

Systemic Anticancer Therapy Protocol

Drug regimen

5-fluorouracil & folinic acid (Mayo Clinic regimen) with concurrent radiotherapy

Indications for use

Postoperative carcinoma of the stomach

Regimen

DRUG	TIME
<u>Day 1 daily until day 5</u>	
Folinic acid 20mg/m ²	Bolus
5-Fluorouracil 425/m ²	Bolus
<u>Day 29 daily until day 32</u>	
Folinic acid 20mg/m ²	Bolus) Start radiotherapy
5-Fluorouracil 400mg/m ²	45 Gy in 25# for 5 Bolus) weeks
<u>Day 59 daily until day 61</u>	
Folinic acid 20mg/m ²	Bolus) Continue radiotherapy
5-Fluorouracil 400mg/m ²	Bolus)
<u>Day 92 daily until day 96</u>	
Folinic acid 20mg/m ²	Bolus
5-Fluorouracil 425mg/m ²	Bolus
<u>Day 120 daily until day 124</u>	
Folinic acid 20mg/m ²	Bolus
5-Fluorouracil 425mg/m ²	Bolus

Investigation prior to initiating treatment

FBC, LFT, U&Es, CEA
CT scan thorax/ abdomen and pelvis
Isotope renogram

Dihydropyrimidine dehydrogenase (DPD) deficiency can result in severe toxicity secondary to reduced fluorouracil metabolism (this can present as severe diarrhoea and/or severe stomatitis early in the first cycle). Patients require DPD testing prior to administration. Dose adjustments should be made in accordance with local DPD policy.

Investigations and consultations prior to each cycle

FBC
U&Es
LFTs - These results may be looked at retrospectively, after the chemotherapy has been given

Consultation prior to each 5-day cycle and while on radiotherapy

Acceptable limits for treatment to proceed (if outside these delay one week or contact consultant)

None specific given
If neutrophils 1.2 – 1.5 contact **consultant**

Side Effects

Sore mouth
Conjunctivitis
Skin reaction
Nausea/sickness
Abdominal pain
Diarrhoea.
Bone marrow suppression

Dose Modification Criteria

20% dose reduction in dose with grade 3 toxicity.
Stop chemotherapy with grade 4 toxicity

Specific Information on Administration

Folinic Acid must be administered prior to 5FU.
Hb must be maintained at 12.0g/dl. If Hb low proceed with chemotherapy but arrange for transfusion within 2 working days

THIS PROTOCOL HAS BEEN DIRECTED BY DR SIVARAMALINGAM CLINICIAN FOR UPPER G.I.CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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