Case Report in Oncology Pharmacy

Adjuvant treatment of carcinoma of the sigmoid colon

Objectives:

- 1. Side effect profile of oxaliplatin
- 2. Supportive care at FOLFOX

▶ Literature

SmpC Eloxatin®, September 2004

SmPC Fluorouracil-GRY®, 2003

Guideline for colorectal carcinoma of the German Society for Digestive and Metabolic Diseases.

http://www.uniduesseldorf.de/awmf/ll/021-007.htm

Manual Gastrointestinal Tumors, Tumour Centre Munich, W. Zuckschwerdt Verlag, 7 Edition 2006

NCCN Clinical Practice Guidelines in Oncology, Antiemesis, as of 1/5/2007

► Author

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Patient EL, 48 years at the beginning of threatment, 169 cm, 76 kg, BSA 1.87 m²

Subjective data / comments (general description)

- a) The patient suffered from abdominal pain in 2005, also pain above the ileo-sacral joint and was often constipated. In May 2005, severe stomach cramps occurred in connection with cold sweats, which had been treated with Buscopan®, Lefax® and warmth. After that time she was without symptoms until September 2005. In September, the patient discovered blood in the stool. She was alarmed and visited her doctor.
- b) Tingling in her hands occurs at the first cycle of chemotherapy. Repeatedly, yogurt was found to cause cramps to the whole mouth. Walking barefoot in the apartment, resulted in discomfort to both feet.
- c) After the 4th cycle, the patient complained of severe agitation on days of chemotherapy. She felt she had consumed excessive amounts of coffee - actually tired, but inwardly agitated and restless. She feels very sleepy and tired.
- d) After the 8th cycle, the patient suffered from severe cramp-like discomfort in the lumbar and pelvic area.
- e) On day 2 of 9th Cycle, the patient complained of pain in the heart and chest area. The pain in the lumbar region is present, but not as painful as before.
- f) During the 10th cycle the patient complained about changes in taste - she had a strong metal taste. The numbness has not increased and cramps were not present.
- g) Three weeks after the treatment, the abnormal sensations in her hands and feet have increased in intensity and became locally more intensive.

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Objective data
(medical history)

Carcinoma of the sigmoid colon in UICC stage III Infestation of three regional lymph nodes, resection of 40 cm colon with preservation of the anus.

Prescriptions (medication, clinical nutrition, etc. and treatment goals)

Prescriptions Treatment goals

FOLFOX 4 d1 oxaliplatin 85 mg/m² Folinic acid 200 mg/m² 5-FU 400 mg/m² bolus 5-FU 600 mg/m² over 24 hours in d2 folinic acid 200 mg/m² 5-FU 400 mg/m² bolus 5-FU 600 mg/m² over 24 hours in pump 12 cycles every 2 weeks

Adjuvant therapy after surgical removal of micrometastase

Concomitant therapy d1+2 dexamethasone 8 mg Tropisetron 5 mg d1 1000 mg calcium gluconate Magnesium sulfate 986 mg as a short infusion before and after administration of oxaliplatin In addition, from 2nd Cycle: Zinkamin® 1x daily blet 1x daily

antiemetic

neuroprotective

Calcium Sandoz® effervescent ta-Magnesium Verla® Dragee 3x1, 4x2 on days of therapy From the 10th Cycle, if necessary: Neupogen® 30 million i.E.

Alleviate of the neurological symptoms

Shortening of neutropenia, following the chemotherapy plan

Analysis and plan, effectiveness of ttherapy (surgery, radiotherapy and

chemotherapy)

Analysis/assessment

dence 1b).

Plan

In UICC stage III, after RO-resection, adjuvant chemotherapy is indicated (level of evidence 1a). The combination with oxaliplatin in the FOLFOX is significantly superior the mono- administration of 5-FU + folinic acid (level of evi-

Oxaliplatin very often leads to peripheral neuropathies, which manifest themselves in misperceptions in the hands and feet or cramps in

Early start of treatment of symptoms by high dose Calcium and magnesium administration, as the neurotoxicity is

Peripheral neuropathy

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	the muscles. Aggravated by cold (cold yogurt, barefoot). Neurological disorders caused by oxaliplatin are usually reversible. The regression of the symptoms can persist in individual cases up to three years. An increase in symptoms after the treatment is not described in the literature.	increasing depending on the cumulative dose. Report sent to Sanofi- Synthelabo GmbH for documentation of an adverse drug reaction. Keltican® to promote neurological Regeneration
Antiemetic therapy	Moderately emetogenic chemotherapy on Day 1, Day 2 low emetogenic potential	Antiemetic therapy with a 5-HT3 antagonists and dexamethasone on d1 +2
Other side effects	Severe back pain is also often occurs as an adverse reaction of oxaliplatin. Pain in heart and chest area can indicate a heart attack, a rare adverse effect of 5-FU Taste disorders are very common at oxaliplatin administration Development of thrombocytopenia from the 5th Cycle Development of leukopenia after 7th Cycle	Taking a strong analgesic (which?) Exclusion of a heart attack by ECG and troponin test No treatment is necessary, since reversible Shift of the therapy / dose reduction Neupogen® till normalized white blood cell count
Control parameters	Laboratory values: platelet count, WBC Imaging: CT	
Advice	 avoid cold stimuli on the day of chemotherapy with oxaliplatin put on gloves before taking food from the fridge in cold winter air put a scarf over her mouth to prevent laryngo-or broncho-spasm to alleviate the agitation described a pharmacist recommends Coffea-D12 2x daily tablets 	