

COLON CANCER CHEMOTHERAPY REGIMENS

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 THERAPY¹

- Capecitabine (Xeloda) appears to be equivalent to the combination of bolus 5-fluorouracil (5-FU) and leucovorin in Stage III patients²
- 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 therapy⁵
- FOLFIRI (infusional 5-FU + leucovorin + irinotecan) has not been shown to be superior to 5-FU plus leucovorin⁶
- Bevacizumab (Avastin), cetuximab (Erbixit), panitumumab (Vectibix), or irinotecan should not be used in the adjuvant setting for Stage II or III patients outside a clinical trial setting⁷

REGIMEN	DOSING
ADJUVANT THERAPY	
FOLFOX (oxaliplatin + leucovorin + 5-FU) ^{1,7,8}	Day 1: Oxaliplatin 85mg/m ² IV + leucovorin 200mg/m ² IV, followed by 5-FU 400mg/m ² IV bolus, then followed by 5-FU 600mg/m ² IV as a 22-hr continuous infusion Day 2: Leucovorin 200mg/m ² IV infusion over 120 min, followed by 5-FU 400mg/m ² IV bolus, then followed by 5-FU 600mg/m ² IV as a 22-hr continuous infusion; repeat each cycle every 14 days ⁸
FLOX (5-FU + leucovorin + oxaliplatin) ⁹	5-FU 500mg/m ² IV and leucovorin 500mg/m ² IV once weekly for 6 weeks (Days 1, 8, 15, 22, 29, 36) of each 8-week cycle; plus oxaliplatin 85mg/m ² IV given on Days 1, 15, 29 of each 8-week cycle for 3 cycles
Capecitabine ^{1,2}	Capecitabine 1,250mg/m ² orally twice daily for Days 1–14 every 3 weeks, for 24 weeks
CapeOX (also called XELOX) (oxaliplatin + capecitabine) ^{1,10}	Day 1: Oxaliplatin 130mg/m ² IV + capecitabine 1,000mg/m ² orally twice daily for 14 days in a 21 day cycle for 8 cycles ¹⁰
5-FU + leucovorin ¹¹	Day 1: Leucovorin 500mg/m ² IV + bolus 5-FU 500mg/m ² IV, repeated weekly for 6 weeks; repeat cycle every 8 weeks for 4 cycles
ADVANCED OR METASTATIC COLON DISEASE	
FOLFOX (oxaliplatin + leucovorin + 5-FU) ^{1,7,8}	Day 1: Oxaliplatin 85mg/m ² IV + leucovorin 200mg/m ² IV, followed by 5-FU 400mg/m ² IV bolus, then followed by 5-FU 600mg/m ² IV as a 22-hr continuous infusion Day 2: Leucovorin 200mg/m ² IV infusion over 120 min, followed by 5-FU 400mg/m ² IV bolus, then followed by 5-FU 600mg/m ² IV as a 22-hr continuous infusion; repeat each cycle every 14 days
CapeOX (also called XELOX) (oxaliplatin + capecitabine) ^{1,7}	Day 1: Oxaliplatin 130mg/m ² IV + capecitabine 850–1,000mg/m ² orally twice daily for 14 days in a 21 day cycle for 16 cycles
Bevacizumab + 5-FU-containing regimens	Bevacizumab 5mg/kg IV every 14 days + 5-FU 500mg/m ² IV every 7 days for 6 weeks + leucovorin 500mg/m ² IV every 8 weeks or ^{12,13} Bevacizumab plus FOLFOX: Day 1: Bevacizumab 10mg/kg IV + oxaliplatin 85mg/m ² IV + leucovorin 200mg/m ² IV, followed by 5-FU 400mg/m ² IV bolus, then followed by 5-FU 600mg/m ² IV as a 22-hr continuous infusion Day 2: Leucovorin 200mg/m ² IV infusion over 120 min, followed by 5-FU 400mg/m ² IV bolus, then followed by 5-FU 600mg/m ² IV as a 22-hr continuous infusion; repeat each cycle every 14 days or ⁸ Bevacizumab plus FOLFIRI-B: Day 1: Irinotecan 180mg/m ² IV + bevacizumab 5mg/kg IV plus Days 1 and 2: Leucovorin 200mg/m ² IV, followed by 5-FU 400mg/m ² IV bolus, then followed by 5-FU 600mg/m ² IV as a 22-hr continuous infusion; repeat cycle every 14 days ¹⁴
CAPIRI-B (capecitabine + irinotecan + bevacizumab) ¹⁴	Day 1: Irinotecan 250mg/m ² IV + bevacizumab 7.5mg/kg plus Days 1–14: Capecitabine 2,000mg/m ² orally; repeat cycle every 3 weeks
Capecitabine ^{1,15}	Capecitabine 1,250mg/m ² orally twice daily for 14 days; repeat cycle every 21 days
IROX (oxaliplatin + irinotecan) ^{1,16}	Oxaliplatin 85mg/m ² IV + irinotecan 200mg/m ² IV; repeat cycle every 21 days
FOLFOXIRI (irinotecan + oxaliplatin + leucovorin + 5-FU) ^{1,17}	Day 1: Irinotecan 165mg/m ² IV + oxaliplatin 85mg/m ² IV + leucovorin 200mg/m ² IV plus Days 1 and 2: 5-FU 1,600mg/m ² /day continuous infusion IV over 48 hrs (total 5-FU = 3,200mg/m ²)
Irinotecan ^{1,18}	Days 1 and 8: Irinotecan 125mg/m ² IV; repeat cycle every 21 days or Day 1: Irinotecan 300–350mg/m ² IV; repeat cycle every 21 days
Cetuximab (KRAS wild-type gene only) ± irinotecan ^{1,19}	Day 1: Cetuximab 400mg/m ² IV, then 250mg/m ² IV every 7 days or Day 1: Cetuximab 500mg/m ² IV every 14 days ± • Irinotecan 300–350mg/m ² IV every 21 days or • Irinotecan 180mg/m ² IV every 14 days or • On Days 1 and 8, irinotecan 125mg/m ² IV; repeat cycle every 21 days
Panitumumab (KRAS wild-type gene only) ^{1,20}	Day 1: 6mg/kg IV; repeat cycle every 14 days

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