Indication	Chemoradiation for rectal cancer. NB Raltitrexed can be considered only for patients for whom 5FU and capecitabine are contraindicated.
Treatment Intent	Radical
Frequency and number of cycles	Patients will receive chemoradiation for 5 weeks, raltitrexed to be administered on days 1 and 22.
Monitoring Parameters	• **Virology screening:** All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion. • FBC, U&Es, LFT baseline and prior to each dose. • Prior to treatment neuts >/=2 and PLT >/=100, if parameters not met inform the consultant. The dose should be withheld until counts have recovered. On day 22 inform the consultant if blood parameters not met. • **Hepatic impairment:** No dose adjustment in mild to moderate hepatic impairment, patients should be closely monitored. Limited data in severe impairment not recommended for use. • **Renal impairment:** o Raltitrexed is contraindicated in severe renal impairment. Patients with renal impairment should be monitored closely. o Consider EDTA prior to starting treatment if baseline renal function is poor. o No dose adjustment required if CrCl > 65ml/min. o CrCl 55-65ml/min give 75% of dose and consider a 1-week delay or omission of 2nd dose. o CrCl 25-54ml/min give 50% of dose and consider a 1-week delay or omission of 2nd dose. o CrCl <25ml/min contraindicated. • **Management of adverse reactions and dose adjustments:** • Patients who develop signs of gastrointestinal toxicity should have their full blood counts monitored at least weekly for signs of haematological toxicity. • **Dose Modification:** o Dose reduction should be considered if grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&V and alopecia). Delay until resolution of toxicity to </= grade 1. o If day 1 dose is reduced, the day 22 dose should also be reduced. o In the event of ongoing unacceptable or clinically relevant toxicity, delay for a maximum of 5 days, until all signs of toxicity have resolved or are resolving. Diarrhoea and mucositis must have resolved completely. o Omit day 22 if greater than 5 days delay. o Omit day 22 if radiotherapy has stopped. o Omission of the second dose of raltitrexed should be considered if there is severe radiotherapy toxicity. • **Common drug interactions (for comprehensive list refer to BNF/SPC):** No specific clinical drug - drug interaction studies have been conducted. • **Prescribing in elderly patients:** Use with extreme caution as the elderly are more vulnerable to the toxic effects of raltitrexed. • **Driving:** Patients should be advised their ability to drive or operate machinery may be impaired.

References	SPC accessed online 17.01.2025 https://www.sciencedirect.com/science/article/pii/S0923753419641013 NOG chair M. Durve requested KMCC protocol followed phase 1 trial data. Phase II trial was discussed. Chemoradiation with raltitrexed (Tomudex) in preoperative treatment of stage II-III resectable rectal cancer: a phase II study - PubMed

NB For funding information, refer to CDF and NICE Drugs Funding List

1 cycle only:

Day	Drug	Dose	Route	Infusion Duration	Administration
Day 1 and 22	Metoclopramide	20mg	PO		STAT Give 15-30 minutes prior to chemotherapy
	Dexamethasone	8mg	PO		Stat
	RALTITREXED	**2.6mg/m^2**	IV	15mins	In 50ml-100ml of 0.9% sodium chloride or 5% glucose.
TTO	Drug	Dose	Route	Directions	
Day 1 and 22	Dexamethasone	6mg	PO	OM for 3 days	
	Metoclopramide	10mg	PO	10mg TDS for 3 days then up to TDS PRN (max. 30mg per day including 20mg pre-chemo dose) Do not take for more than 5 days continuously.	
	Loperamide	2mg-4mg	PO	Take 4mg initially then 2mg after each loose stool when required (max 16mg a day)	