

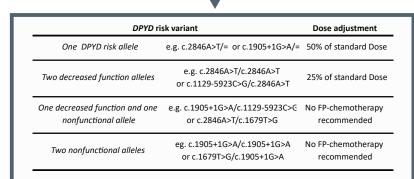
SPT guideline for fluoropyrimidine dosing

Perform genotyping at least 48h before treatment start.

DPYD risk variant c.1129-5923C>A G(rs75017182, c.1236G>A/HapB3) c.2846A>T (rs67376798) c.1679T>G (rs55886062) c.1905+1G>A (rs3918290) Decreased function allele (Affects co-factor binding Asp949Val) Nonfunctional allele (Affects protein stability Ile560Ser) Nonfunctional allele (Affects mRNA splicing)

DPYD risk variant carrier

No risk variant carrier



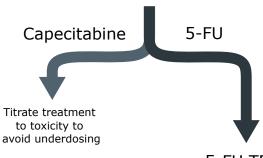
Dose adjustment

No DPYD risk allele 100% of standard dose



Use infusional 5-FU instead of Capecitabine if possible. Start treatment with genotype-adjusted dose.

Treat following cycles according to standard care.



5-FU TDM

Pre-analytical considerations

Suitable time windows for blood collection:

a) 24h infusion: 18-20h after start of infusion
b) 48h infusion: 18-42 h after start of infusion
c) 7 days infusion: 18-48h after start of infusion

The 5-FU infusion pump must not be empty, otherwise incorrectly low 5-FU concentrations will be measured (The 5-FU half-life is only about 20min!)

The blood samples must be mixed with a 5-FU stabilizer immediately after collection, mix well.

Any irregularities during infusion which could lead to incorrectly low 5-FU concentrations (e.g. infusion rate slowed down, infusion paused) should be reported.

Dose adjustment in the next cycle in %
30% lower
25 % lower
20% lower
10 % lower
No change required
10% higher
20% higher
25 % higher
Repeat the previous dose to exclude possible pre-analytical errors. If repeated AUC < 8 : Dose adjustment: 30% higher