

Protocol for Planning and Treatment

The process to be followed when a course of chemotherapy is required to treat:

COLO-RECTAL CANCER

Patient information given at each stage following agreed information pathway

1. DIAGNOSIS

Colo-rectal cancer is defined as cancer of the colon and rectum.

2. STAGING

All patients should be staged clinically according to Duke's classification as well as TNM system. All patients undergoing elective surgery should have pre-operative imaging of chest and liver, preferably CT. Patients treated as emergencies should be imaged post-operatively or intra-operatively. All patients should have complete colonic examination ideally pre-operatively or post-operatively if presenting as an emergency.

3. PATHOLOGY

Pathological reporting should include information on tumour differentiation, staging (both Duke's and TNM), margins, peritoneal and circumferential (CRM) and extramural vascular invasion. Pathology and radiology should be available at the multidisciplinary meeting.

4. INVESTIGATIONS

Pre-chemotherapy calculation of creatinine clearance:

Use Cockcroft-Gault equation

5. RADIOTHERAPY (Chemo Radiotherapy)

Pre-operative inoperable rectal cancer:

45Gy in 25f with or without Capecitabine
44.4Gy in 12 or 24 fractions over 10 to 12 weeks

Post-operative:

If positive circumferential margins:
45Gy in 25f with or without Capecitabine
44.4Gy in 12 or 24 fractions over 10 to 12 weeks

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6. CHEMOTHERAPY

To be prescribed on the chemocare system. (To include patient's name, date of birth, unit number, height, weight, surface area, diagnosis, haematology and biochemistry).

Adjuvant chemotherapy (Ca. Colon)

Adjuvant chemotherapy should be considered in all patients with Duke's C carcinoma and in patients with Duke's B tumours with adverse histological features. These include most importantly extramural vascular invasion but those with features of poor differentiation, serosal involvement, mucinous pathology may also be considered for adjuvant therapy.

Oxaliplatin plus DeGramont

Oxaliplatin plus Capecitabine

Capecitabine (elderly patients)

DeGramont

5-Flurouracil with Intraperitoneal Oxaliplatin [Hyperthermic Intraperitoneal Chemoperfusion (HIPEC)]

Metastatic disease (Ca. Colon)

Those who are at impending risk of obstruction should be treated surgically in the first instance. This may take the form of stenting or bypass procedures

Palliative chemotherapy (Ca. Colon)

Chemotherapy should be considered for all patients with metastatic disease (SIGN 67 March 2003)

Capecitabine

DeGramont

Oxaliplatin plus DeGramont

Irinotecan plus DeGramont

Irinotecan

Rectal cancer; chemotherapy in combination with XRT

CAP-XRT

Chemotherapy regimens

Oxaliplatin plus DeGramont (FOLFOX4)

Oxaliplatin with capecitabine (XELOX)

Irinotecan

Irinotecan plus DeGramont (IFL Douillard)

Raltitrexed for patients with coronary artery disease (as per sign guideline)

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Rectal patients only in conjunction with Radiotherapy

CAP-XRT

7. TREATMENT DEFINITIONS

CAPECITABINE

Capecitabine 1250mg/m² PO bd for 14 days, followed by 7 day rest period
(2500mg/m² per day for 14 days out of 21 day cycle)
Repeat every 21 days

CAP-XRT

Capecitabine 825mg/m² PO bd for 14 days, followed by 7 day rest period.
(1650mg/m² per day for 14 days out of 21 day cycle) for 2 cycles
Runs concurrently with radiotherapy

DeGRAMONT

5FU 1850mg IV Infusion - Days 1+2
Repeated every 3 weeks

Dose Bands for 5-Fluorouracil (DeGramont)

Males

| SA (m ²) | Disodium Folate | 5FU | 5FU |
|----------------------|-----------------|-------|--------|
| ≤ 1.6 | 300mg | 600mg | 900mg |
| 1.6-1.95 | 350mg | 750mg | 1100mg |
| ≥ 1.95 | 350mg | 800mg | 1200mg |

Females

| SA (m ²) | Disodium Folate | 5FU | 5FU |
|----------------------|-----------------|-------|--------|
| ≤ 1.6 | 280mg | 550mg | 850mg |
| 1.6-1.95 | 320mg | 650mg | 950mg |
| ≥ 1.95 | 350mg | 700mg | 1100mg |

5FU/FA

Calcium folinate 20mg/m² IV Bolus Day 1
5-Fluorouracil 400mg/m² IV Bolus Day 1
Repeat every WEEK

IRINOTECAN

Irinotecan 350mg/m² IV infusion Day 1
Repeat every 3 weeks

IRN/DG

Irinotecan 180mg/m² IV Infusion Day 1
5-Fluorouracil 1850mg IV Infusion Days 1 and 2
Repeated every 21 days

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Clinical Management Protocol – Chemotherapy – Colo-rectal Cancer

OX/DG

Oxaliplatin 85mg/m² IV Infusion Day 1
5-Fluorouracil 1600mg IV Infusion Days 1 and 2
Repeated every 14 days

XELOX

Capecitabine 1000mg/m² BD PO Days 1-14
Oxaliplatin 130mg/m² IV Infusion Day 1
Repeated every 21 days

5-Fluorouracil with Intraperitoneal Oxaliplatin (HIPEC)

Intravenous 5-Fluorouracil 400mg/m² and leucovorin 20mg/m²
Oxaliplatin 460mg/m² in 2 L/m² of dextrose (HIPEC)

Author: Signature: Date:

Chair: Signature: Date:
(on behalf of OHMMG)

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