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^2/24hours (1575mg/m^2/7days) 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

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 10^9/L ≥1.5 (1-1.5 discuss with Consultant)
Platelets x 10^9/L ≥100 (75-100 discuss with Consultant)
Serum creatinine
DPYD (dihydropyrimidine dehydrogenase) 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 (consider ECG at baseline). 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

Fluorouracil

The fluorouracil course should be delayed for a week or until completely recovered in the event of either low blood counts (neutrophils <1.5x10^9 or platelets <100x10^9) or any persistent mucositis or diarrhoea.

Non-haematological toxicity (CTC grade): diarrhoea, stomatitis	0-1	2	3	4
Haematological toxicity (x10^9/L): Platelets ≥50 and neutrophils ≥1.0	100%	80%	50%	No further treatment
Haematological toxicity (x10^9/L): Platelets 25-49 or neutrophils 0.5-0.9	80%	70%	50%	No further treatment
Haematological toxicity (x10^9/L): Platelets <25 or neutrophils <0.5	50%	50%	50%	No further treatment

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.	
If hepatic function is impaired, the recommended dose can be reduced to give 50% to 70% dose, but no need for dose adjustment is expected in mild and moderate (without renal impairment).	
Bilirubin >85micromol/L	not recommended

Renal impairment

Fluorouracil

If renal function is impaired, the recommended dose can be reduced to give 50% to 70% dose, but no need for dose adjustment is expected.

REFERENCES