Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Dose Modifications | Adverse |
Effects | Interactions | Drug Administration and Special Precautions | Recommended Clinical Monitoring | Administrative |
Information | References | Other Notes | Disclaimer

A - Regimen Name

OXALRALT+BEVA Regimen

Oxaliplatin-Raltitrexed-Bevacizumab

Disease Site Gastrointestinal

Colorectal

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

Treatment of metastatic colorectal, small bowel or appendiceal cancer, in patients who cannot receive fluorouracil

(Refer to the NDFP eligibility form for detailed funding criteria.)

Supplementary Public Funding

bevacizumab

New Drug Funding Program (Bevacizumab (Biosimilar) - Metastatic Colorectal, Small Bowel, or Appendiceal Cancer) (NDFP Website)

raltitrexed

New Drug Funding Program (Raltitrexed - Metastatic Colorectal Small Bowel or Appendiceal Cancer) (NDFP Website)

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B - Drug Regimen			
<u>bevacizumab</u>	7.5 mg /kg	IV	Day 1
raltitrexed	3 mg /m²	IV	Day 1
oxaliplatin	100-130 mg /m²	IV	Day 1
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C - Cycle Frequency

REPEAT EVERY 21 DAYS

Until disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate

Also refer to <u>CCO Antiemetic Recommendations</u>.

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the <u>hepatitis B virus screening and management guideline.</u>

Other Supportive Care:

 Avoid mucositis prophylaxis with ice chips as cold temperatures can precipitate or exacerbate acute neurological symptoms of oxaliplatin.

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J - Administrative Information

Approximate Patient Visit 3.5 to 4.5 hours

Pharmacy Workload (average time per visit) 31.753 minutes

Nursing Workload (average time per visit) 62.50 minutes

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K - References

Cascinu S, Graziano F, Ferraù F, et al. Raltitrexed plus oxaliplatin (TOMOX) as first-line chemotherapy for metastatic colorectal cancer. A phase II study of the Italian group for the study of gastrointestinal tract carcinomas (GISCAD). Annals of Oncology 2002;13:716–20.

Feliu J, Castañón C, Salud A, et al. Phase II randomised trial of raltitrexed-oxaliplatin vs raltitrexed-irinotecan as first-line treatment in advanced colorectal cancer. Br J Cancer 2005;93(11):1230-5.

<u>Fluoropyrimidine Treatment in Patients with Dihydropyrimidine Dehydrogenase (DPD) Deficiency:</u> <u>Guidance for Clinicians</u>. Ontario Health (Cancer Care Ontario), Sep 2025.

Gravalos C, Salut A, García-Girón C, et al. A randomized phase II study to compare oxaliplatin plus 5-fluorouracil and leucovorin (FOLFOX4) versus oxaliplatin plus raltitrexed (TOMOX) as first-line chemotherapy for advanced colorectal cancer. Clin Transl Oncol 2012;14(8):606–12.

Li S, Li X, Zhu Q, et al. Raltitrexed chemotherapy regimen plus bevacizumab as second-line treatment for metastatic colorectal cancer: a prospective multicenter phase II trial. Cancer Control 2024 Jan-Dec;31:10732748241275012. doi: 10.1177/10732748241275012.

Samalin E, Senellart H, Thezenaet S, et al. Multicenter randomized phase II trial (BEVATOMOX) assessing the raltitrexed, oxaliplatin and bevacizumab combination versus FOLFOX6 bevacizumab as 2nd line treatment in metastatic colorectal cancer (Abstract). Ann Oncol 2017;28(supp 5):179.

Scheithauer W, Kornek GV, Ulrich-Pur H, et al. Oxaliplatin plus raltitrexed in patients with advanced colorectal carcinoma. Cancer 2001; 91:1264–71.

Seitz JF, Bennouna J, Paillot B, et al. Multicenter non-randomized phase II study of raltitrexed (Tomudex) and oxaliplatin in non-pretreated metastatic colorectal cancer patients. Ann Oncol 2002;13(7):1072-9.

December 2025 new ST-QBP regimen

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the <u>New Drug Funding Program</u> or <u>Ontario Public Drug Programs</u> 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.

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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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