Regimen Monograph

A - Regimen Name

MFOLFOX6+ENCO+CETU Regimen

Fluorouracil-Leucovorin-Oxaliplatin-Encorafenib-Cetuximab

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 for patients with previously untreated BRAF-V600E mutated metastatic colorectal cancer

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B - Drug Regimen

cetuximab	500 mg /m²	IV	Day 1

(This drug is not currently publicly funded for this regimen and intent)

oxaliplatin	85 mg /m²	IV over 2 hours	Day 1
leucovorin	400 mg /m²	IV over 2 hours (concurrently with oxaliplatin)	Day 1
fluorouracil	400 mg /m²	IV bolus, after leucovorin	Day 1
THEN			
fluorouracil	2400 mg /m²	IV continuous infusion over 46 hours (single dose)	Start on Day 1
encorafenib	300 mg	PO	Days 1 to 14

(This drug is not currently publicly funded for this regimen and intent)

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C - Cycle Frequency

REPEAT EVERY 14 DAYS

Until disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Moderate
Low – No routine prophylaxis; PRN recommended (encorafenib)

- Also refer to CCO Antiemetic Recommendations.

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

Cetuximab Premedications (prophylaxis for infusion reaction):

- H1-receptor antagonist (e.g. diphenhydramine 50 mg IV) 30-60 minutes prior to the dose.
- Corticosteroid IV 30-60 minutes prior to the dose.
- Consider discontinuing pre-medications after the 2nd infusion based on clinical judgment and the presence/severity of IR.

Other Supportive Care:

- Avoid mucositis prophylaxis with ice chip as cold temperatures can precipitate or exacerbate acute neurological symptoms of oxaliplatin.
- Patients should use sun protection while receiving cetuximab and for 2 months after treatment completion.
- Consider pre-emptive therapy for EGFR inhibitor-related skin toxicity; the following was shown to be of benefit with panitumumab treatment, starting the day before treatment and continued until week 6. (Lacouture et al, 2010):
  - Skin moisturizer applied to the face, hands, feet, neck, back and chest in the morning
  - Sunscreen to exposed areas (SPF $\geq$ 15, UVA and UVB) before going outdoors
  - Hydrocortisone 1% cream to the face, hands, feet, neck, back and chest at bedtime
  - Doxycycline (or minocycline) PO
- Refer to the Canadian recommendations for the management of skin rash during EGFR-targeted monoclonal antibody treatment for GI malignancies. (Melosky et al, 2009)

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J - Administrative Information

Approximate Patient Visit	5 hours

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K - References

Elez E, Yoshino T, Shen L, et al. Encorafenib, cetuximab, and mFOLFOX6 in *BRAF*-mutated colorectal cancer. N Engl J Med 2025;392(24):2425-37. doi: 10.1056/NEJMoa2501912.

December 2025 new ST-QBP regimen

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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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