

Regimen Monograph

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A - Regimen Name

FLODOCE Regimen

Fluorouracil-Leucovorin-Oxaliplatin-Docetaxel

Disease Site Gastrointestinal - Esophagus
Gastrointestinal - Gastric / Stomach

Intent 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.

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B - Drug Regimen

DOCEtaxel	50 mg /m ²	IV	Day 1
oxaliplatin	85 mg /m ²	IV	Day 1
leucovorin	200* mg /m ²	IV	Day 1
fluorouracil	2600 mg /m ²	IV over 24 hours	Day 1

* Note: 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 14 DAYS**

For 4 preoperative and 4 postoperative cycles

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

Febrile Neutropenia Risk: Moderate

Other Supportive Care:

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

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J - Administrative Information

Approximate Patient Visit	3.5 hours
Pharmacy Workload (average time per visit)	41.056 minutes
Nursing Workload (average time per visit)	69.167 minutes

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K - References

Al-Batran SE, Hofheinz RD, Pauligk C, et al. Histopathological regression after neoadjuvant docetaxel, oxaliplatin, fluorouracil, and leucovorin versus epirubicin, cisplatin, and fluorouracil or capecitabine in patients with resectable gastric or gastro-oesophageal junction adenocarcinoma (FLOT4-AIO): results from the phase 2 part of a multicentre, open-label, randomised phase 2/3 trial. *Lancet Oncol* 2016;17(12):1697-1708.

August 2019 removed archived PEBC guideline link

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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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