

<b>Indication</b>	Upper GI Head and Neck: Malignant salivary gland tumours
<b>Treatment Intent</b>	Upper GI: Neo-Adjuvant/Peri-operative/Adjuvant/Palliative  Head and neck: Palliative
<b>Frequency and number of cycles</b>	Every 21 days Upper GI: Neo-Adjuvant: 3 cycles Peri-operative: 3 cycles pre surgery and 3 cycles post-surgery Adjuvant: 6 cycles Palliative: 6-8 cycles  Head and Neck: Palliative 6 cycles
<b>Monitoring Parameters pre-treatment</b>	<ul style="list-style-type: none"> <li>• ECG should be checked prior to cycle 1.</li> <li>• EDTA should be used to measure GFR prior to cycle 1 or 2. If CrCl &lt;30ml/min stop platinum.</li> <li>• C+G may be used to estimate CrCl if delay in obtaining EDTA result.</li> <li>• Monitor LFTs and Serum Creatinine at each cycle.</li> <li>• <u>Day 1</u> If neuts 1.0-1.4 and PLT <math>\geq</math>100 d/w consultant. If neuts &lt;1.0 or Plts &lt;100 delay epirubicin and carboplatin one week</li> <li>• <u>Day 8 and 15</u> continue 5FU provided neuts <math>\geq</math>0.5 and PLT <math>\geq</math>75.</li> <li>• Dose reduction should be considered if grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&amp;V and alopecia). Delay until resolution of toxicity to <math>\leq</math> grade 1</li> <li>• <b>DPD testing:</b> It is highly recommended that DPD testing is undertaken before starting treatment; the result must be checked before treatment is started.</li> <li>• <b>Cardiotoxicity:</b> Caution in patients with prior history of coronary heart disease, arrhythmias and angina pectoris.</li> <li>• Maximum recommended cumulative dose epirubicin 900mg/m2.</li> </ul>
<b>References</b>	KMCC SACT proforma UGI-004v4 SPCs for epirubicin accessed online 15/10/2018

NB For funding information, refer to the SACT funding spreadsheet

Protocol No	MULTI-013	Kent and Medway SACT Protocol Disclaimer: No responsibility will be accepted for the accuracy of this information when used elsewhere.	
Version	V1	Written by	M.Archer
Supersedes version	UGI-004 v4	Checked by	C.Waters E.Parry
Date	17/12/18	Authorising consultant (usually NOG Chair)	K.Nathan T.Sevitt

**Repeat every 21 days**

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15 min	Sodium Chloride 0.9% 50ml
	Dexamethasone	8mg	PO		
	<b>EPIRUBICIN</b>	<b>50mg/m<sup>2</sup></b>	IV	3 min	Through the side of a fast running Sodium chloride 0.9% intravenous infusion
	<b>CARBOPLATIN</b>	<b>AUC = 5 Dose = AUC x (EDTA +25)</b>	IV	30 min	In 500ml Glucose 5%
	<b>5-FLUOROURACIL</b> Prescribe for a total of 7 days	<b>200mg/m<sup>2</sup>/day ie 1400mg/m<sup>2</sup>/7 days</b>	IV	7 days	continuous infusion pump
8	<b>5-FLUOROURACIL</b> Prescribe for a total of 7 days	<b>200mg/m<sup>2</sup>/day ie 1400mg/m<sup>2</sup>/7 days</b>	IV	7 days	continuous infusion pump
15	<b>5-FLUOROURACIL</b> Prescribe for a total of 7 days	<b>200mg/m<sup>2</sup>/day ie 1400mg/m<sup>2</sup>/7 days</b>	IV	7 days	continuous infusion pump
TTO	Drug	Dose	Route	Directions	
	Dexamethasone	6mg	PO	OM for 3 days	
	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.	

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