The selection, dosing, and administration of anti-cancer agents and the management of associated toxicities are complex. Drug dose modifications and schedule and initiation of supportive care interventions are often necessary because of expected toxicities and because of individual patient variability, prior treatment, and comorbidities. Thus, the optimal delivery of anti-cancer agents requires a healthcare delivery team experienced in the use of such agents and the management of associated toxicities in patients with cancer. The chemotherapy regimens below may include both FDA-approved and unapproved uses/-regimens and are provided as references only to the latest treatment strategies. Clinicians must choose and verify treatment options based on the individual patient.

**PRINCIPLES OF ADJUVANT THERAPY**

- **Bevacizumab** (Xeloda) appears to be equivalent to the combination of bolus 5-fluorouracil (5-FU) and leucovorin in Stage III patients.1,2
- **FOLFOX** (oxaliplatin [Eloxatin] + leucovorin + 5-FU) is superior to 5-FU alone in Stage III patients.3,4
- The combination of bolus 5-FU, leucovorin, and irinotecan (Camptosar; CPT-11) should not be used in adjuvant therapy.5
- **FOLFIRI** (5-FU + oxaliplatin + irinotecan) has not been shown to be superior to 5-FU plus leucovorin.6,7
- **Bevacizumab** (Avastin), cetuximab (Erbxit), panitumumab (Vectibix), or irinotecan should not be used in the adjuvant setting for Stage II or III patients outside a clinical trial setting.8

**REGIMEN**

**ADJUVANT THERAPY**

**FOLFOX** (oxaliplatin + leucovorin + 5-FU)+9,10

- **Day 1:** Oxaliplatin 85mg/m² IV + leucovorin 200mg/m² IV, followed by 5-FU 400mg/m² IV bolus, then followed by 5-FU 600mg/m² IV as a 22-hr continuous infusion
- **Day 2:** Leucovorin 200mg/m² IV infusion over 120 min, followed by 5-FU 400mg/m² IV bolus, then followed by 5-FU 600mg/m² IV as a 22-hr continuous infusion; repeat cycle every 14 days
- **Day 3:** Oxaliplatin 85mg/m² IV + leucovorin 200mg/m² IV + 5-FU 600mg/m² IV, repeated weekly for 6 cycles (Days 1, 8, 15, 22, 29, 36) of each 8-week cycle; plus oxaliplatin 85mg/m² IV given on Days 1, 15, 29 of each 8-week cycle for 3 cycles

**CAPRIB** (capecitabine + irinotecan + bevacizumab)11

- **Day 1:** Oxaliplatin 130mg/m² IV + capcitabine 1,000mg/m² orally twice daily for 14 days in a 21 day cycle for 8 cycles

**CapeOX (also called XELOX) (oxaliplatin + capecitabine)**1,7

- **Day 1:** Capecitabine 1,250mg/m² orally twice daily for Days 1-14 every 3 weeks, for 24 weeks

**5-FU + leucovorin**11

- **Day 1:** Leucovorin 500mg/m² IV + bolus 5-FU 500mg/m² IV, repeated weekly every 4 weeks for 4 cycles

**ADVANCED OR METASTATIC COLON CANCER CHEMOTHERAPY REGIMENS**

**FOLFOXIRI (irinotecan + oxaliplatin + 5-FU)**12

- **Day 1:** Oxaliplatin 85mg/m² IV + irinotecan 125mg/m² IV + leucovorin 1,000mg/m² orally twice daily for 14 days in a 21 day cycle
- **Day 1:** Oxaliplatin 130mg/m² IV + leucovorin 850-1,000mg/m² orally twice daily for 14 days in a 21 day cycle
- **Day 1 and 8:** Oxaliplatin 85mg/m² IV + leucovorin 200mg/m² IV, followed by 5-FU 400mg/m² IV bolus, then followed by 5-FU 600mg/m² IV as a 22 hr continuous infusion; repeat cycle every 14 days

**Panitumumab (KRAS wild-type gene only)**1,12

- **Day 1:** 6mg/kg IV; repeat cycle every 14 days

**REFERENCES**