

COLON CANCER TREATMENT REGIMENS (Part 1 of 3)

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. The cancer treatment regimens below 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.

Principles of adjuvant therapy:¹

- Capecitabine (Xeloda) appears to be equivalent to the combination of bolus 5-fluorouracil (5-FU) and leucovorin in Stage III patients.²
- FOLFOX (Oxaliplatin [Eloxatin] + leucovorin + 5-FU) is superior to 5-FU alone in Stage III patients.^{3,4}
- The combination of bolus 5-FU, leucovorin, and irinotecan (Camptosar; CPT-11) should not be used in adjuvant therapy.⁵
- FOLFIRI (infusional 5-FU + leucovorin + irinotecan) has not been shown to be superior to 5-FU plus leucovorin.⁶
- 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.¹
- 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/m² is the equivalent of leucovorin 400mg/m².¹

REGIMEN	DOSING
Adjuvant Therapy	
mFOLFOX6 (oxaliplatin [Eloxatin] + leucovorin + 5-fluorouracil [5-FU]) ^{1,7,8} NOTE: Preferred	Day 1: Oxaliplatin 85mg/m ² IV over 2 hrs + leucovorin 400mg/m ² IV over 2 hrs, followed by 5-FU 400mg/m ² IV bolus, followed by 5-FU 1,200mg/m ² /day IV x 2 days (total 2,400mg/m ²) as a 46–48 hr continuous infusion. Repeat every 2 weeks.
FLOX (5-FU + leucovorin + oxaliplatin) ^{1,9}	Days 1, 8, 15, 22, 29 and 36: Leucovorin 500mg/m ² IV, followed by 5-FU 500mg/m ² IV, plus Days 1, 15 and 29: Oxaliplatin 85mg/m ² IV. Repeat cycle every 8 weeks for 3 cycles.
Capecitabine (Xeloda) ^{1,2}	Days 1–14: Capecitabine 1,250mg/m ² orally twice daily. Repeat cycle every 3 weeks for 8 cycles.
CapeOX (also called XELOX) (oxaliplatin + capecitabine) ^{1,10} NOTE: Preferred	Day 1: Oxaliplatin 130mg/m ² IV. Days 1–14: Capecitabine 1,000mg/m ² orally twice daily. Repeat every 3 weeks for 8 cycles.
5-FU + leucovorin ^{1,11,12}	Days 1, 8, 15, 22, 29 and 36: Leucovorin 500mg/m ² IV, followed by 5-FU 500mg/m ² IV bolus. Repeat cycle every 8 weeks for 4 cycles. OR Day 1: Leucovorin 500mg/m ² IV over 2 hrs, followed by 5-FU 400mg/m ² IV bolus, followed by 5-FU 1,200mg/m ² /day IV x 2 days (total 2,400mg/m ²) as a 46–48 hr continuous infusion. Repeat every 2 weeks.
Advanced or Metastatic Colon Disease	
mFOLFOX6 (oxaliplatin + leucovorin + 5-FU) ^{1,7,8}	Day 1: Oxaliplatin 85mg/m ² IV over 2 hrs + leucovorin 400mg/m ² IV over 2 hrs, followed by 5-FU 400mg/m ² IV bolus, followed by 5-FU 1,200mg/m ² /day IV x 2 days (total 2,400mg/m ²) as a 46–48 hr continuous infusion. Repeat every 2 weeks.
mFOLFOX6 + bevacizumab (Avastin) ^{1,8,13}	Day 1: Oxaliplatin 85mg/m ² IV over 2 hrs + leucovorin 400mg/m ² IV over 2 hrs, followed by 5-FU 400mg/m ² IV bolus, followed by 5-FU 1,200mg/m ² /day IV x 2 days (total 2,400mg/m ²) as a 46–48 hr continuous infusion. Day 1: Bevacizumab 5mg/kg every 2 weeks. Repeat every 2 weeks.
mFOLFOX6 + panitumumab (Vectibix) ^{1,8,14} (KRAS wild-type gene only)	Day 1: Oxaliplatin 85mg/m ² IV over 2 hrs + leucovorin 400mg/m ² IV over 2 hrs, followed by 5FU 400mg/m ² IV bolus, followed by 5-FU 1,200mg/m ² /day IV x 2 days (total 2,400mg/m ²) as a 46–48 hr continuous infusion. Day 1: Panitumumab 6mg/kg IV over 1 hr. Repeat every 2 weeks.

continued

COLON CANCER TREATMENT REGIMENS (Part 2 of 3)

REGIMEN	DOSING
Advanced or Metastatic Colon Disease (continued)	
CapeOX (also called XELOX) (oxaliplatin + capecitabine) ^{1,7}	Day 1: Oxaliplatin 130mg/m ² IV. Days 1–14: Capecitabine 850–1,000mg/m ² orally twice daily. Repeat cycle every 3 weeks for 16 cycles.
CapeOX + bevacizumab ^{1,7,15,16}	Day 1: Oxaliplatin 130mg/m ² IV. Days 1–14: Capecitabine 850–1,000mg/m ² orally twice daily. Day 1: Bevacizumab 7.5mg/kg IV. Repeat cycle every 3 weeks for 16 cycles.
FOLFIRI (irinotecan [Camptosar] + leucovorin + 5-FU) ^{1,12}	Day 1: Irinotecan 180mg/m ² IV + leucovorin 400mg/m ² IV, followed by 5-FU 400mg/m ² IV bolus, followed by 5-FU 1,200mg/m ² /day IV x 2 days (total 2,400mg/m ²) as a 46–48 hr continuous infusion. Repeat every 2 weeks.
FOLFIRI + bevacizumab ^{1,12,17}	Day 1: Irinotecan 180mg/m ² IV + bevacizumab 5mg/kg IV + leucovorin 400mg/m ² IV, followed by 5-FU 400mg/m ² IV bolus, followed by 5-FU 1,200mg/m ² /day IV x 2 days (total 2,400mg/m ²) as a 46–48 hr continuous infusion. Repeat cycle every 2 weeks.
FOLFIRI + ziv-aflibercept (Zaltrap) ^{1,18}	Day 1: Irinotecan 180mg/m ² IV + leucovorin 400mg/m ² IV, followed by 5-FU 400mg/m ² IV bolus, followed by 5-FU 1,200mg/m ² /day IV x 2 days (total 2,400mg/m ²) as a 46–48 hr continuous infusion. Day 1: Ziv-aflibercept 4mg/kg IV. Repeat cycle every 2 weeks.
FOLFIRI + cetuximab (Erbix) ^{1,19} (KRAS wild-type gene only)	Day 1: Irinotecan 180mg/m ² IV + leucovorin 400mg/m ² IV, followed by 5-FU 400mg/m ² IV bolus, followed by 5-FU 1,200mg/m ² /day IV x 2 days (total 2,400mg/m ²) as a 46–48 hr continuous infusion. Day 1: Cetuximab 400mg/m ² IV over 2 hrs first infusion, then 250mg/m ² IV over 1 hr once weekly OR 500mg/m ² IV over 2 hrs. Repeat every 2 weeks.
FOLFIRI + panitumumab ^{1,20} (KRAS wild-type gene only)	Day 1: Irinotecan 180mg/m ² + leucovorin 400mg/m ² IV, followed by 5FU 400mg/m ² IV bolus, followed by 5-FU 1,200mg/m ² /day IV x 2 days (total 2,400mg/m ²) as a 46–48 hr continuous infusion. Day 1: Panitumumab 6mg/kg IV over 1 hr. Repeat every 2 weeks.
Capecitabine ^{1,21}	Days 1–14: Capecitabine 850mg/m ² orally twice daily. Repeat cycle every 3 weeks.
Capecitabine + bevacizumab ^{1,16,21}	Days 1–14: Capecitabine 850–1,250mg/m ² orally twice daily. Day 1: Bevacizumab 7.5mg/kg IV. Repeat every 3 weeks.
IROX (oxaliplatin + irinotecan) ^{1,22}	Oxaliplatin 85mg/m ² IV + irinotecan 200mg/m ² IV. Repeat cycle every 3 weeks.
FOLFOXIRI (irinotecan + oxaliplatin + leucovorin + 5-FU) ^{1,23}	Day 1: Irinotecan 165mg/m ² IV + oxaliplatin 85mg/m ² IV + leucovorin 400mg/m ² IV plus Days 1 and 2: 5-FU 1,600mg/m ² /day continuous infusion IV over 48 hrs (total 5-FU = 3,200mg/m ²). Repeat every 2 weeks.
Irinotecan ± bevacizumab ^{1,24}	Days 1 and 8: Irinotecan 125mg/m ² IV. Day 1: Bevacizumab. Repeat cycle every 3 weeks. OR Day 1: Irinotecan 300–350mg/m ² IV. Day 1: Bevacizumab. Repeat cycle every 3 weeks.
Cetuximab (KRAS wild-type gene only) ± irinotecan ^{1,18}	Day 1: Cetuximab 400mg/m ² IV, then 250mg/m ² IV every 7 days. OR Day 1: Cetuximab 500mg/m ² IV every 2 weeks ± » Irinotecan 300–350mg/m ² IV every 3 weeks, OR » Irinotecan 180mg/m ² IV every 2 weeks, OR » On Days 1 and 8, irinotecan 125mg/m ² IV. Repeat cycle every 3 weeks.

continued

COLON CANCER TREATMENT REGIMENS (Part 3 of 3)

REGIMEN	DOSING
Advanced or Metastatic Colon Disease (continued)	
Panitumumab ^{1,25} (KRAS wild-type gene only)	Day 1: 6mg/kg IV. Repeat cycle every 2 weeks.
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