

## Palliative Small Bowel & Appendix Cancer Regimens

The following tables list the evidence-informed regimens (both IV and non-IV) for small bowel & appendix cancer used in the palliative setting. It is expected that the prescribing oncologist will select the regimen from the list of evidence-informed regimens that is most appropriate for their patient taking account of a variety of disease-specific and patient-related factors.

**Regimens highlighted in red contain an expensive drug that is not currently publicly funded for the regimen and treatment intent.**

Small Bowel & Appendix Cancer	
Regimen Code	Regimen Abstract
CAPE	Capecitabine 1000-1250 mg/m <sup>2</sup> PO BID days 1-14 Q21 days
CAPE+BEVA	Bevacizumab 7.5 mg/kg IV day 1; Capecitabine 1000 mg/m <sup>2</sup> PO BID days 1-14. Q21 days
FOLFIRI	Irinotecan 180 mg/m <sup>2</sup> IV day 1; Leucovorin 400 mg/m <sup>2</sup> IV day 1; Fluorouracil 400 mg/m <sup>2</sup> IV day 1; THEN Fluorouracil 2400 mg/m <sup>2</sup> CIV over 46 hours day 1. Q14 days
FOLFIRI+BEVA	Irinotecan 180 mg/m <sup>2</sup> IV day 1; Leucovorin 400 mg/m <sup>2</sup> IV day 1; Fluorouracil 400 mg/m <sup>2</sup> IV day 1; Bevacizumab 5 mg/kg IV day 1; THEN Fluorouracil 2400 mg/m <sup>2</sup> CIV over 46 hours day 1. Q14 days
FOLFIRI+PNTM	PANitumumab 6 mg/kg IV day 1; Followed by: Irinotecan 180 mg/m <sup>2</sup> IV day 1; Leucovorin 400 mg/m <sup>2</sup> IV day 1; Fluorouracil 400 mg/m <sup>2</sup> IV day 1; THEN Fluorouracil 2400 mg/m <sup>2</sup> CIV over 46 hours, starting on day 1. Q14 days
FU	Fluorouracil 425 mg/m <sup>2</sup> IV days 1-5. Q28 days

## Small Bowel & Appendix Cancer

Regimen Code	Regimen Abstract
IRIN	Irinotecan 350 mg/m <sup>2</sup> IV day 1. Q21 days
IRIN(Q2W)+CETU	Irinotecan 180 mg/m <sup>2</sup> IV day 1; Cetuximab 500 mg/m <sup>2</sup> IV day 1. Q14 days  <i>Alternate schedule:</i> Irinotecan 180 mg/m <sup>2</sup> IV day 1. Q14 days Cetuximab 400 mg/m <sup>2</sup> IV day 1 CYCLE 1 ONLY, THEN 250 mg/m <sup>2</sup> IV weekly
IRIN(Wx4)	Irinotecan 125 mg/m <sup>2</sup> IV day 1, 8, 15, 22. Q42 days
IRIN(Wx4)+CETU	Irinotecan 125 mg/m <sup>2</sup> IV Days 1, 8, 15, 22 Q42 days Cetuximab 400 mg/m <sup>2</sup> IV DAY 1 CYCLE 1 ONLY, then 250 mg/m <sup>2</sup> IV weekly
IRIN+CETU	Irinotecan 350 mg/m <sup>2</sup> IV day 1; Q21 days Cetuximab 400 mg/m <sup>2</sup> IV DAY 1 CYCLE 1 ONLY, then 250 mg/m <sup>2</sup> IV weekly.
MFOLFOX6	Oxaliplatin 85 mg/m <sup>2</sup> IV day 1; Leucovorin 400 mg/m <sup>2</sup> IV day 1; Fluorouracil 400 mg/m <sup>2</sup> IV day 1; THEN Fluorouracil 2400 mg/m <sup>2</sup> CIV over 46 hours day 1. Q14 days
MFOLFOX6+BEVA	Oxaliplatin 85 mg/m <sup>2</sup> IV day 1; Leucovorin 400 mg/m <sup>2</sup> IV day 1; Fluorouracil 400 mg/m <sup>2</sup> IV day 1; Bevacizumab 5 mg/kg IV infusion day 1; THEN Fluorouracil 2400 mg/m <sup>2</sup> CIV over 46 hours day 1. Q14 days
MFOLFOX6+PNTM	Oxaliplatin 85 mg/m <sup>2</sup> IV day 1; Leucovorin 400 mg/m <sup>2</sup> IV day 1; Fluorouracil 400 mg/m <sup>2</sup> IV day 1; PANitumumab 6 mg/kg IV day 1; THEN Fluorouracil 2400 mg/m <sup>2</sup> CIV over 46 hours day 1. Q14 days
PNTM	Panitumumab 6 mg/kg IV day 1. Q14 days
RALT	Raltitrexed 3 mg/m <sup>2</sup> IV day 1. Q21 days

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XELOX	Capecitabine 1000 mg/m <sup>2</sup> PO BID days 1-14*; Oxaliplatin 130 mg/m <sup>2</sup> IV day 1 Q21 days  <i>Note: *a dose of 750 mg/m<sup>2</sup> PO BID was used in a small Phase 2 study (Overman MJ et al. J Clin Oncol 2009;27:2598-2603)</i>
XELOX+BEVA	Capecitabine 1000 mg/m <sup>2</sup> PO BID days 1-14; Oxaliplatin 130 mg/m <sup>2</sup> IV on day 1. Bevacizumab 7.5 mg/kg IV day 1. Q21 days
ZOLE	Zoledronic acid 4 mg IV day 1. Q21 days
IRINRALT	Irinotecan 300 mg/m <sup>2</sup> IV day 1; <b>Raltitrexed 2.6 mg/m<sup>2</sup> IV day 1 – Not currently publicly funded for this regimen and intent</b> Q21 days
OXALRALT	Oxaliplatin 100-130 mg/m <sup>2</sup> IV day 1; <b>Raltitrexed 3 mg/m<sup>2</sup> IV day 1 – Not currently publicly funded for this regimen and intent</b> Q21 days

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