Lancashire & South Cumbria Cancer Network
Systemic Anticancer Treatment Protocol

Drug regimen
Continuous 5FU concurrent with radiotherapy

Indications for use
Concurrent chemo-radiotherapy for rectal cancer

Regimen
5- Fluorouracil 200mg/m²/day via infusor for 5 weeks
(Change pump weekly)

Chemotherapy starts on day 1 of radiotherapy and continues for 5 weeks

Investigation prior to initiating treatment
FBC, LFT, U&Es, Bone profile, CEA
Coagulation profile

Investigations and consultations during treatment
FBC, LFTs and U&Es weekly

Weekly review during treatment

Side Effects
Sore mouth, conjunctivitis, skin rashes, nausea and vomiting, diarrhoea, hand foot syndrome, myelosuppression and thrombocytopenia, cardiotoxicity (including coronary artery spasm, angina and tachycardia), ocular toxicity (excessive lacrimation, visual change, photophobia), transient cerebellar syndrome, confusion, thrombophlebitis

Dihydropyrimidine dehydrogenase (DPD) deficiency can result in severe toxicity secondary to reduced fluorouracil metabolism- avoid use in patients with known DPD deficiency

Dihydropyrimidine dehydrogenase (DPD) deficiency can result in severe toxicity secondary to reduced fluorouracil metabolism (this can present as severe diarrhoea and/or severe stomatitis early in the first cycle). Patients require DPD testing prior to administration. Dose adjustments should be made in accordance with local DPD policy.

Acceptable levels for treatment to proceed
(if outside these contact consultant)

Acceptable blood range: neutrophils ≥1.5 $x10^9$/l, platelets ≥100 $x10^9$/l,
If neutrophils 1.2 – 1.5 $x10^9$/l, contact consultant
If platelets <100 $x10^9$/l, contact consultant
If U&Es abnormal contact consultant

Dose Modification Criteria

Renal impairment

Consider dose reduction of fluorouracil if CrCl <10 ml/min

Dose modifications for toxicity should be made as per the following table

Toxicity grade	1st occurrence	2nd occurrence	3rd occurrence	4th occurrence
0-1	100%	100%	100%	100%
2	Delay then 100%	Delay then 75%	Delay then 50%	Discontinue
3	Delay then 75%	Delay then 50%	Discontinue	
4	Delay then 50%	Discontinue		

Any delays should be until the toxicity has resolved to grade 0-1.
Once dose has been reduced, it should not be increased at a later time

Patients should be informed of the need to interrupt treatment immediately if they develop moderate or severe side effects particularly diarrhoea (not controlled by loperamide), palmar plantar erythrodysaesthesia, chest pain or infection.

Specific Information on Administration
Patient requires central line insertion prior to commencement of chemotherapy
If only Hb is low (below 95g/dl) please contact doctor to arrange for blood transfusion but continue with chemotherapy

THIS PROTOCOL HAS BEEN DIRECTED BY DR WILLIAMSON, CLINICIAN FOR COLORECTAL CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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