leucovorin in Stage III patients.<sup>2</sup>
- FOLFOX (Oxaliplatin [Eloxatin] + leucovorin + 5-FU) is superior to 5-FU alone in Stage III patients.<sup>3,4</sup>
- The combination of bolus 5-FU, leucovorin, and irinotecan (Camptosar; CPT-11) should not be used in adjuvant therapy.<sup>5</sup>
- FOLFIRI (infusional 5-FU + leucovorin + irinotecan) has not been shown to be superior to 5-FU plus leucovorin.<sup>6</sup>
- Bevacizumab (Avastin), cetuximab (Erbix), panitumumab (Vectibix), or irinotecan should not be used in the adjuvant setting for Stage II or III patients outside a clinical trial setting.<sup>1</sup>
- In response to the shortage of leucovorin over the last few years, the FDA recently approved levoleucovorin (Fusilev) in combination with 5-FU for the palliative treatment of patients with advanced metastatic colorectal cancer. Levoleucovorin 200mg/m<sup>2</sup> is the equivalent of leucovorin 400mg/m<sup>2</sup>.<sup>1</sup>

### REGIMEN

### DOSING

#### Adjuvant Therapy

<b>FOLFOX</b> (oxaliplatin + leucovorin + 5-FU) <sup>1,7,8</sup>	<b>Day 1:</b> Oxaliplatin 85mg/m <sup>2</sup> IV + leucovorin 200mg/m <sup>2</sup> IV, <b>followed by</b> 5-FU 400mg/m <sup>2</sup> IV bolus, <b>then followed by</b> 5-FU 600mg/m <sup>2</sup> IV as a 22-hr continuous infusion. <b>Day 2:</b> Leucovorin 200mg/m <sup>2</sup> IV infusion over 120 min, <b>followed by</b> 5-FU 400mg/m <sup>2</sup> IV bolus, <b>then followed by</b> 5-FU 600mg/m <sup>2</sup> IV as a 22-hr continuous infusion. Repeat each cycle every 2 weeks.
<b>FLOX</b> (5-FU + leucovorin + oxaliplatin) <sup>9</sup>	<b>Days 1, 8, 15, 22, 29 and 36:</b> 5-FU 500mg/m <sup>2</sup> IV and leucovorin 500mg/m <sup>2</sup> IV, <b>plus</b> <b>Days 1, 15 and 29:</b> oxaliplatin 85mg/m <sup>2</sup> IV. Repeat cycle every 8 weeks for 3 cycles.
<b>Capecitabine</b> <sup>1,2</sup>	<b>Days 1–14:</b> Capecitabine 1,250mg/m <sup>2</sup> orally twice daily. Repeat cycle every 3 weeks for 8 cycles.
<b>CapeOX</b> (also called XELOX) (oxaliplatin + capecitabine) <sup>1,10</sup>	<b>Days 1–14:</b> Oxaliplatin 130mg/m <sup>2</sup> IV + capecitabine 1,000mg/m <sup>2</sup> orally twice daily. Repeat every 3 weeks for 8 cycles.
<b>5-FU + leucovorin</b> <sup>11</sup>	<b>Days 1, 8, 15, 22, 29 and 36:</b> Leucovorin 500mg/m <sup>2</sup> IV + bolus 5-FU 500mg/m <sup>2</sup> IV. Repeat cycle every 8 weeks for 4 cycles.

#### Advanced or Metastatic Colon Disease

<b>FOLFOX</b> (oxaliplatin + leucovorin + 5-FU) <sup>1,7,8</sup>	<b>Day 1:</b> Oxaliplatin 85mg/m <sup>2</sup> IV + leucovorin 200mg/m <sup>2</sup> IV, <b>followed by</b> 5-FU 400mg/m <sup>2</sup> IV bolus, <b>then followed by</b> 5-FU 600mg/m <sup>2</sup> IV as a 22-hr continuous infusion. <b>Day 2:</b> Leucovorin 200mg/m <sup>2</sup> IV infusion over 120 min, <b>followed by</b> 5-FU 400mg/m <sup>2</sup> IV bolus, <b>then followed by</b> 5-FU 600mg/m <sup>2</sup> IV as a 22-hr continuous infusion. Repeat each cycle every 2 weeks.
<b>CapeOX</b> (also called XELOX) (oxaliplatin + capecitabine) <sup>1,7</sup>	<b>Days 1–14:</b> Oxaliplatin 130mg/m <sup>2</sup> IV + capecitabine 850–1,000mg/m <sup>2</sup> orally twice daily. Repeat cycle every 3 weeks for 16 cycles.
<b>Bevacizumab + 5-FU-containing regimens</b> <sup>8,12,13,14</sup>	Bevacizumab 5mg/kg IV every 14 days + 5-FU 500mg/m <sup>2</sup> IV every 7 days for 6 weeks + leucovorin 500mg/m <sup>2</sup> IV every 8 weeks. ..... <b>OR</b> ..... <b>Bevacizumab plus FOLFOX:</b> <b>Day 1:</b> Bevacizumab 10mg/kg IV + oxaliplatin 85mg/m <sup>2</sup> IV + leucovorin 200mg/m <sup>2</sup> IV, <b>followed by</b> 5-FU 400mg/m <sup>2</sup> IV bolus, <b>then followed by</b> 5-FU 600mg/m <sup>2</sup> IV as a 22-hr continuous infusion. <b>Day 2:</b> Leucovorin 200mg/m <sup>2</sup> IV infusion over 120 min, <b>followed by</b> 5-FU 400mg/m <sup>2</sup> IV bolus, <b>then followed by</b> 5-FU 600mg/m <sup>2</sup> IV as a 22-hr continuous infusion. Repeat each cycle every 2 weeks. ..... <b>OR</b> ..... <b>Bevacizumab plus FOLFIRI-B:</b> <b>Day 1:</b> Irinotecan 180mg/m <sup>2</sup> IV + bevacizumab 5mg/kg IV, <b>plus</b> <b>Days 1 and 2:</b> Leucovorin 200mg/m <sup>2</sup> IV, <b>followed by</b> 5-FU 400mg/m <sup>2</sup> IV bolus, <b>then followed by</b> 5-FU 600mg/m <sup>2</sup> IV as a 22-hr continuous infusion. Repeat cycle every 2 weeks.
<b>CAPIRI-B</b> (capecitabine + irinotecan + bevacizumab) <sup>14</sup>	<b>Day 1:</b> Irinotecan 250mg/m <sup>2</sup> IV + bevacizumab 7.5mg/kg <b>plus</b> <b>Days 1–14:</b> Capecitabine 2,000mg/m <sup>2</sup> orally. Repeat cycle every 3 weeks.
<b>Capecitabine</b> <sup>1,15</sup>	<b>Days 1–14:</b> Capecitabine 1,250mg/m <sup>2</sup> orally twice daily. Repeat cycle every 3 weeks.

*continued*

## COLON CANCER (Part 2 of 3)

REGIMEN	DOSING
<b>Advanced or Metastatic Colon Disease (continued)</b>	
<b>IROX</b> (oxaliplatin + irinotecan) <sup>1,16</sup>	Oxaliplatin 85mg/m <sup>2</sup> IV + irinotecan 200mg/m <sup>2</sup> IV. Repeat cycle every 3 weeks.
<b>FOLFOXIRI</b> (irinotecan + oxaliplatin + leucovorin + 5-FU) <sup>1,17</sup>	<b>Day 1:</b> Irinotecan 165mg/m <sup>2</sup> IV + oxaliplatin 85mg/m <sup>2</sup> IV + leucovorin 200mg/m <sup>2</sup> IV <b>plus</b> <b>Days 1 and 2:</b> 5-FU 1,600mg/m <sup>2</sup> /day continuous infusion IV over 48 hrs (total 5-FU = 3,200mg/m <sup>2</sup> ).
<b>Irinotecan</b> <sup>1,18</sup>	<b>Days 1 and 8:</b> Irinotecan 125mg/m <sup>2</sup> IV. Repeat cycle every 3 weeks. <b>OR</b> <b>Day 1:</b> Irinotecan 300–350mg/m <sup>2</sup> IV. Repeat cycle every 3 weeks.
<b>Cetuximab</b> (KRAS wild-type gene only) ± <b>irinotecan</b> <sup>1,19</sup>	<b>Day 1:</b> Cetuximab 400mg/m <sup>2</sup> IV, <b>then</b> 250mg/m <sup>2</sup> IV every 7 days. <b>OR</b> <b>Day 1:</b> Cetuximab 500mg/m <sup>2</sup> IV every 2 weeks ± » Irinotecan 300–350mg/m <sup>2</sup> IV every 3 weeks <b>OR</b> » Irinotecan 180mg/m <sup>2</sup> IV every 2 weeks <b>OR</b> » On Days 1 and 8, irinotecan 125mg/m <sup>2</sup> IV. Repeat cycle every 3 weeks.
<b>Panitumumab</b> (KRAS wild-type gene only) <sup>1,20</sup>	<b>Day 1:</b> 6mg/kg IV. Repeat cycle every 2 weeks.

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