

IRINOTECAN

INDICATION (ICD10) C18, C20

Metastatic and relapsed colorectal cancer. PS 0, 1

REGIMEN

Day 1 Premedication: Atropine 250mcg subcutaneously 30 minutes prior to treatment
IRINOTECAN 350mg/m² in 250ml sodium chloride 0.9% (or licensed dose volume)
IV infusion over 30 minutes

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 21 days for 6 cycles

ANTI-EMETICS

Moderately emetogenic day 1

CONCURRENT MEDICATION REQUIRED

Irinotecan	Ensure premedication atropine given 30 minutes prior to treatment
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EXTRAVASATION AND TYPE OF LINE / FILTERS

Irinotecan - irritant

Peripheral line

INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs every cycle

Neutrophils x 10⁹/L ≥1.5

Platelets x 10⁹/L ≥100

Ideally EDTA GFR should be used

Creatinine clearance (GFR) calculated, at the Consultants discretion

Serum creatinine

Baseline weight and every cycle

MAIN TOXICITIES AND ADVERSE REACTIONS

Irinotecan	Acute cholinergic syndrome (including diarrhea and delayed diarrhoea, abdominal pain, hypotension, dizziness, malaise, increased salivation). Drink large volumes of fluid containing electrolytes and an appropriate antidiarrhoeal therapy - loperamide 4mg initially then 2mg every 2 hours, continuing for 12 hours after the last liquid stool (maximum of 48 hours in total).
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INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS

(not exhaustive list check SPC/BNF/Stockleys)

Irinotecan	Aprepitant and fosaprepitant increases exposure to irinotecan. Carbamazepine decreases exposure to irinotecan, avoid. Enzalutamide, mitotane, phenobarbitone, phenytoin, primidone and rifampicin decreases exposure to irinotecan, avoid.
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DOSE MODIFICATIONS

Haematological

If neutrophils $<1.5 \times 10^9/L$ and/or the platelet count $<100 \times 10^9/L$ delay one week, only treat when neutrophils and platelets are above these limits.

Non-haematological

Irinotecan

If patients suffer from severe diarrhoea, which required IV rehydration or neutropenic fever, consider reduction in subsequent cycles, discuss with SpR or Consultant.

Hepatic impairment

Irinotecan

Bilirubin 24-50micromol/L	give 50% dose
Bilirubin >51micromol/L	Clinical decision

REFERENCES

1. Piccolo study