Hematologic Toxicity	Action	Dose Adjustments				
Neutropenia	*** if applicable**	**Dasatinib**	**Cetuximab** (if applicable)	**Oxaliplatin**	**Leucovorin**	**5-FU Infusion**
Grade 1	Continue treatment	No change	No change	No change	No change	No change
Grade 2	Hold other treatment until ANC recovers to ≥ 1500 / m^3 Consider growth factor with next cycle	No change	No change	No change	No change	No change
Grade 3	Hold all treatment until ANC recovers to ≥ 1500 / m^3 Consider growth factor with next cycle	No change	No change	Decrease by one dose level	Decrease by one dose level	No change
Grade 4	Hold all treatment until ANC recovers to ≥ 1500 / m^3 Consider growth factor with next cycle	Decrease by one dose level	No change	Decrease by one dose level	Decrease by one dose level	No change
Thrombocytopenia						
Grade 1	Continue treatment	No change	No change	No change	No change	No change
Grade 2	Hold other treatment until platelets ≥ 75,000	No change	No change	No change	Decrease by one dose level	No change
Recurrent Grade 2	Hold other treatment until platelets ≥ 75,000	No change	No change	Decrease by one dose level	Decrease by one dose level	No change
Grade 3 or 4	Hold all treatment until platelets ≥ 100,000	Decrease by one dose level	No change	Decrease by one dose level	Decrease by one dose level	No change
Febrile Neutropenia						
Grade 3 or 4 (ANC < 1000/ mm^3, Fever	Hold all treatment until ANC recovers to ≥ 1500 /mm^3 and temperature is < 38ºC	Decrease by one dose	No change	Decrease by one dose level	Decrease by one dose level	No change

≥ 38.5°C -without clinically or microbiologically documented infection)		level				
Anemia						
Grade 1-2 or Grade 3 managed by transfusions and/or growth factors	Continue treatment	No change	No change	No change	No change	No change
Grade 3 (not satisfactorily managed by transfusions and/or growth factors) and Grade 4	Hold all treatment until Hgb has recovered	Decrease by one dose level	No change	Decrease by one dose level	Decrease by one dose level	No change
Bleeding						
Hemorrhage ≥ Grade 2 or clinically significant bleeding in the opinion of the Investigator	The investigator will consider a possible dose adjustment or discontinuation of treatment. The decision will be made based on the severity of the bleeding episode, and the judgment of the Investigator.					

Non-Hematologic Toxicity	**Action**	**Dose Modification**				
Hand-Foot syndrome		**Dasatinib**	**Cetuximab** (if applicable)	**Oxaliplatin**	**Leucovorin**	**5-FU Infusion**
Grade 1-2	Continue Treatment	No change	No change	No change	No change	No change
Grade 3	Hold all treatment until recovery to ≤ grade 1	No change	No change	No change	No change	Decrease by one dose level
Diarrhea[a]						
Grade 1	Continue Treatment	No change	No change	No change	No change	No change
Grade 2	Continue treatment	No change	No change	No change	Decrease by one dose level	No change
Recurrent Grade 2	Continue	No change	No change	No change	Decrease by one	Decrease by one

	treatment				dose level	dose level
Grade 3	Hold all treatment until recovery to ≤ grade 1	No change	No change	Decrease by one dose level	Discontinue	Decrease by one dose level
Grade 4	Patient will be discontinued from treatment unless the Investigator feels that it is in the best interest of the patient to receive additional therapy. If patient does continue treatment, the dose reduction will be determined by the Investigator following a resolution of the toxicity to ≤ grade 1					
Mucositis[a]						
Grade 1or Grade 2 (tolerable to patient)	Continue Treatment	No change	No change	No change	No change	No change
Grade 2 (intolerable to patient)	Continue Treatment	No change	No change	No change	Decrease by one dose level	Decrease by one dose level
Grade 3	Hold all treatment until recover to ≤ grade 1	No change	No change	No change	Discontinue	Decrease by one dose level
Grade 4	Patient will be discontinued from treatment unless the Investigator feels that it is in the best interest of the patient to receive additional therapy. If patient does continue treatment, the dose reduction will be determined by the Investigator following a resolution of the toxicity to ≤ grade 1					
Dyspnea[c]						
Grade 1	Continue Treatment	No change	No change	No change	No change	No change
Grade 2	Hold dasatinib treatment until ≤ grade 1	No change	No change	No change	No change	No change
Grade 3	Hold all treatment until recover to ≤ grade 1	Decrease by one dose level	No change	No change	No change	No change
Grade 4	Patient will be discontinued from treatment unless the Investigator feels that it is in the best interest of the patient to receive additional therapy. If patient does continue treatment, the dose reduction will be determined by the Investigator following a resolution of the toxicity to ≤ grade 1					
Fatigue[a]						
Grade 1	Continue treatment	No change	No change	No change	No change	No change

Grade 2	Continue treatment	No change	No change	Decrease by one dose level	Decrease by one dose level	Decrease by one dose level
Grade 3	Hold all treatment until recovery to ≤ grade 2	No change	No change	Decrease by one dose level	Decrease by one dose level	Decrease by one dose level
Grade 3, recurrent	Hold all treatment until recovery to ≤ grade 2	Decrease by one dose level	No change	Decrease by one dose level	Decrease by one dose level	Decrease by one dose level
Grade 4	Patient will be discontinued from treatment unless the Investigator feels that it is in the best interest of the patient to receive additional therapy. If patient does continue treatment, the dose reduction will be determined by the Investigator following a resolution of the toxicity to ≤ grade 1					
Acneiform Rash						
Grade 1 – 2	Continue Treatment	No change	No change	No change	No change	No change
Grade 3	Hold all treatment until recovery to ≤ grade 2	No change	Decrease by one dose level	No change	No change	No change

Toxicity	**Action**	**Dose Modification**				
Neuropathy		**Dasatinib**	**Cetuximab** (if applicable)	**Oxaliplatin**	**Leucovorin**	**5-FU Infusion**
Grade 1 – 4	See table below for action taken with oxaliplatin.	No Change	No Change	See Table below for dose adjustments	No Change	No Change
QT prolongation[b]						
QTc ≥ 500msec but < 530msec	EKG monitoring in these patients should be done every 24 to 72 hours until QTc returns below 500msec	Hold the next two doses and reduce dose by one dose level	No Change	No Change	No Change	No Change
QTc ≥ 530 msec	Patient will be discontinued from the study					

Thrombosis/thrombus/ Embolism						
Grade 1-3		No change	No change	No change	No change	No change
Grade 4 (Asymptomatic PE)		No change	No change	No change	No change	No change
Grade 4 (Symptomatic PE)	Hold therapy until resolution of symptoms, then restart at the same dose level or, restart at a decreased dose determined by the investigator					
Other Non-Hematologic[a]						
Grade 1	Continue Treatment	No change	No change	No change	No change	No change
Grade 2	Continue Treatment	No change	No change	No change	No change	No change
Grade 3	Hold all treatment until patient has recovered to ≤ grade 1 or to baseline	Decrease by one dose level	No change	Decrease by one dose level	Decrease by one dose level	Decrease by one dose level
Grade 4	Patient will be discontinued from treatment unless the Investigator feels that it is in the best interest of the patient to receive additional therapy. If patient does continue treatment, the dose reduction will be determined by the Investigator following a resolution of the toxicity to ≤ grade 1					

Supplemental Table 2. Symptom-specific dose adjustment tables.

a: Excluding alopecia. Despite adequate/maximal medical intervention and/or prophylaxis.

b: In all decisions for dose modifications and additional ECG monitoring, the Fridericia correction will supercede the Bazett's. The automated ECG machine reading will provide a QTc calculated with Bazett's. These readings may be used for real-time decision making for continued treatment and monitoring. If the machine-generated QTc is ≥ 500 msec, the investigator or a cardiology consultant may over-read the ECG to base decisions for subsequent ECG monitoring and dose modifications.

c: Attributed to pleural effusion