

Rectal Cancer Treatment Regimens

Clinical Trials: The NCCN recommends cancer patient participation in clinical trials as the gold standard for treatment.

Cancer therapy selection, dosing, administration, and the management of related adverse events can be a complex process that should be handled by an experienced health care team. Clinicians must choose and verify treatment options based on the individual patient; drug dose modifications and supportive care interventions should be administered accordingly. The cancer treatment regimens below may include both U.S. Food and Drug Administration-approved and unapproved indications/regimens. These regimens are provided only to supplement the latest treatment strategies.

These Guidelines are a work in progress that may be refined as often as new significant data become available. The NCCN Guidelines® are a consensus statement of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The NCCN makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

Note: All recommendations are category 2A unless otherwise indicated.

► Systemic Therapy for Advanced or Metastatic Disease¹

REGIMEN	DOSING
Capecitabine ^{2-4,a-d}	Days 1-14: Capecitabine 850-1,250mg/m ² orally twice daily. Repeat cycle every 3 weeks.
Capecitabine + Bevacizumab ^{2,5-7,a,b,e}	Day 1: Bevacizumab 7.5mg/kg IV Days 1-14: Capecitabine 850-1,250mg/m ² orally twice daily. Repeat cycle every 3 weeks.
CapeOX ^{2,8-10,a,c,d,f,g,j}	Day 1: Oxaliplatin 130mg/m ² IV over 2 hours Days 1-15: Capecitabine 1,000mg/m ² orally twice daily. Repeat cycle every 3 weeks.
CapeOX + Bevacizumab ^{2,5,8,10,11,b,e,g,h,i,j}	Day 1: Bevacizumab 7.5mg/kg IV, followed by: Day 1: Oxaliplatin 130mg/m ² IV over 2 hours Days 1-15: Capecitabine 1,000mg/m ² orally twice daily. ^e Repeat cycle every 3 weeks.
Cetuximab (<i>KRAS/NRAS/BRAF</i> wild-type gene and left-sided tumor only) (Category 2B) ^{12-16,b}	Day 1: Cetuximab 400mg/m ² IV over 2 hours first infusion, then 250mg/m ² IV over 60 minutes weekly OR Day 1: Cetuximab 500mg/m ² IV. Repeat cycle every 2 weeks.
Encorafenib + Cetuximab (<i>BRAFV600E</i> mutation positive) ^{12,17-19,j}	Days 1-28: Encorafenib 300mg orally once daily. Repeat cycle every 4 weeks, with: Day 1: Cetuximab 400mg/m ² IV over 2 hours first infusion, then 250mg/m ² IV over 60 minutes beginning with cycle 2. Repeat cycle weekly. OR Days 1-28: Encorafenib 300mg orally once daily. Repeat cycle every 4 weeks, with: Day 1: Cetuximab 500mg/m ² IV. Repeat cycle every 2 weeks.
Encorafenib + Panitumumab (<i>BRAFV600E</i> mutation positive) ^{17-20,j}	Days 1-28: Encorafenib 300mg orally once daily. Repeat cycle every 4 weeks, with: Day 1: Panitumumab 6mg/kg IV over 60 minutes. Repeat cycle every 2 weeks.
Entrectinib (<i>NTRK</i> gene fusion positive) ^{21,22,k}	Days 1-28: Entrectinib 600mg orally daily. Repeat cycle every 4 weeks.
FOLFIRI ^{23-27,d,g,j,l}	Day 1: Irinotecan 180mg/m ² IV over 30-90 minutes with: Day 1: Leucovorin 400mg/m ² IV infusion to match duration of irinotecan infusion, followed by: Days 1-2: Fluorouracil 400mg/m ² IV push day 1, then 1,200mg/m ² /day × 2 days (total 2,400mg/m ² over 46-48 hours) IV continuous infusion. Repeat cycle every 2 weeks.
FOLFIRI + Bevacizumab ^{23-26,28,e,g,j,l}	Day 1: Irinotecan 180mg/m ² IV over 30-90 minutes with: Day 1: Leucovorin 400mg/m ² IV infusion to match duration of irinotecan infusion, followed by: Days 1-2: Fluorouracil 400mg/m ² IV push day 1, then 1,200mg/m ² /day × 2 days (total 2,400mg/m ² over 46-48 hours) IV continuous infusion Day 1: Bevacizumab 5mg/kg IV. Repeat cycle every 2 weeks.

continued

Rectal Cancer Treatment Regimens

► Systemic Therapy for Advanced or Metastatic Disease¹ (continued)

REGIMEN	DOSING
FOLFIRI + Cetuximab (KRAS/NRAS/BRAF wild-type gene and left-sided tumor only) ^{12,14,16,23,24,27,29,g,i,l}	<p>Day 1: Irinotecan 180mg/m² IV over 30-90 minutes, with: Day 1: Leucovorin 400mg/m² IV infusion to match duration of irinotecan infusion, followed by: Days 1-2: Fluorouracil 400mg/m² IV push day 1, then 1,200mg/m²/day × 2 days (total 2,400mg/m² over 46-48 hours) IV continuous infusion Repeat cycle every 2 weeks, with: Day 1: Cetuximab 400mg/m² IV over 2 hours first infusion, then 250mg/m² IV over 60 minutes beginning with cycle 2. Repeat cycle weekly.</p> <p>OR Day 1: Cetuximab 500mg/m² IV, followed by: Day 1: Irinotecan 180mg/m² IV over 30-90 minutes, with: Day 1: Leucovorin 400mg/m² IV infusion to match duration of irinotecan infusion, followed by: Days 1-2: Fluorouracil 400mg/m² IV push day 1, then 1,200g/m²/day × 2 days (total 2,400mg/m² over 46-48 hours) IV continuous infusion. Repeat cycle every 2 weeks.</p>
FOLFIRI + Panitumumab (KRAS/NRAS/BRAF wild-type gene and left-sided tumor only) ^{20,23-25,27,30,g,i,l}	<p>Day 1: Panitumumab 6mg/kg IV over 60 minutes, followed by: Day 1: Irinotecan 180mg/m² IV over 30-90 minutes with: Day 1: Leucovorin 400mg/m² IV infusion to match duration of irinotecan infusion, followed by: Days 1-2: Fluorouracil 400mg/m² IV push day 1, then 1,200mg/m²/day × 2 days (total 2,400mg/m² over 46-48 hours) IV continuous infusion. Repeat cycle every 2 weeks.</p>
FOLFIRI + Ramucirumab ^{23-25,31,32,j,m}	<p>Day 1: Ramucirumab 8mg/kg IV over 60 minutes followed by: Day 1: Irinotecan 180mg/m² IV over 30-90 minutes with: Day 1: Leucovorin 400mg/m² IV infusion to match duration of irinotecan infusion, followed by: Days 1-2: Fluorouracil 400mg/m² IV push day 1, then 1,200mg/m²/day × 2 day (total 2,400mg/m² over 46-48 hours) IV continuous infusion. Repeat cycle every 2 weeks.</p>
FOLFIRI + Ziv-aflibercept ^{23-25,33,34,j,l}	<p>Day 1: Ziv-aflibercept 4mg/kg IV over 1 hour, followed by: Day 1: Irinotecan 180mg/m² IV over 30-90 minutes, with: Day 1: Leucovorin 400mg/m² IV infusion to match duration of irinotecan infusion, followed by: Days 1-2: Fluorouracil 400mg/m² IV push day 1, then 1,200mg/m²/day × 2 days (total 2,400mg/m² over 46-48 hours) IV continuous infusion. Repeat cycle every 2 weeks.</p>
FOLFOXIRI ^{8,23-25,35,d,g,h,i}	<p>Day 1: Irinotecan 165mg/m² IV over 30 to 90 minutes Day 1: Oxaliplatin 85mg/m² IV over 2 hours Day 1: Leucovorin 400mg/m² IV over 2 hours to match the infusion time of oxaliplatin, followed by: Days 1-2: Fluorouracil 1,200mg/m² (2,400mg/m² over 48 hours) IV continuous infusion. Repeat cycle every 2 weeks.</p>
FOLFOXIRI + Bevacizumab ^{5,8,23-25,35,36,e,g,h,i}	<p>Day 1: Irinotecan 165mg/m² IV over 30-90 minutes Day 1: Oxaliplatin 85mg/m² IV over 2 hours with: Day 1: Leucovorin 400mg/m² IV to match infusion time of oxaliplatin, followed by: Days 1-2: Fluorouracil 1,200mg/m²/day × 2 days (total 2,400mg/m² over 48 hours) continuous infusion starting on day 1 Day 1: Bevacizumab 5mg/kg IV. Repeat cycle every 2 weeks.</p>
FOLFOXIRI + Cetuximab (KRAS/NRAS/BRAF wild-type gene and left-sided tumor only) ^{8,12,23-25,35,38,l} (Category 2B)	<p>Day 1: Cetuximab 400mg/m² IV over 2 hours week 1, then 250mg/m² IV over 60 minutes starting week 2. Repeat cycle weekly, with: Day 1: Irinotecan 165mg/m² IV over 30-90 minutes Day 1: Oxaliplatin 85mg/m² IV over 2 hours, with: Day 1: Leucovorin 400mg/m² IV over 2 hours, followed by: Days 1-2: Fluorouracil 1,200mg/m² IV continuous infusion daily (2,400mg/m² IV over 46-48 hours). Repeat cycle every 2 weeks.</p> <p>OR Day 1: Cetuximab 500mg/m² IV over 2 hours, followed by: Day 1: Irinotecan 165mg/m² IV over 30-90 minutes Day 1: Oxaliplatin 85mg/m² IV over 2 hours, with: Day 1: Leucovorin 400mg/m² IV over 2 hours, followed by: Days 1-2: Fluorouracil 1,200mg/m² IV continuous infusion daily (2,400mg/m² IV over 46-48 hours). Repeat cycle every 2 weeks.</p>

continued

Rectal Cancer Treatment Regimens

► Systemic Therapy for Advanced or Metastatic Disease¹ (continued)

REGIMEN	DOSING
FOLFOXIRI + Panitumumab (KRAS/NRAS/BRAF wild-type gene and left-sided tumor only) ^{8,20,23-25,35,38,39,j} (Category 2B)	Day 1: Panitumumab 6mg/kg IV over 60 minutes, followed by: Day 1: Irinotecan 165mg/m ² IV over 30-90 minutes Day 1: Oxaliplatin 85mg/m ² IV over 2 hours, with: Day 1: Leucovorin 400mg/m ² IV over 2 hours, followed by: Days 1-2: Fluorouracil 1,200mg/m ² IV continuous infusion daily (2,400mg/m ² IV over 46-48 hours). Repeat cycle every 2 weeks.
Irinotecan ^{25,40,41,j,n}	Days 1 and 8: Irinotecan 125mg/m ² IV over 30-90 minutes. Repeat cycle every 3 weeks. OR Day 1: Irinotecan 300-350mg/m ² IV over 30-90 minutes. ⁿ Repeat cycle every 3 weeks. OR Day 1: Irinotecan 180mg/m ² IV over 30-90 minutes. Repeat cycle every 2 weeks.
Irinotecan + Bevacizumab ^{5,23,25,40,42,e,j,m}	Day 1: Irinotecan 180mg/m ² IV over 30-90 minutes Day 1: Bevacizumab 5mg/kg IV. Repeat cycle every 2 weeks. OR Day 1: Irinotecan 300-350mg/m ² IV over 30-90 minutes ⁿ Day 1: Bevacizumab 7.5mg/kg IV. Repeat cycle every 3 weeks.
Irinotecan + Cetuximab (KRAS/NRAS/BRAF wild-type gene) ^{12,14,16,25,40,j}	Day 1: Cetuximab 400mg/m ² IV first infusion, then 250mg/m ² IV weekly, with: Day 1: Irinotecan 180mg/m ² IV over 30-90 minutes. Repeat cycle every 2 weeks. OR Day 1: Cetuximab 500mg/m ² IV, followed by: Day 1: Irinotecan 180mg/m ² IV over 30-90 minutes. Repeat cycle every 2 weeks.
Irinotecan + Panitumumab (KRAS/NRAS/BRAF wild-type gene) ^{20,25,30,43,44,j}	Day 1: Panitumumab 6mg/kg IV over 60 minutes, followed by: Day 1: Irinotecan 180mg/m ² IV over 30-90 minutes. Repeat cycle every 2 weeks
Irinotecan + Ramucirumab ^{25,31,32,j}	Day 1: Ramucirumab 8mg/m ² over 60 minutes, followed by: Day 1: Irinotecan 180mg/m ² IV over 30-90 minutes. Repeat cycle every 2 weeks.
Irinotecan + Ziv-aflibercept ^{25,33,40,j}	Day 1: Ziv-aflibercept 4mg/kg IV over 60 minutes, followed by: Day 1: Irinotecan 180mg/m ² IV over 30-90 minutes. Repeat cycle every 2 weeks.
IROX ^{8,25,45,h}	Day 1: Oxaliplatin 85mg/m ² IV over 2 hours, followed by: Day 1: Irinotecan 200mg/m ² over 30-90 minutes. Repeat cycle every 3 weeks.
IROX + Bevacizumab ^{5,8,25,45-47,e,h}	Day 1: Oxaliplatin 85mg/m ² IV over 2 hours Day 1: Irinotecan 200mg/m ² IV over 30-90 minutes Day 1: Bevacizumab 7.5mg/kg IV. Repeat cycle every 3 weeks.
Larotrectinib (NTRK gene fusion positive) ^{48,49,k}	Days 1-28: Larotrectinib 100mg orally twice daily. Repeat cycle every 4 weeks.
mFOLFOX6 ^{8,23,24,50-53,c,d,f,g,h,j,l}	Day 1: Oxaliplatin 85mg/m ² IV over 2 hours, with: Day 1: Leucovorin 400mg/m ² IV over 2 hours, followed by: Days 1-2: Fluorouracil 400mg/m ² IV push on day 1, then 1,200mg/m ² /day × 2 days (total 2,400mg/m ² over 46-48 hours) IV continuous infusion. Repeat cycle every 2 weeks.
mFOLFOX6 + Bevacizumab ^{5,23-25,54-57,e,g,h,j,l}	Day 1: Oxaliplatin 85mg/m ² IV over 2 hours, with: Day 1: Leucovorin 400mg/m ² IV over 2 hours, followed by: Days 1-2: Fluorouracil 400mg/m ² IV push on day 1, then 1,200mg/m ² /day × 2 days (total 2,400mg/m ² over 46-48 hours) IV continuous infusion Day 1: Bevacizumab 5mg/kg IV. Repeat cycle every 2 weeks.

continued

Rectal Cancer Treatment Regimens

► Systemic Therapy for Advanced or Metastatic Disease¹ (continued)

REGIMEN	DOSING
mFOLFOX6 + Cetuximab (KRAS/NRAS/BRAF wild-type gene and left-sided tumor only when used as initial therapy) ^{8,12,23,24,56,g,h,j,l}	<p>Day 1: Oxaliplatin 85mg/m² IV over 2 hours, with: Day 1: Leucovorin 400mg/m² IV over 2 hours, followed by: Days 1-2: Fluorouracil 400mg/m² IV push on day 1, then 1,200mg/m²/day × 2 days (total 2,400mg/m² over 46-48 hours) IV continuous infusion. Repeat cycle every 2 weeks, with Day 1: Cetuximab 400mg/m² IV over 2 hours for the first infusion, then 250mg/m² IV over 60 minutes weekly. OR Day 1: Cetuximab 500mg/m² IV over 2 hours every 2 weeks.</p>
mFOLFOX6 + Panitumumab (KRAS/NRAS/BRAF wild-type gene and left-sided tumor only when used as initial therapy) ^{8,12,20,23,24,51,57,58,g,h,j,l}	<p>Day 1: Panitumumab 6mg/kg IV over 60 minutes, followed by: Day 1: Oxaliplatin 85mg/m² IV over 2 hours, with: Day 1: Leucovorin 400mg/m² IV over 2 hours, followed by: Days 1-2: Fluorouracil 400mg/m² IV push on day 1, then 1,200mg/m²/day × 2 days (total 2,400mg/m² over 46-48 hours) IV continuous infusion. Repeat cycle every 2 weeks.</p>
mFOLFOX7 ^{8,23,24,59,60,g,h,j,l}	<p>Day 1: Oxaliplatin 85mg/m² IV over 2 hours, with: Day 1: Leucovorin 400mg/m² IV over 2 hours IV followed by: Days 1-2: Fluorouracil 1,200mg/m²/day (total 2,400mg/m² over 46-48 hours) IV continuous infusion. Repeat every 2 weeks.</p>
Nivolumab (MSI-H/dMMR tumors only) ^{61,62,b,j}	<p>Day 1: Nivolumab 240mg IV over 30 minutes. Repeat every 2 weeks. OR Day 1: Nivolumab 3mg/kg IV over 30 minutes. Repeat cycle every 2 weeks. OR Day 1: Nivolumab 480mg IV over 30 minutes. Repeat cycle every 4 weeks</p>
Nivolumab + Ipilimumab (MSI-H/dMMR tumors only) ^{61,63,64,b,j}	<p>Day 1: Nivolumab 3mg/kg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes. Repeat cycle every 3 weeks for 4 cycles, followed by: Day 1: Nivolumab 240mg IV over 30 minutes. Repeat cycle every 2 weeks. OR Day 1: Nivolumab 3mg/kg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes. Repeat cycle every 3 weeks for 4 cycles, followed by: Day 1: Nivolumab 3mg/kg IV over 30 minutes. Repeat cycle every 2 weeks. OR Day 1: Nivolumab 3mg/kg IV over 30 minutes, followed by: Day 1: Ipilimumab 1mg/kg IV over 30 minutes. Repeat cycle every 3 weeks for 4 cycles, followed by: Day 1: Nivolumab 480mg IV over 30 minutes. Repeat cycle every 4 weeks.</p>
Panitumumab (KRAS/NRAS/BRAF wild-type gene and left-sided tumor only; Category 2B) ^{20,65,b}	<p>Day 1: Panitumumab 6mg/kg IV over 60 minutes. Repeat cycle every 2 weeks.</p>
Pembrolizumab (MSI-H/dMMR tumors only) ^{66-68,b,g,j}	<p>Day 1: Pembrolizumab 200mg IV over 30 minutes. Repeat every 3 weeks. OR Day 1: Pembrolizumab 2mg/kg IV over 30 minutes. Repeat cycle every 3 weeks. OR Day 1: Pembrolizumab 400mg IV over 30 minutes. Repeat every 42 days up to 2 years of therapy.</p>

continued

Rectal Cancer Treatment Regimens

► Systemic Therapy for Advanced or Metastatic Disease¹ (continued)

REGIMEN	DOSING
Regorafenib ^{69-71,i,n}	<p>First Cycle Days 1-7: Regorafenib 80mg orally once daily Days 8-14: Regorafenib 120mg orally once daily Days 15-21: Regorafenib 160mg orally once daily. Subsequent Cycles: Days 1-21: Regorafenib 160mg orally once daily. Repeat cycle every 4 weeks.</p> <p>OR Days 1-21: Regorafenib 160mg orally once daily. Repeat cycle every 4 weeks.</p>
Roswell Park Fluorouracil/ Leucovorin ^{23,24,72-74,b-d,i}	<p>Days 1, 8, 15, 22, 29, and 36: Leucovorin 500mg/m² IV over 2 hours Days 1, 8, 15, 22, 29, and 36: Fluorouracil 500mg/m² IV push 1 hour after start of leucovorin. Repeat cycle every 8 weeks (6 weeks on- followed by 2 weeks off-treatment).</p>
Roswell Park Fluorouracil/ Leucovorin + Bevacizumab ^{5,23,24,72,73,b,e,i}	<p>Days 1, 8, 15, 22, 29, and 36: Leucovorin 500mg/m² IV over 2 hours Days 1, 8, 15, 22, 29, and 36: Fluorouracil 500mg/m² IV push 1 hour after start of leucovorin infusion, with: Repeat cycle every 8 weeks (6 weeks on- followed by 2 weeks off-treatment). Day 1: Bevacizumab 5mg/kg IV. Repeat cycle every 2 weeks.</p>
Simplified Biweekly Infusional Fluorouracil/Leucovorin ^{23,24,27b,c,d,i}	<p>Day 1: Leucovorin 400mg/m² IV over 2 hours, followed by: Day 1: Fluorouracil 400 mg/m² IV push, followed by: Days 1-2: Fluorouracil 1,200mg/m² IV continuous infusion daily (2,400mg/m² IV over 46-48 hours). Repeat cycle every 2 weeks.</p>
Simplified Biweekly Infusional Fluorouracil/Leucovorin + Bevacizumab ^{5,23,24,27,75,b,e,i}	<p>Day 1: Leucovorin 400mg/m² IV over 2 hours, followed by: Day 1: Fluorouracil 400 mg/m² IV push, followed by: Days 1-3: Fluorouracil 1,200mg/m² IV continuous infusion daily (2,400mg/m² IV over 46-48 hours) Day 1: Bevacizumab 5mg/kg IV. Repeat cycle every 2 weeks.</p>
Trastuzumab + Lapatinib (HER2 amplified and <i>KRAS/HRAS/</i> <i>BRAF</i> wild-type gene) ^{76-78,b,j,n}	<p>Day 1: Trastuzumab 4mg/kg IV first infusion, then 2mg/kg IV beginning with cycle 2 Repeat cycle weekly, with: Days 1-28: Lapatinib 1,000mg orally daily. Repeat cycle every 4 weeks.</p>
Trastuzumab + Pertuzumab (HER2 amplified and <i>KRAS/HRAS/</i> <i>BRAF</i> wild-type gene) ^{76,79,80,b,j,n}	<p>Day 1: Trastuzumab 8mg/kg IV first infusion, then 6 mg/kg IV beginning with cycle 2 Day 1: Pertuzumab 840mg IV first infusion, then 420mg IV beginning with cycle 2. Repeat cycle every 3 weeks.</p>
Trifluridine + Tipiracil ^{81,82,i,n}	<p>Days 1-5 and 8-12: Trifluridine + Tipiracil 35mg/m² up to a maximum dose of 80mg/dose (based on the trifluridine component) orally twice daily. Repeat cycle every 4 weeks.</p>
Weekly Fluorouracil/ Leucovorin ^{23,24,83,b,c,i}	<p>Day 1: Leucovorin 20mg/m² IV over 2 hours Day 1: Fluorouracil 500mg/m² IV push 1 hour after the start of leucovorin infusion. Repeat cycle every week.</p> <p>OR Day 1: Leucovorin 500mg/m² IV over 2 hours Day 1: Fluorouracil 2,600mg/m² continuous infusion over 24 hours. Repeat cycle every week.</p>
Weekly Fluorouracil/Leucovorin + Bevacizumab ^{23,24,75,83,b,e,i}	<p>Day 1: Leucovorin 20mg/m² IV over 2 hours once weekly Day 1: Fluorouracil 500mg/m² IV push administered one hour after start of leucovorin infusion once weekly, with: Day 1: Bevacizumab 5mg/kg IV every 2 weeks.</p> <p>OR Day 1: Leucovorin 500mg/m² IV over 2 hours once weekly Day 1: Fluorouracil 2,600mg/m² IV continuous infusion over 24 hours once weekly, with: Day 1: Bevacizumab 5mg/kg IV every 2 weeks.</p>

continued

Rectal Cancer Treatment Regimens

►Preoperative/Postoperative Adjuvant Concurrent Chemotherapy/RT

REGIMEN	DOSING
Capecitabine + RT ^{2,84,85,p}	Days 1-5: Capecitabine 825mg/m ² orally twice daily. Repeat weekly for 5 weeks with concurrent RT.
Continuous Infusion Fluorouracil + RT ^{24,86,p}	Days 1-5 or 1-7: Fluorouracil 225mg/m ² IV continuous infusion over 24 hours daily. Repeat weekly for 5 weeks with concurrent RT.
Fluorouracil + Leucovorin + RT ^{23,24,87,p,q}	Days 1-4 and 29-32: Leucovorin 20mg/m ² IV push Days 1-4 and 29-32: Fluorouracil 400mg/m ² IV push. Administer for one 35-day cycle with concurrent RT.

►Postoperative Adjuvant Chemotherapy Regimens¹

Capecitabine ^{2,3,a}	Days 1-14: Capecitabine 1,000-1,250mg/m ² orally twice daily. Repeat cycle every 3 weeks for 6 cycles following concurrent chemotherapy/RT for a total of 6 months of perioperative treatment including chemotherapy/RT OR Days 1-14: Capecitabine 1,000-1,250mg/m ² orally twice daily. Repeat cycle every 3 weeks preceding and 3 cycles following chemotherapy/RT for a total of 6 months of perioperative treatment including concurrent chemotherapy/RT
CapeOx ^{2,8,9,a,h}	Day 1: Oxaliplatin 130mg/m ² IV over 2 hours Days 1-15: Capecitabine 1,000mg/m ² orally twice daily. ^e Repeat cycle every 3 weeks for 8 cycles following concurrent chemotherapy/RT for a total of 6 months of perioperative treatment including concurrent chemotherapy/RT. OR Day 1: Oxaliplatin 130mg/m ² IV over 2 hours Days 1-14: Capecitabine 1,000mg/m ² orally twice daily. Repeat cycle every weeks for 3 cycles preceding and 3 cycles following chemotherapy/RT for a total of 6 months of perioperative treatment including concurrent chemotherapy/RT.
mFOLFOX6 ^{8,23,24,50-53,h,l}	Day 1: Oxaliplatin 85mg/m ² IV over 2 hours, with: Day 1: Leucovorin 400mg/m ² IV over 2 hours, followed by: Days 1-2: Fluorouracil 400mg/m ² IV push on day 1, then 1,200mg/m ² /day × 2 days (total 2,400mg/m ² over 46-48 hours) IV continuous infusion. Repeat cycle every 2 weeks for 8 cycles following concurrent chemotherapy/RT for a total of 6 months of perioperative treatment including concurrent chemotherapy/RT.
Roswell Park Fluorouracil/Leucovorin ^{23,24,72,73,89,l}	Days 1, 8, 15, 22, 29, and 36: Leucovorin 500mg/m ² IV over 2 hours Days 1, 8, 15, 22, 29, and 36: Fluorouracil 500mg/m ² IV push 1 hour after start of leucovorin infusion. Repeat cycle every 8 weeks (6 weeks on followed by 2 weeks off treatment) for 2 cycles following concurrent chemotherapy/RT for a total of 6 months of perioperative treatment including concurrent chemotherapy/RT. OR Days 1,8,15,22,29,36: Leucovorin 500mg/m ² IV over 2 hours Days 1,8,15,22,29,36: Fluorouracil 500mg/m ² push administered 1 hour after start of Leucovorin infusion. Repeat cycle every 8 weeks (6 weeks on followed by 2 weeks off treatment) for 1 cycle preceding and 1 cycle following chemotherapy/RT for a total of 6 months of perioperative treatment including concurrent chemotherapy/RT.
Simplified Biweekly Infusional Fluorouracil/Leucovorin ^{23,24,27,l}	Day 1: Leucovorin 400mg/m ² IV over 2 hours, followed by: Day 1: Fluorouracil 400 mg/m ² IV push, followed by: Days 1-2: Fluorouracil 1,200mg/m ² IV continuous infusion daily (2,400mg/m ² IV over 46-48 hours). Repeat cycle every 2 weeks for 8 cycles following concurrent chemotherapy/RT for a total of 6 months of perioperative treatment including concurrent chemotherapy/RT. OR Day 1: Leucovorin 400mg/m ² IV over 2 hours, followed by: Day 1: Fluorouracil 400mg/m ² IV push, followed by: Days 1-2: Fluorouracil 1,200mg/m ² IV continuous infusion daily (2,400mg/m ² IV over 46-48 hours). Repeat cycle every 2 weeks for 4 cycles preceding and 4 cycles following chemotherapy/RT for a total of 6 months of perioperative treatment including concurrent chemotherapy/RT.

^a The majority of safety and efficacy data for this regimen have been developed in Europe, where a capecitabine starting dose of 1,000mg/m² twice daily for 14 days, repeated every 21 days, is standard. Evidence suggests that North American patients may experience greater toxicity with capecitabine (as well as with other fluoropyrimidines) than European patients, and may require a lower dose of capecitabine.

^b Initial therapy option for patients with advanced or metastatic disease not appropriate for intensive therapy.

^c Capecitabine, CapeOX (preferred), Fluorouracil/Leucovorin, and FOLFOX (preferred) are neoadjuvant chemotherapy options (for 2-3 months) and adjuvant chemotherapy options (6 months perioperative treatment) for resectable, metachronous metastases.

^d Neoadjuvant (2-3 months) with FOLFOX (preferred) or CapeOX (preferred), FOLFIRI, (Category 2B) or FOLFOXIRI (Category 2B) and adjuvant therapy with FOLFOX (preferred, CapeOX (preferred), Capecitabine, or Fluorouracil/Leucovorin (6 months total perioperative treatment preferred) for resectable synchronous liver and/or lung metastases only.

continued

Rectal Cancer Treatment Regimens

- ^e Bevacizumab may be safely given at a rate of 0.5mg/kg/min (5mg/kg over 10 minutes and 7.5mg/kg over 15 minutes). An FDA-approved biosimilar is an appropriate substitute for bevacizumab.
- ^f FOLFOX and CapeOX are neoadjuvant chemotherapy options (2-3 months) and adjuvant chemotherapy (6 month total perioperative treatment) for treatment of resectable, synchronous liver and/or lung metastases only.
- ^g Initial therapy option for patients with advanced or metastatic disease appropriate for intensive therapy.
- ^h Oxaliplatin may be given either over 2 hours, or may be infused over a shorter time at a rate of 1mg/m²/min. Leucovorin infusion should match time of oxaliplatin. (Cercek A, Park V, Yaeger R, et al. Faster FOLFOX: oxaliplatin can be safely infused at a rate of 1mg/m²/min. *J Oncol Pract*. 2016;12:e548-553.)
- ⁱ Beginning in the evening of day 1 until the morning of day 15 (28 total doses).
- ^j Subsequent therapy option for selected patients with advanced or metastatic disease.
- ^k Larotrectinib or entrectinib are treatment options for patients with metastatic colorectal cancer that is NTRK gene fusion positive.
- ^l Leucovorin 400mg/m² is the equivalent of levoleucovorin 200mg/m².
- ^m Irinotecan 300mg/m² is recommended for patients <70 years, prior pelvic irradiation, ECOG performance status or >2.
- ⁿ Regorafenib or trifluridine + tipiracil are treatment options for patients who have progressed through all available regimens.
- ^o An FDA-approved biosimilar is an appropriate substitute for tratuzumab
- ^p This course may be followed by or preceded and followed by postoperative adjuvant chemotherapy.
- ^q Bolus 5-Fluorouracil/RT is an option for patients not able to tolerate capecitabine or infusional 5-Fluorouracil.

References

1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for Rectal Cancer V.6.2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/colon.pdf. Accessed October 30, 2020.
2. Capecitabine (Xeloda) [package insert]. South San Francisco, CA: Genentech, Inc.; 2019.
3. Twelves C, Wong A, Nowacki MP, et al. Capecitabine as adjuvant treatment for stage III colon cancer. *N Engl J Med*. 2005;352:2696-2704.
4. Van Cutsem E, Twelves C, Cassidy J, et al. Oral capecitabine compared with intravenous fluorouracil plus leucovorin in patients with metastatic colorectal cancer: results of a large phase III study. *J Clin Oncol*. 2001;19:4097-4106.
5. Bevacizumab (Avastin) [package insert]. South San Francisco, CA: Genentech, Inc.; 2019.
6. Cunningham D, Lang I, Marcuolo E, et al. Bevacizumab plus capecitabine versus capecitabine alone in elderly patients with previously untreated metastatic colorectal cancer (AVEX): an open-label, randomised phase 3 trial. *Lancet Oncol*. 2013;14:1077-1085.
7. Van Cutsem E, Rivera F, Berry S, et al. Safety and efficacy of first-line bevacizumab with FOLFOX, XELOX, FOLFIRI and fluoropyrimidines in metastatic colorectal cancer: the BEAT study. *Ann Oncol*. 2009;20:1842-1847.
8. Oxaliplatin (Eloxatin) [package insert]. Bridgewater, NJ: sanofi-aventis U.S. LLC; 2011.
9. Schmol HJ, Cartwright T, Taberero J, et al. Phase III trial of capecitabine plus oxaliplatin as adjuvant therapy for stage III colon cancer: a planned safety analysis in 1,864 patients. *J Clin Oncol*. 2007;25:102-109.
10. Cassidy J, Clarke S, Díaz-Rubio E, et al. Randomized phase III study of capecitabine plus oxaliplatin compared with fluorouracil/folinic acid plus oxaliplatin as first-line therapy for metastatic colorectal cancer. *J Clin Oncol*. 2008;26:2006-2012.
11. Saltz LB, Clarke S, Díaz-Rubio E, et al. Bevacizumab in combination with oxaliplatin-based chemotherapy as first-line therapy in metastatic colorectal cancer: a randomized phase III study. *J Clin Oncol*. 2008;26:2013-2019.
12. Cetuximab (Erbix) [package insert]. Branchburg, NJ: Eli Lilly and Co.; 2019.
13. Van Cutsem E, Tejpar S, Vanbeckevoort D, et al. Inpatient cetuximab dose escalation in metastatic colorectal cancer according to the grade of early skin reactions: the randomized EVEREST study. *J Clin Oncol*. 2012;30:2861-2868.
14. Cunningham D, Humblet Y, Siena S, et al. Cetuximab monotherapy and cetuximab plus irinotecan in irinotecan-refractory metastatic colorectal cancer. *N Engl J Med*. 2004;351:337-345.
15. Taberero J, Ciardiello F, Rivera F, et al. Cetuximab administered once every second week to patients with metastatic colorectal cancer: a two-part pharmacokinetic/pharmacodynamic phase I dose-escalation study. *Ann Oncol*. 2010;21:1537-1545.
16. Martín-Martorell P, Roselló S, Rodríguez-Braun E, et al. Biweekly cetuximab and irinotecan in advanced colorectal cancer patients progressing after at least one previous line of chemotherapy: results of a phase II single institution trial. *Br J Cancer*. 2008;99:455-458.
17. Encorafenib (Braftovi) [package insert]. Boulder, CO: Array BioPharma Inc.; 2020.
18. Kopetz S, Grothey A, Van Cutsem E, et al. Encorafenib plus cetuximab with or without binimetinib for BRAF V600E-mutant metastatic colorectal cancer: quality-of-life results from a randomized, three-arm, phase III study versus the choice of either irinotecan or FOLFIRI plus cetuximab (BEACON CRC [abstract]). *J Clin Oncol*. 2020;38(4_suppl;abstr 8).
19. Kopetz S, Grothey A, Yaeger R, et al. Encorafenib, binimetinib, and cetuximab in BRAF V600E-mutated colorectal cancer. *N Engl J Med*. 2019;381:1632-1643.
20. Panitumumab (Vectibix) [package insert]. Thousand Oaks, CA: Amgen Inc.; 2017.
21. Entrectinib (Rozlytrek) [package insert]. South San Francisco, CA: Genentech, Inc.; 2019.
22. Drilon A, Siena S, Ou S-HI, et al. Safety and antitumor activity of the multitargeted pan-TRK, ROS1, and ALK inhibitor entrectinib: combined result from two phase I trials (ALKA-372-001 and STARK-1). *Cancer Discov*. 2017;7:400-409.
23. Leucovorin (Leucovorin calcium injection) [package insert]. Bedford, OH: Bedford Laboratories; 2011.
24. 5-Fluorouracil (Fluorouracil injection) [package insert]. Irvine, CA: Spectrum Pharmaceuticals; 2016.
25. Irinotecan (Camptosar) [package insert]. New York, NY: Pfizer, Inc.; 2015.
26. Fuchs CS, Marshall J, Mitchell E, et al. Randomized, controlled trial of irinotecan plus infusional, bolus, or oral fluoropyrimidines in first-line treatment of metastatic colorectal cancer: results from the BICC-C Study. *J Clin Oncol*. 2007;25:4779-4786.
27. André T, Louvet C, Maindrault-Goebel F, et al. CPT-11 (irinotecan) addition to bimonthly, high-dose leucovorin and bolus and continuous-infusion 5-fluorouracil (FOLFIRI) for pretreated metastatic colorectal cancer. GERCOR. *Eur J Cancer*. 1999;35:1343-1347.
28. Heinemann V, von Weikersthal LF, Decker T, et al. FOLFIRI plus cetuximab versus FOLFIRI plus bevacizumab as first-line treatment for patients with metastatic colorectal cancer (FIRE-3): a randomised, open-label, phase 3 trial. *Lancet Oncol*. 2014;15:1065-1075.
29. Venook AP, Niedzwiecki D, Lenz HJ, et al. Effect of first-line chemotherapy combined with cetuximab or bevacizumab on overall survival in patients with KRAS wild-type advanced or metastatic colorectal cancer: A randomized clinical trial. *JAMA*. 2017;317:2392-2401.
30. Peeters M, Price TJ, Cervantes A, et al. Randomized phase III study of panitumumab with fluorouracil, leucovorin, and irinotecan (FOLFIRI) compared with FOLFIRI alone as second-line treatment in patients with metastatic colorectal cancer. *J Clin Oncol*. 2010;28:4706-4713.
31. Ramucirumab (Cyramza) [package insert]. Indianapolis, IN: Eli Lilly and Co.; 2019.
32. Taberero J, Yoshino T, Cohn AL, et al. Ramucirumab versus placebo in combination with second-line FOLFIRI in patients with metastatic colorectal carcinoma that progressed during or after first-line therapy with bevacizumab, oxaliplatin, and a fluoropyrimidine (RAISE): a randomised, double-blind, multicentre, phase 3 study. *Lancet Oncol*. 2015;16:499-508.
33. Ziv-aflibercept (Zaltrap) [package insert]. Bridgewater, NJ: sanofi-aventis U.S. LLC; 2020.
34. Van Cutsem E, Taberero J, Lakomy R, et al. Addition of aflibercept to fluorouracil, leucovorin, and irinotecan improves survival in a phase III randomized trial in patients with metastatic colorectal cancer previously treated with an oxaliplatin-based regimen. *J Clin Oncol*. 2012;30:3499-3506.
35. Falcone A, Ricci S, Brunetti I, et al. Phase III trial of infusional fluorouracil, leucovorin, oxaliplatin, and irinotecan (FOLFIRI) compared with infusional fluorouracil, leucovorin, and irinotecan (FOLFIRI) as first-line treatment for metastatic colorectal cancer: the Gruppo Oncologico Nord Ovest. *J Clin Oncol*. 2007;25:1670-1676.
36. Cremonini C, Loupakis F, Antoniotti C, et al. FOLFIRI plus bevacizumab versus FOLFIRI plus bevacizumab as first-line treatment of patients with metastatic colorectal cancer: updated overall survival and molecular subgroup analyses of the open-label, phase 3 TRIBE study. *Lancet Oncol*. 2015;16:1306-1315.
37. Bokemeyer C, Van Cutsem E, Rougier P, et al. Addition of cetuximab to chemotherapy as first-line treatment for KRAS wild-type metastatic colorectal cancer: pooled analysis of the CRYSTAL and OPUS randomised clinical trials. *Eur J Cancer*. 2012;48:1466-1475.
38. Cremonini C, Antoniotti C, Lonardi S, et al. Activity and safety of cetuximab plus modified FOLFIRI followed by maintenance with cetuximab or bevacizumab for RAS and BRAF wild-type metastatic colorectal cancer: A randomized phase 2 clinical trial. *JAMA Oncol*. 2018;4:529-536.
39. Fornaro L, Lonardi S, Masi G, et al. FOLFIRI in combination with panitumumab as first-line treatment in quadruple wild-type (KRAS, NRAS, HRAS, BRAF) metastatic colorectal cancer patients: a phase II trial by the Gruppo Oncologico Nord Ovest (GONO). *Ann Oncol*. 2013;24:2062-2067.
40. Fuchs CS, Moore MR, Harker G, et al. Phase III comparison of two irinotecan dosing regimens in second-line therapy of metastatic colorectal cancer. *J Clin Oncol*. 2003;21:807-814.
41. Cunningham D, Pyrhönen S, James RD, et al. Randomised trial of irinotecan plus supportive care versus supportive care alone after fluorouracil failure for patients with metastatic colorectal cancer. *Lancet*. 1998;352:1413-1418.

continued

Rectal Cancer Treatment Regimens

References (continued)

42. Yildiz R, Buyukberber S, Uner A, et al. Bevacizumab plus irinotecan-based therapy in metastatic colorectal cancer patients previously treated with oxaliplatin-based regimens. *Cancer Invest*. 2010;28:33-37.
43. André T, Blons H, Mabro M, et al. Panitumumab combined with irinotecan for patients with KRAS wild-type metastatic colorectal cancer refractory to standard chemotherapy: a GERCOR efficacy, tolerance, and translational molecular study. *Ann Oncol*. 2013;24:412-419.
44. Seymour MT, Brown SR, Middleton G, et al. Panitumumab and irinotecan versus irinotecan alone for patients with KRAS wild-type, fluorouracil-resistant advanced colorectal cancer (PICCOLO): a prospectively stratified randomised trial. *Lancet Oncol*. 2013;14:749-759.
45. Haller DG, Rothenberg ML, Wong AO, et al. Oxaliplatin plus irinotecan compared with irinotecan alone as second-line treatment after single-agent fluoropyrimidine therapy for metastatic colorectal carcinoma. *J Clin Oncol*. 2008;26:4544-4550.
46. Sanoff HK, Sargent DJ, Campbell ME, et al. Five-year data and prognostic factor analysis of oxaliplatin and irinotecan combinations for advanced colorectal cancer: N9741. *J Clin Oncol*. 2008;26:5721-5727.
47. Goldberg RM, Sargent DJ, Morton RF, et al. A randomized controlled trial of fluorouracil plus leucovorin, irinotecan, and oxaliplatin combinations in patients with previously untreated metastatic colorectal cancer. *J Clin Oncol*. 2004;22:23-30.
48. Larotrectinib (Vitrakvi) [package insert]. Stamford, CT: Loxo Oncology, Inc.; 2018.
49. Drilon A, Laetsch TW, Kummar S, et al. Efficacy of larotrectinib in TRK fusion-positive cancers in adults and children. *N Engl J Med*. 2018;378:731-739.
50. de Gramont A, Figer A, Seymour M, et al. Leucovorin and fluorouracil with or without oxaliplatin as first-line treatment in advanced colorectal cancer. *J Clin Oncol*. 2000;18:2938-2947.
51. Cheeseman SL, Joel SP, Chester JD, et al. A 'modified de Gramont' regimen of fluorouracil, alone and with oxaliplatin, for advanced colorectal cancer. *Br J Cancer*. 2002;87:393-399.
52. Maindrault-Goebel F, de Gramont A, Louvet C, et al. Evaluation of oxaliplatin dose intensity in bimonthly leucovorin and 48-hour 5-fluorouracil continuous infusion regimens (FOLFOX) in pretreated metastatic colorectal cancer. Oncology Multidisciplinary Research Group (GERCOR). *Ann Oncol*. 2000;11:1477-1483.
53. André T, Boni C, Mounedji-Boudiaf L, et al. Oxaliplatin, fluorouracil, and leucovorin as adjuvant treatment for colon cancer. *N Engl J Med*. 2004;350:2343-2351.
54. Emmanouilides C, Sfakiotaki G, Androulakis N, et al. Front-line bevacizumab in combination with oxaliplatin, leucovorin and 5-fluorouracil (FOLFOX) in patients with metastatic colorectal cancer: a multicenter phase II study. *BMC Cancer*. 2007;7:91.
55. Venook AP, Niedzwiecki D, Lenz H-J, et al. CALGB/SWOG 80405: Phase III trial of irinotecan/5-FU/leucovorin (FOLFIRI) or oxaliplatin/5-FU/leucovorin (mFOLFOX6) with bevacizumab or cetuximab for patients with KRAS wild-type untreated metastatic adenocarcinoma of the colon or rectum [abstract]. *J Clin Oncol*. 2014;32(suppl): abstr LBA3.
56. Venook AP, Niedzwiecki D, Lenz HJ, et al. Effect of first-line chemotherapy combined with cetuximab or bevacizumab on overall survival in patients with KRAS wild-type advanced or metastatic colorectal cancer: A randomized clinical trial. *JAMA*. 2017;317:2392-2401.
57. Cassidy J, Clarke S, Díaz-Rubio E, et al. Randomized phase III study of capecitabine plus oxaliplatin compared with fluorouracil/folinic acid plus oxaliplatin as first-line therapy for metastatic colorectal cancer. *J Clin Oncol*. 2008;26:2006-2012.
58. Douillard JY, Siena S, Cassidy J, et al. Randomized, phase III trial of panitumumab with infusional fluorouracil, leucovorin, and oxaliplatin (FOLFOX4) versus FOLFOX4 alone as first-line treatment in patients with previously untreated metastatic colorectal cancer: the PRIME study. *J Clin Oncol*. 2010;28:4697-4705.
59. Maindrault-Goebel F, de Gramont A, Louvet C, et al. High-dose intensity oxaliplatin added to the simplified bimonthly leucovorin and 5-fluorouracil regimen as second-line therapy for metastatic colorectal cancer (FOLFOX 7). *Eur J Cancer*. 2001;37:1000-1005.
60. Hochster HS, Grothey A, Hart L, et al. Improved time to treatment failure with an intermittent oxaliplatin strategy: results of CONCEPT. *Ann Oncol*. 2014;25:1172-1178.
61. Nivolumab (Opdivo) [package insert]. Princeton, NJ: Bristol-Myers Squibb, Inc; 2020.
62. Overman MJ, McDermott R, Leach JL, et al. Nivolumab in patients with metastatic DNA mismatch repair-deficient or microsatellite instability-high colorectal cancer (Check-Mate 142): an open-label, multicentre, phase 2 study. *Lancet Oncol*. 2017;18:1182-1191.
63. Ipilimumab (Yervoy) [package insert]. Princeton, NJ: Bristol-Myers Squibb, Inc; 2020.
64. Overman MJ, Lonardi S, Wong KYM, et al. Durable clinical benefit with nivolumab plus ipilimumab in DNA mismatch repair-deficient/microsatellite instability-high metastatic colorectal cancer. *J Clin Oncol*. 2018;36:773-779.
65. Van Cutsem E, Peeters M, Siena S, et al. Open-label phase III trial of panitumumab plus best supportive care compared with best supportive care alone in patients with chemotherapy-refractory metastatic colorectal cancer. *J Clin Oncol*. 2007;25:1658-1664.
66. Pembrolizumab (Keytruda) [package insert]. Whitehouse Station, NJ: Merck & Co, Inc.; 2020.
67. Le DT, Uram JN, Wang H, et al. PD-1 blockade in tumors with mismatch-repair deficiency. *N Engl J Med*. 2015;372:2509-2520.
68. Lala M, Li TR, de Alwis DP, et al. A six-week dosing schedule for pembrolizumab in patients with cancer based on evaluation using modelling and simulation. *Eur J Cancer*. 2020;131:68-75.
69. Regorafenib (Stivarga) [package insert]. Wayne, NJ: Bayer HealthCare Pharmaceuticals Inc.; 2020.
70. Bekaii-Saab TS, Ou F-S, Anderson DM, et al. Regorafenib dose optimization study (ReDOS): Randomized phase II trial to evaluate dosing strategies for regorafenib in refractory metastatic colorectal cancer (mCRC)—An ACCRU Network study. *J Clin Oncol*. 2018;36(suppl 4S):abstr 611).
71. Grothey A, Van Cutsem E, Sobrero A, et al. Regorafenib monotherapy for previously treated metastatic colorectal cancer (CORRECT): an international, multicentre, randomised, placebo-controlled, phase 3 trial. *Lancet*. 2013;381:303-312.
72. Wolmark N, Rockette H, Fisher B, et al. The benefit of leucovorin-modulated fluorouracil as postoperative adjuvant therapy for primary colon cancer: results from National Surgical Adjuvant Breast and Bowel Project protocol C-03. *J Clin Oncol*. 1993;11:1879-1887.
73. Petrelli N, Douglass HO Jr, Herrera L, et al. The modulation of fluorouracil with leucovorin in metastatic colorectal carcinoma: a prospective randomized phase III trial. Gastrointestinal Tumor Study Group. *J Clin Oncol*. 1989;7:1419-1426.
74. Haller DG, Catalano PJ, Macdonald JS, et al. Phase III study of fluorouracil, leucovorin, and levamisole in high-risk stage II and III colon cancer: final report of Intergroup 0089. *J Clin Oncol*. 2005;23:8671-8678.
75. Hurwitz H, Fehrenbacher L, Hainsworth JD, et al. Bevacizumab in combination with fluorouracil and leucovorin: an active regimen for first-line metastatic colorectal cancer. *J Clin Oncol*. 2005;23:3502-3508.
76. Trastuzumab (Herceptin) [package insert]. South San Francisco, CA: Genentech, Inc.; 2018.
77. Lapatinib (Tykerb) [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; 2018.
78. Sartore-Biachi A, Trusolino L, Martino C, et al. Dual-targeted therapy with trastuzumab and lapatinib in treatment-refractory, KRAS codon 12/13 wild-type, HER2-positive metastatic colorectal cancer (HERACLES): a proof-of-concept, multicenter, open-label, phase 2 trial. *Lancet Oncol*. 2016;17:738-746.
79. Pertuzumab (Perjeta) [package insert]. South San Francisco, CA: Genentech, Inc.; 2020.
80. Meric-Bernstam F, Hurwitz H, Raghav KPS, et al. Pertuzumab plus trastuzumab for HER2-amplified metastatic colorectal cancer (MYPPathway): an updated report from a multicenter, open-label, phase 2a, multiple basket study. *Lancet Oncol*. 2019;20:518-530.
81. Trifluridine and tipiracil (Lonsurf) [package insert]. Princeton, NJ: Taiho Pharmaceutical Co.; 2019.
82. Mayer RJ, Van Cutsem E, Falcone A, et al. Randomized trial of TAS-102 for refractory metastatic colorectal cancer. *N Engl J Med*. 2015;372:1909-1919.
83. Jäger E, Heike M, Bernhard H, et al. Weekly high-dose leucovorin versus low-dose leucovorin combined with fluorouracil in advanced colorectal cancer: results of a randomized multicenter trial. Study Group for Palliative Treatment of Metastatic Colorectal Cancer Study Protocol 1. *J Clin Oncol*. 1996;14:2274-2279.
84. O'Connell MJ, Colangelo LH, Beart RW, et al. Capecitabine and oxaliplatin in the preoperative multimodality treatment of rectal cancer: surgical end points from National Surgical Adjuvant Breast and Bowel Project trial R-04. *J Clin Oncol*. 2014;32:1927-1934.
85. Holheinz R-D, Wenz F, Post S, et al. Chemoradiotherapy with capecitabine versus fluorouracil for locally advanced rectal cancer: a randomised, multicenter, non-inferiority, phase 3 trial. *Lancet Oncol*. 2012;13:579-588.
86. O'Connell MJ, Martenson JA, Wieand HS, et al. Improving adjuvant therapy for rectal cancer by combining protracted-infusion fluorouracil with radiation therapy after curative surgery. *N Engl J Med*. 1994;331:502-507.
87. Tepper JE, O'Connell M, Niedzwiecki D, et al. Adjuvant therapy in rectal cancer: analysis of stage, sex, and local control – final report of Intergroup 0114. *J Clin Oncol*. 2002;20:1744-1750.
88. Haller DG, Tabernero J, Maroun J, et al. Capecitabine plus oxaliplatin compared with fluorouracil and folinic acid as adjuvant therapy for stage III colon cancer. *J Clin Oncol*. 2011;29:1465-1471.
89. Petrelli N, Herrera L, Rustum Y, et al. A prospective randomized trial of 5-fluorouracil versus 5-fluorouracil and high-dose leucovorin versus 5-fluorouracil and methotrexate in previously untreated patients with advanced colorectal carcinoma. *J Clin Oncol*. 1987;5:1559-1569.

(Revised 12/2020; NCCN Rectal Cancer Guidelines v6.2020) © 2020 by Haymarket Media, Inc.