

Regimen Monograph

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A - Regimen Name

FLODOCE+DURV Regimen

Fluorouracil-Leucovorin-Oxaliplatin-Docetaxel-Durvalumab

Disease Site Gastrointestinal
 Esophagus
 Gastric / Stomach

Intent Neoadjuvant
 Adjuvant

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 Perioperative treatment for resectable gastric or gastroesophageal junction adenocarcinoma

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B - Drug Regimen

durvalumab ^{^,†}	1500 mg	IV	Day 1
(This drug is not currently publicly funded for this regimen and intent)			
DOCEtaxel	50 mg /m ²	IV	Day 1, 15
oxaliplatin	85 mg /m ²	IV	Day 1, 15
leucovorin	200* mg /m ²	IV	Day 1, 15
fluorouracil	2600 mg /m ²	IV over 24 hours	Day 1, 15

[^]Administer durvalumab prior to chemotherapy if both are given on the same day.

[†]For patients with body weight ≤ 30 kg, give durvalumab 20 mg/kg IV q28 days, until weight increases to > 30kg.

*The racemic mixture of leucovorin was used in the FLOT4 trial by Al-Batran SE et al.

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

For 2 pre-operative and 2 post-operative cycles

Then, continue with durvalumab monotherapy (DURV(MNT)) after completion of post-operative FLODOCE+DURV, unless disease progression or unacceptable toxicity.

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

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

Febrile Neutropenia Moderate

Risk:

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the [hepatitis B virus screening and management](#) guideline.

Pre-medications (prophylaxis for infusion reaction):

- Dexamethasone* 8 mg PO BID for 3 days, starting 1-day pre-**docetaxel** infusion†

* Do not discontinue dexamethasone, even in the absence of an IR, due to the benefits on other adverse effects (e.g. pain and edema).

† Dexamethasone 10-20 mg IV can be given if patient forgot to take oral doses.

Other considerations for premedications:

Durvalumab:

- Consider pre-medication in patients with prior infusion related reactions.

Oxaliplatin:

- There is insufficient evidence that routine prophylaxis with pre-medications reduces IR rates.
- Consider corticosteroids and H1-receptor antagonists ± H2-receptor antagonists in high-risk patients (i.e. ≥ cycle 6, younger age, female gender, prior platinum exposure, platinum-free interval ≥ 3 years).

Other Supportive Care:

- AVOID mucositis prophylaxis with ice chip as cold temperatures can precipitate or exacerbate acute neurological symptoms with oxaliplatin.

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J - Administrative Information

Approximate Patient Visit 5-6 hours

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K - References

Al-Batran SE, Homann N, Pauligk C, et al. Perioperative chemotherapy with fluorouracil plus leucovorin, oxaliplatin, and docetaxel versus fluorouracil or capecitabine plus cisplatin and epirubicin for locally advanced, resectable gastric or gastro-oesophageal junction adenocarcinoma (FLOT4): a randomised, phase 2/3 trial. *Lancet* 2019 May 11;393(10184):1948-57.

Docetaxel drug monograph. Ontario Health (Cancer Care Ontario).

Durvalumab drug monograph. Ontario Health (Cancer Care Ontario).

Fluorouracil drug monograph. Ontario Health (Cancer Care Ontario).

Janjigian YY, Al-Batran SE, Wainberg ZA, et al. Perioperative durvalumab in gastric and gastroesophageal junction cancer. *N Engl J Med* 2025 Jul 17;393(3):217-230. doi: 10.1056/NEJMoa2503701.

Oxaliplatin drug monograph. Ontario Health (Cancer Care Ontario).

April 2026 new ST-QBP regimen

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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.

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).

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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Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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