

## Regimen Monograph

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## A - Regimen Name

## ECARBOF Regimen

EPirubicin-CARBOplatin-Fluorouracil

**Disease Site**      Gastrointestinal  
                              Esophagus  
                              Gastric / Stomach

**Intent**                Neoadjuvant  
                              Adjuvant  
                              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.

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**B - Drug Regimen**

[EPIrubicin](#) 50 mg /m<sup>2</sup> IV Day 1

[CARBOplatin](#) AUC 5 IV Day 1

Adjust Carboplatin dose to AUC target (using Calvert formula) as outlined in the "Other Notes" section.

[fluorouracil](#) 200 mg /m<sup>2</sup>/day IV over 24 hours as continuous infusion Days 1 to 21

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**C - Cycle Frequency**

**REPEAT EVERY 21 DAYS**

Palliative: For a maximum of up to 8 cycles unless disease progression or unacceptable toxicity occurs

Perioperative: For 6 cycles (3 prior to and 3 after surgery) in the absence of disease progression or unacceptable toxicity

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**D - Premedication and Supportive Measures**

**Antiemetic Regimen:** Moderate + NK1 antagonist (Carboplatin AUC ≥ 5)

**Other Supportive Care:**

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

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**J - Administrative Information**

Approximate Patient Visit Day 1: 2 hours; Days 8, 15: 0.5 hour

Pharmacy Workload (average time per visit) 27.672 minutes

Nursing Workload (average time per visit) 62.5 minutes

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## K - References

ECarboF: Epirubicin / Carboplatin / PVI 5-Fluorouracil for Oesophageal or Gastric Cancer. NHS South East London Cancer Network, version 3.

Bamos A, Hill M, Cunningham D, et al. Epirubicin, cisplatin, and protracted venous infusion of 5-fluorouracil for esophagogastric adenocarcinoma. *Cancer* 1996; 77: 1978-85.

Findlay M, Cunningham D, Norman A, et al. A phase II study in advanced gastro-esophageal cancer using epirubicin and cisplatin in combination infusion 5-fluorouracil (ECF). *Annals of Oncology* 1994; 5: 609-616.

Ross P, Nicolson M, Cunningham D, et al. Prospective randomized trial comparing mitomycin, cisplatin, and protracted venous-infusion fluorouracil (PVI 5-FU) with epirubicin, cisplatin and PVI 5FU in advanced esophagogastric cancer. *JCO* 2002; 20(8); 1996-2004.

Waters JS, Norman A, Cunningham D, et al. Long-term survival after epirubicin, cisplatin and fluorouracil for gastric cancer: results of a randomized trial. *British Journal of Cancer* 1999; 80(1/2): 269-72.

Webb A, Cunningham D, Scarffe T et al. Randomized trial comparing epirubicin, cisplatin and fluorouracil versus fluorouracil, doxorubicin and methotrexate in advanced oesophago-gastric cancer. *J Clin Oncol* 15:261-267. 1997.

## **PEBC Advice Documents or Guidelines**

- [Systemic Therapy for Advanced Gastric and Gastro-Esophageal Carcinoma](#)

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

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## L - Other Notes

### **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.

## **Calvert Formula**

**DOSE (mg) = target AUC X (GFR + 25)**

- AUC = product of serum concentration (mg/mL) and time (min)
- GFR (glomerular filtration rate) expressed as measured Creatinine Clearance or estimated from Serum Creatinine (by Cockcroft and Gault method or Jelliffe method)

(Calvert AH, Newell DR, Gumbrell LA, et al, Carboplatin dosage: Prospective evaluation of a simple formula based on renal function. J Clin Oncol, 1989; 7: 1748-1756)

## **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  $\geq 18$  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**

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## **Regimen Abstracts**

*A 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). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an “as-is” basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information’s quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.*

*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.*

## **Regimen Monographs**

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

*The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the “Formulary”) is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.*

*The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.*

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