Modified de Gramont

INDICATION (ICD10) C18, C20

1. Metastatic and advanced colorectal cancer
PS 0, 1, 2

REGIMEN

Day 1 CALCIUM LEVOFOLINATE 175mg in glucose 5% IV infusion over 30 minutes
FLUOROURACIL 400mg/m^2 IV bolus
FLUOROURACIL 2800mg/m^2 continuous IV infusion over 46 hours

NB Calcium levofolinate is not the same as calcium folinate (calcium leucovorin).
Calcium levofolinate is a single isomer of folinic acid and the dose is generally half that of calcium folinate. If calcium levofolinate is not available calcium folinate (leucovorin) may be used instead.

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 14 days for 12 cycles (review after 6 cycles)

ANTI-EMETICS

Low emetogenic days 1 and 2

CONCURRENT MEDICATION REQUIRED

Fluorouracil	Mouth and bowel support eg Loperamide, benzydamine mouthwash

EXTRAVASATION AND TYPE OF LINE / FILTERS

Fluorouracil – inflammitant

Central line (single lumen)

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs every cycle
Neutrophils x 10^9/L ≥1.5
Platelets x 10^9/L ≥100
Serum creatinine
ECG (possible ECHO) required if patient has preexisting cardiac disease
DPD test
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Fluorouracil	Palmar plantar (handfoot syndrome) causing red palms and soles – treat with pyridoxine 50mg tds Diarrhoea – treat with loperamide or codeine Cardiotoxicity – monitor cardiac function. Special attention is advisable in treating patients with a history of heart disease, arrhythmias or angina pectoris or those who develop chest pain during treatment with fluorouracil. Stomatitis

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS
(not exhaustive list check SPC/BNF/Stockleys)

Fluorouracil	Cimetidine slightly increases exposure to fluorouracil Metronidazole increased toxicity Phenytoin concentration increased Warfarin

DOSE MODIFICATIONS
Haematological
If neutrophils <1.5x10^9/L or platelets <100x10^9/L delay 1 week, only treat when neutrophils and platelets are above these limits.
If >1 delay or 1 delay ≥2 weeks reduce all the fluorouracil doses to give 80% for future cycles. A further dose reduction may be made at the Clinician's discretion.

Hepatic impairment
Fluorouracil
Significantly impaired hepatic function eg bilirubin >50micromol/L may be a sign of disease progression and require cessation of, or change in, treatment. Always discuss deteriorating liver function with consultant.

Bilirubin >85micromol/L	not recommended

Renal impairment
Fluourouracil

CrCl >30ml/min	give 100% dose
CrCl <30ml/min	consider dose reduction

REFERENCES