

Regimen Monograph

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A - Regimen Name

FOLFIRI Regimen

Folinic Acid (Leucovorin)-Fluorouracil-Irinotecan

Disease Site Gastrointestinal
 Neuroendocrine (GI)

Intent Palliative

Regimen Category **Evidence-informed :**

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses As an alternative treatment for GI neuroendocrine tumours during the etoposide supply interruption.

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B - Drug Regimen

irinotecan	180 mg /m ²	IV over 90 minutes	Day 1
leucovorin	400 mg /m ²	IV over 120 minutes concurrently with irinotecan	Day 1
fluorouracil THEN	400 mg /m ²	IV bolus, after leucovorin	Day 1
fluorouracil	2400 mg /m ²	IV continuous infusion over 46 hours only	Start on Day 1

Irinotecan and leucovorin may be infused at the same time by using a y-connector, but not in the same bag, then fluorouracil.

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C - Cycle Frequency**REPEAT EVERY 14 DAYS**

Until evidence of disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

Other Supportive Care:

- Irinotecan:
- Unless contraindicated, atropine 0.25-1mg IV/SC may be used for cholinergic adverse effects (early diarrhea)
- Diarrhea (abdominal cramp = diarrhea) may be severe and delayed with irinotecan; use loperamide 4mg at the onset of diarrhea, then 2mg q2h until patient is diarrhea-free for 12 hours
- Patients with ileus, fever or febrile neutropenia should receive antibiotics
- 5FU:
- May advise patients to suck on ice chips during bolus injection of 5FU, to reduce stomatitis

Also refer to [CCO Antiemetic Recommendations](#).

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J - Administrative Information

Approximate Patient Visit	3 hours
Pharmacy Workload (average time per visit)	37.403 minutes
Nursing Workload (average time per visit)	61.667 minutes

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K - References

Hentic O, Hammel P, Couvelard A, et al. FOLFIRI regimen: and effective second-line chemotherapy after failure of etoposide-platinum combination in patients with neuroendocrine carcinomas grade 3. *Endocr Relat Cancer*. 2012;19:751-757.

Walter T, Tougeron D, Baudin E, et al. Poorly differentiated gastro-entero-pancreatic neuroendocrine carcinomas: Are they really heterogeneous? Insights from the FFCD-GTE national cohort. *Eur J Cancer*. 2017;79:158-165.

April 2023 Updated DPD deficiency and fluorouracil antidote information in the Other Notes section

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L - Other Notes

Diarrhea can be severe, with either immediate or delayed onset. Patients must be instructed in the use of Loperamide as treatment for diarrhea, and must have a supply of this drug upon starting Irinotecan treatments.

DPD Deficiency Testing and Guidance

Patients should be tested for DPD deficiency before starting treatment with fluorouracil. Refer to the [DPD Deficiency Guidance for Clinicians](#) for more information.

In patients with unrecognized DPD deficiency, acute, life-threatening toxicity may occur; if acute grade 2-4 toxicity develops, treatment should be stopped immediately and permanent discontinuation considered based on clinical assessment of the toxicities.

Antidote for Fluorouracil Overdose:

Uridine triacetate is a prodrug of uridine and is a specific antidote for treating fluorouracil overdose or severe early onset toxicities. If available, consider administering as soon as possible (i.e. within 96 hours) for suspected overdose. If not available, treatment is symptomatic and supportive.

For usage approval and supply, contact Health Canada's [Special Access Program](#) (SAP) (Phone: 613-941-2108. On-call service is available for emergencies). Uridine triacetate (Vistogard®) is supplied by its manufacturer in the United States (Wellstat Therapeutics).

The recommended dosing and administration for **uridine triacetate** in patients ≥18 years is:

- 10 grams (1 packet of coated granules) orally every 6 hours for 20 doses in total, without regards to meals.
- Granules should not be chewed. They should be mixed with 3 to 4 ounces of soft foods such as applesauce, pudding or yogurt.
- The dose should be ingested within 30 minutes of preparation, followed by at least 4 ounces of water.
- Refer to the prescribing information on dose preparation for NG-tube or G-tube use.

Additional resources on the management of fluorouracil infusion overdose:

- [Management of Fluorouracil Infusion Overdose Guideline](#) (Alberta Health Services)
- [Management of Fluorouracil Infusion Overdose at the BCCA - Interim Guidance](#) (BC Cancer Agency)

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the [New Drug Funding Program](#) or [Ontario Public Drug Programs](#) websites for the most up-to-date public funding information.

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