

## IRINOTECAN

### INDICATION (ICD10) C18, C20

1. Metastatic and relapsed colorectal cancer. PS 0, 1

### REGIMEN

Day 1	<b>Premedication</b> 30 minutes prior to irinotecan: Atropine 250mcg subcutaneously			
	<b>IRINOTECAN</b>	350mg/m <sup>2</sup>	IV infusion	#ml diluent over 30 minutes

# diluent and diluent volume for dose prescribed as per national standardised product specification or licensed dose

### 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 Neutrophils $\geq 1.5 \times 10^9/L$ Platelets $\geq 100 \times 10^9/L$	baseline and every cycle
EDTA GFR or calculated CrCl at consultant's discretion.	baseline and every cycle
Serum creatinine	baseline and every cycle
Weight	baseline 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 and St John's wort decreases exposure to irinotecan, avoid. Enzalutamide, mitotane, phenobarbitone, phenytoin, primidone and rifampicin decreases exposure to irinotecan, avoid.
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## DOSE MODIFICATIONS

### Haematological

Neutrophils $<1.5 \times 10^9/L$ and/or platelet count $<100 \times 10^9/L$	delay one week, only treat when neutrophils and platelets are above these limits.
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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 $>51$ micromol/L	not recommended

### Renal impairment

#### Irinotecan

Not recommended in renal impairment, use with caution.

## REFERENCES

1. Piccolo study

### Assessments

	Pre	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Ongoing
Clinical assessment	X		Pre cycle		Pre cycle	Alternate cycles or team discretion
SACT assessment (PS and toxicities)	X	X	X	X	X	Every cycle
FBC	X	X	X	X	X	Every cycle
U&E, calcium, & LFT	X	X	X	X	X	Every cycle
CrCl	X	X	X	X	X	Every cycle
CT scan	X					After cycle 6. Inform consultant team if not booked
Informed consent	X					Verbal each cycle
Height	X					
Weight recorded	X	X	X	X	X	Every cycle