FLEXIBLE DOSING OF ORAL TREATMENTS IN **mCRC** TO **MANAGE ADVERSE EVENTS**[1]

GI NURSES connect®
POWERED BY COR2ED

REGORAFENIB

Multikinase inhibitor

RECOMMENDED DOSING

WEEK 1	WEEK 2	WEEK 3	WEEK 4
160mg ONCE DAILY ORALLY	**160mg** ONCE DAILY ORALLY	**160mg** ONCE DAILY ORALLY	-- DOSE-FREE INTERVAL

REPEAT CYCLE

CYCLE 1
(28 days)

MOST COMMON ADVERSE EVENTS

Pain (including gastrointestinal and abdominal pain), hand-foot skin reaction, asthenia/fatigue, diarrhoea, decreased appetite/food intake, hypertension, infection, dysphonia, hyperbilirubinemia, fever, mucositis, weight loss, rash, and nausea[a]

FLEXIBLE DOSING STRATEGIES
TO OPTIMISE TREATMENT DURATION[1,2]

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 1
80mg ONCE DAILY ORALLY	**120mg** ONCE DAILY ORALLY	**160mg** ONCE DAILY ORALLY	-- DOSE-FREE INTERVAL	**HIGHEST TOLERATED DOSE FROM CYCLE 1** ONCE DAILY ORALLY

CYCLE 1
(28 days)

CYCLE 2

a. Most common adverse reactions ≥20%
Stivarga (regorafenib) Prescribing Information Dec 2020
1. Bekaii-Saab TS, et al. Lancet Oncol. 2019; 20:1070–1082 | 2. NCCN Clinical practice guidelines for Colon Cancer V1.2022
mCRC: metastatic colorectal cancer

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TRIFLURIDINE/TIPIRACIL (TAS-102)

Combination of a nucleoside metabolic inhibitor and a thymidine phosphorylase inhibitor

RECOMMENDED DOSING

35mg/m² dose, orally, twice daily

WEEK 1	WEEK 2	WEEK 3	WEEK 4
35mg/m² TWICE DAILY *Day 1-5 treatment*	**35mg/m²** TWICE DAILY *Day 8-12 treatment*	-- DOSE-FREE INTERVAL	-- DOSE-FREE INTERVAL
Day 6-7 dose-free	*Day 13-14 dose-free*		

REPEAT CYCLE

CYCLE 1
(28 days)

MOST COMMON ADVERSE EVENTS

Anaemia, neutropenia, fatigue/asthenia, nausea, thrombocytopenia, decreased appetite, diarrhoea, vomiting, and pyrexia[a]

FLEXIBLE DOSING STRATEGIES
TO MANAGE ADVERSE EVENTS

Reduce dose by 5mg/m² for adverse events a maximum of 3 times to a minimum of 20mg/m²[b]

35 mg/m² → **DOSE REDUCTION 1**: **-5mg** *From previous dose* → **30 mg/m²** → **DOSE REDUCTION 2**: **-5mg** *From previous dose* → **25 mg/m²** → **DOSE REDUCTION 3**: **-5mg** *From previous dose* → **20 mg/m²**

a. *Most common adverse reactions ≥10%* | ***b.*** *Do not escalate the TAS-102 dosage after it has been reduced*
Lonsurf (trifluridine/tipiracil) Prescribing Information Dec 2019
mCRC: metastatic colorectal cancer

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FLEXIBLE DOSING OF ORAL TREATMENTS IN **mCRC** TO **MANAGE ADVERSE EVENTS**

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CAPECITABINE

Nucleoside metabolic inhibitor with antineoplastic activity

RECOMMENDED DOSING

1250 mg/m² dose, orally, twice daily

WEEK 1	WEEK 2	WEEK 3
1250mg/m² TWICE DAILY	**1250mg/m²** TWICE DAILY	-- DOSE-FREE INTERVAL

REPEAT CYCLE

CYCLE 1
(21 days)

MOST COMMON ADVERSE EVENTS

Diarrhoea, hand-and-foot syndrome, nausea, vomiting, abdominal pain, fatigue/weakness, and hyperbilirubinemia[a]

FLEXIBLE DOSING STRATEGIES
TO MANAGE ADVERSE EVENTS

Using the NCIC CTC grade reduce dose by occurence and severity

NCIC GRADE	1st OCCURENCE	2nd OCCURENCE	3rd OCCURENCE	4th OCCURENCE
G1	*maintain dose*	*maintain dose*	*maintain dose*	*maintain dose*
G2	*100% dose*	*75% dose*	*50% dose*	*discontinue*
G3	*75% dose*	*50% dose*	*discontinue*	
G4	*50% / discontinue*			

a. Most common adverse reactions ≥30%
Xeloda (capecitabine) Prescribing Information May 2021
NCIC CTC: National Cancer Institute of Canada Common Toxicity Criteria | mCRC: metastatic colorectal cancer

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