# Mitomycin C /Continuous 5-Fluorouracil (Combat)

Cumbria, Northumberland, Tyne & Wear Area Team

## DRUG ADMINISTRATION SCHEDULE

<table>
<thead>
<tr>
<th>Day</th>
<th>Drug</th>
<th>Daily Dose</th>
<th>Route</th>
<th>Diluent</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Sodium Chloride 0.9%</td>
<td>250/500ml</td>
<td>Infusion</td>
<td></td>
<td>Fast Running</td>
</tr>
<tr>
<td></td>
<td>Mitomycin C</td>
<td>7mg/m² (max 14mg)</td>
<td>IV Bolus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuous Infusor</td>
<td>Change every Seven Days</td>
<td>5-Fluorouracil</td>
<td>Continuous Infusion</td>
<td>Sodium Chloride 0.9%</td>
<td>Variable depending on device</td>
</tr>
</tbody>
</table>

## CYCLE LENGTH AND NUMBER OF DAYS

Every six weeks for 4 cycles with Continuous 5-FU Infusion for 24 weeks

## APPROVED INDICATIONS

Metastatic colorectal cancer for patients unsuitable for oxaliplatin / irinotecan
Pancreatic Cancer (2nd line palliative or gemcitabine contraindicated)

## PREMEDICATION

None

## RECOMMENDED TAKE HOME MEDICATION

Metoclopramide 10mg three times daily as required

## INVESTIGATIONS / MONITORING REQUIRED

Pre treatment: Assessment of renal function, FBC, Cardiac history
Prior to each cycle
FBC, U&E’s, LFT’s & tumour markers as appropriate
FBC on the day of treatment
Where CEA is elevated this should be measured before each cycle.

## ASSESSMENT OF RESPONSE

Metastatic: Tumour size and patient symptomatic response

## REVIEW BY CLINICIAN

To be reviewed by either a Nurse, Pharmacist or Clinician before every cycle.

## NURSE / PHARMACIST LED REVIEW

On cycles where not seen by clinician.

## ADMINISTRATION NOTES

- Patient requires semi-permanent IV access for this treatment, e.g. PICC line/ Hickman catheter
- Diarrhoea is common, and may require intervention with fluids and electrolytes if severe. If diarrhoea is a problem give loperamide 2 to 4 mg four times daily as required or codeine phosphate 30mg four times daily. Stop 5FU infusor if diarrhoea moderate/severe.
EXTRAVASATION  See NECN / local Policy

TOXICITIES

- Myelosuppression - Cumulative and dose limiting with mitomycin C
- Total cumulative dose of mitomycin C not to exceed 56mg
- Diarrhoea
- Nausea & Vomiting
- Malaise e.g. lethargy, weakness and fatigue
- Darkening/ Discoloration of veins
- Stomatitis
- Palmar/Plantar Erythrodysesthesia
- Hyperpigmentation
- Anorexia and weight loss
- Haemolytic uraemia syndrome
- Pulmonary fibrosis

DOSE MODIFICATION / TREATMENT DELAYS

Haematological Toxicity:
- Delay 1 week if WBC<3.0, ANC<1.5 Platelets<100
- No dose modification for CTC grade I/II ANC
- Grade III/IV ANC → delay chemotherapy until recovered. On recovery give 20% 5FU dose reduction

Non- Haematological toxicity:

<table>
<thead>
<tr>
<th>Grade I</th>
<th>Grade II</th>
<th>Grade III</th>
<th>Grade IV</th>
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</thead>
<tbody>
<tr>
<td><strong>Stomatitis</strong></td>
<td>Commence corsodyl mouth wash, nystatin suspension</td>
<td>Mouth care + Delay treatment until recovered</td>
<td>Delay chemo until recovered. Restart with a 20% 5FU dose reduction</td>
</tr>
<tr>
<td><strong>PPE</strong></td>
<td>No change. Advise E45 or aqueous cream</td>
<td>Delay treatment until recovered</td>
<td>Delay chemo until recovered. Restart with a 20% 5FU dose reduction</td>
</tr>
<tr>
<td><strong>Diarrhoea</strong></td>
<td>Loperamide 4mg initially, then 2mg after each motion</td>
<td>Despite correct loperamide treatment, delay treatment until recovered. Restart with a 20% 5FU dose reduction</td>
<td>Delay chemo until recovered. Restart with a 20% 5FU dose reduction</td>
</tr>
</tbody>
</table>

TREATMENT LOCATION

Can be given at Cancer Centre or Cancer Unit
REFERENCES:


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<thead>
<tr>
<th>Document Control</th>
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<tbody>
<tr>
<td><strong>Document Title:</strong></td>
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<tr>
<td><strong>Approved by:</strong></td>
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<tr>
<td><strong>Date Approved:</strong></td>
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<tr>
<td><strong>Nick Wadd, Consultant Oncologist</strong></td>
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<td><strong>Due for Review:</strong></td>
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</table>

**Summary of Changes**

1.1 Reformatted from old NCN/GCA versions
1.2 Protocol reviewed. Typing errors corrected.
1.3 Protocol reviewed and reissued, Antiemetic advice updated