Fluorouracil therapy is contraindicated for patients in a poor nutritional state, those with depressed bone marrow function, those with potentially serious infections or those with a known hypersensitivity to fluorouracil.

**WARNINGS** (see boxed WARNING)

The daily dose of fluorouracil is not to exceed 800 mg. It is recommended that patients be hospitalized during their first course of treatment.

Fluorouracil should be used with extreme caution in poor risk patients with a history of high-dose pelvic irradiation or previous use of alkylating agents, those who have a widespread involvement of bone marrow by metastatic tumors or those with impaired hepatic or renal function.

Rarely, unexpected, severe toxicity (e.g., stomatitis, diarrhea, neutropenia and neurotoxicity) associated with 5-fluorouracil has been attributed to deficiency of dihydropyrimidine dehydrogenase activity. A few patients have been rechallenged with 5-fluorouracil and despite 5-fluorouracil dose lowering, toxicity recurs and is accompanied by worsening of anemia. Abnormalities of bone marrow are seen in patients given the drug for the first time and have been reported in patients rechallenged with 5-fluorouracil. Occasionally, it has been reported in patients rechallenged with 5-fluorouracil given in combination with mitomycin C, although a causal relationship has not been established.

**INDICATIONS AND USAGE**

Fluorouracil is effective in the palliative management of carcinoma of the colon, rectum, breast, stomach and pancreas.

**CONTRAINDICATIONS**

Fluorouracil is contraindicated for patients in a poor nutritional state, those with depressed bone marrow function, those with potentially serious infections or those with a known hypersensitivity to fluorouracil.
**Contraindications**

Poor risk patients or those who are not in an adequate nutritional state (see 5th, 7th, 9th or 11th days. Unless toxicity occurs if no toxicity has become apparent (see 1. Repeat dosage of first course every 30 days after the last day of the previous course of therapy. In instances where toxicity has not been a problem, it is recommended that therapy be continued using either of the following schedules:

1. Repeat dosage of first course every 30 days after the last day of the previous course of treatment.
2. When toxic signs resulting from the initial course of therapy have subsided, administer a maintenance dosage of 10 to 15 mg/kg/week as a single dose. Do not exceed 1 gm per week.

The patient’s reaction to the previous course of therapy should be taken into account in determining the amount of the drug to be used, and the dosage should be adjusted accordingly. Some patients have received from 9 to 45 courses of treatment during periods which ranged from 12 to 60 months.

**Handling and Disposal**

Procedures for proper handling and disposal of anticancer drugs should be considered. Several guidelines on this subject have been published. 

3. National Study Commission on Cytotoxic Exposure: Recommendations for Handling Cytotoxic Agents. Available from Louis P. Jeffrey, ScD, Director of Pharmacy Services, Rhode Island Hospital, 593 Eddy Street, Providence, Rhode Island 02902.