FLOT

Indication	Peri-operative treatment of resectable gastric or gastro-oesophageal junction adenocarcinoma. Suitable for fit patients only, with PS 0 - 1
Treatment Intent	Neo-adjuvant / adjuvant treatment
Frequency and number of cycles	Every 14 days for 4 cycles before surgery and 4 cycles after surgery

Monitoring parameters pre-treatment	• Monitor FBC, U&Es and LFT's at each cycle.
	• If neuts ≥ 1.5 and PLT ≥100 continue with treatment. If neuts 1.0-1.4 and Plts ≥100 d/w consultant. If neuts <1.0 or Plts <100 delay one week
	• Impaired renal and liver function d/w consultant.
	  ○ Hepatic: Consider dose reduction of docetaxel in liver impairment. Docetaxel not recommended in severe hepatic impairment (serum bilirubin > ULN and/or ALT/ AST > 3.5 times the ULN associated with alkaline phosphatase > 6 times the ULN). 5-Fluorouracil - consider reducing dose in moderate or severe hepatic impairment.
	  ○ Renal: If GFR is 30-50ml/min monitor renal function and consider dose reduction of oxaliplatin if toxicity. Omit oxaliplatin if CrCl <30ml/min.
	• **Ensure dexamethasone pre-medication is prescribed and given to the patient at new patient chat**
	• Reference should be made to 'Guidance on the Assessment and Management of Oxaliplatin Induced Neuropathy' available at: http://www.kentmedwaycancerguide.nhs.uk/medicines-and-prescribing-incorporating-sact-pathways/sact-pathways-guidelines-for-the-management-of-sact-induced-adverse-reactions-and-nursing/
	• Dose reduction should be considered if any other 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

Reference(s)	Proceedings ASCO 2017; Abstract 4004 Al-Batran et al JCO 35(suppl)

NB For funding information, refer to the SACT funding spreadsheet

Day	Drug	Dose	Route	Infusion Duration	Administration Details	
1	Ondansetron	<75yrs 16mg ≥75yrs 8mg	iv	15 min	NaCl 0.9% 50ml	
	DOCETAXEL	**50mg/m²**	IV	1 hr	Sodium Chloride 0.9% 250ml	
	Flush with 5% glucose before and after oxaliplatin administration					
	OXALIPLATIN	**85mg/m²**	iv	2 - 6hrs	250-500ml 5% glucose (to give a concentration between 0.2 mg/ml and 0.70 mg/ml)	**Can be run concurrently**
	CALCIUM FOLINATE (calcium leucovorin)	**200mg/m²**	iv	2 hrs	Glucose 5% 250ml	
	5-FLUOROURACIL	**2600mg/m²**	iv	**24 hr pump**	continuous infusion	

TTO	Drug	Dose	Route	Directions
	Dexamethasone	8mg	po	bd for 3 days starting one day prior to next cycle of chemotherapy
	Metoclopramide	10mg	po	3 times a day for 3 days, then 10mg up to 3 times a day as required. Do not take for more than 5 days continuously.
	Filgrastim	300 micrograms **or consider dose of 480 micrograms if patient > 80kg**	sub cut	od starting on day 4 for 5 days

Protocol No	UGI-058	Kent and Medway SACT Protocol Disclaimer: No responsibility will be accepted for the accuracy of this information when used elsewhere.	
Version	1.0 FINAL	Written by	C Waters
Supersedes version	n/a	Checked by	E Parry
Date	26/9/17	Authorising consultant (usually NOG Chair)	T Sevitt / M Cominos