Chemotherapy Protocol

COLORECTAL CANCER

RALTITREXED

Regimen

- Colorectal Cancer– Raltitrexed

Indication

- Treatment of metastatic / advanced colorectal cancer where fluorouracil and / or capecitabine is contra-indicated due to cardiac adverse effects
- WHO Performance status 0, 1, 2
- Palliative intent

Toxicity

Drug	Adverse Effect
Raltitrexed	Diarrhoea, anorexia, raised transaminase levels

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

Monitoring

Regimen

- FBC, U&E's and LFT's prior to each cycle

Dose Modifications

The dose modifications listed are for haematological, liver and renal function only. Dose adjustments may be necessary for other toxicities as well.

In principle all dose reductions due to adverse drug reactions should not be re-escalated in subsequent cycles without consultant approval. It is also a general rule for chemotherapy that if a third dose reduction is necessary treatment should be stopped.

Please discuss all dose reductions / delays with the relevant consultant before prescribing, if appropriate. The approach may be different depending on the clinical circumstances. The following is a general guide only.

Haematological

Prior to prescribing the following criteria must be met;

Criteria	Eligible Level
Neutrophil	equal to or more than $1.5x10^9$/L
Platelets	equal to or more than $100x10^9$/L

Consider blood transfusion if patient symptomatic of anaemia or has a haemoglobin of less than 8g/dL

If the neutrophils are less than $1.5x10^9$/L and/or the platelets are less than $100x10^9$/L then delay treatment for 7 days If the counts recover at this time restart the raltitrexed at the original dose. If a 14 day delay is required to allow counts to recover or there are two separate delays of 7 days during treatment consider reducing the dose of raltitrexed to 80% of the original dose or stopping treatment.

Kidney / Liver Impairment

Drug	Hepatic	Renal
Raltitrexed	If AST/ALT are less than 5xULN or bilirubin is less than 10xULN then treat at 100% dose.	CrCl is equal to or greater than 65ml/min then no reduction is Necessary CrCl is between 55-65ml/min then administer 75% of the original dose 4 weekly CrCl is 25-54ml/min then administer 50% of the original dose 4 weekly If the CrCl is less than 25ml/min then omit

Other Toxicities

Dose reductions or interruptions in therapy are not necessary for those toxicities that are considered unlikely to be serious or life threatening. For example, alopecia, altered taste or nail changes. Dose limiting toxicities include diarrhoea, abdominal pain, emesis, stomatitis and palmer-plantar erythrodysasthesia among others.

Regimen

21 day cycle for 8 cycles

Drug	Dose	Days	Route
Raltitrexed	$3mg/m^2$	1	Intravenous infusion in 250ml sodium chloride 0.9% over 15 minutes

Dose Information

- Raltitrexed will be dose banded as per the CSCCN agreed bands.

Administration Information

Extravasation

- Raltitrexed - inflammitant

Additional Therapy

- Antiemetics

  15-30 minutes prior to chemotherapy

  - metoclopramide 10mg oral or intravenous

  As take home medication;

  - metoclopramide 10mg three times a day when required oral

- Gastric protection with a proton pump inhibitor or a H_2 antagonist may be considered in patients considered at high risk of GI ulceration or bleed.

Coding

- Procurement – X70.4
- Delivery – X72.3

References
1. Wilson KS, Fitzgerald CA, Barnett JB et al. Adjuvant therapy with raltitrexed in patients with colorectal cancer intolerant of 5-fluorouracil: British Columbia Cancer Agency experience. Cancer Invest 2007; 25 (8): 711-714.

REGIMEN SUMMARY

Day One

1. Metoclopramide 10mg oral or intravenous

2. Raltitrexed 3mg/m^2 intravenous injection in 250ml sodium chloride 0.9% over 15 minutes

Take Home Medicines

5. Metoclopramide 10mg three times a day when required oral

DOCUMENT CONTROL

Version	Date	Amendment	Written By	Approved By
1.2	May 2014	Header altered Toxicities removed Tabulation throughout Hepatic and renal recommendations updated Metoclopramide dose changed to 10mg Coding updated Disclaimer added	Dr Debbie Wright Pharmacist	Donna Kimber Pharmacy Technician
1.1	Mar 2011	Dose Information changed to state that raltitrexed will be dose banded as per the CSCCN agreed bands. PO and IV removed as abbreviations. Infusion changed to injection. Document control re-formatted as a table.	Dr Debbie Wright (Pharmacist)	Donna Kimber (Pharmacy Technician)
1	Aug 2010	None	Dr Debbie Wright (Pharmacist)	Dr Tim Iveson (Consultant Oncologist)

This chemotherapy protocol has been developed as part of the chemotherapy electronic prescribing project. This was and remains a collaborative project that originated from the former CSCCN. These documents have been approved on behalf of the following Trusts;

Hampshire Hospitals NHS Foundation Trust
NHS Isle of Wight
Portsmouth Hospitals NHS Trust
Salisbury Hospital NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
Western Sussex Hospitals NHS Foundation Trust

All actions have been taken to ensure these protocols are correct. However, no responsibility can be taken for errors which occur as a result of following these guidelines.