

## FLUOROURACIL with concurrent RT

### INDICATION (ICD10) C25

1. Locally advanced pancreatic cancer. PS 0, 1, 2

### REGIMEN

Days 1, 8, 15, 22 and 29

FLUOROURACIL 225mg/m<sup>2</sup>/24 (1575mg/m<sup>2</sup>/7days) hours continuous IV infusion over 7 days

### CYCLE FREQUENCY AND NUMBER OF CYCLES

Continuously for 5 weeks during radiotherapy

### ANTI-EMETICS

Low emetogenic risk

### CONCURRENT MEDICATION REQUIRED

Fluorouracil	Mouth and bowel support eg_Loperamide, benzydamine mouthwash
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### EXTRAVASATION AND TYPE OF LINE / FILTERS

Fluorouracil - inflammitant

Central (double lumen)

### INVESTIGATIONS

Blood results required before SACT administration

FBC, U&E and LFTs every cycle

Neutrophils x 10<sup>9</sup>/L ≥1.5 (1-1.5 discuss with Consultant)

Platelets x 10<sup>9</sup>/L ≥100 (75-100 discuss with Consultant)

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
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### 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
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## DOSE MODIFICATIONS

### Fluorouracil

The fluorouracil course should be delayed for a week or until completely recovered in the event of either low blood counts (neutrophils  $<1.5 \times 10^9$  or platelets  $<100 \times 10^9$ ) or any persistent mucositis or diarrhoea.

Non-haematological toxicity (CTC grade): diarrhoea, stomatitis	0-1	2	3	4
Haematological toxicity ( $\times 10^9/L$ ): Platelets $\geq 50$ and neutrophils $\geq 1.0$	100%	80%	50%	No further treatment
Haematological toxicity ( $\times 10^9/L$ ): Platelets 25-49 or neutrophils 0.5-0.9	80%	70%	50%	No further treatment
Haematological toxicity ( $\times 10^9/L$ ): Platelets $< 25$ or neutrophils $< 0.5$	50%	50%	50%	No further treatment

### Hepatic impairment

#### Fluorouracil

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

Bilirubin $>85$ micromol/L	not recommended
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### Renal impairment

#### Fluorouracil

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

## REFERENCES