Indication	Upper GI Head and Neck - Malignant salivary gland tumours
Treatment Intent	Upper GI: Neo-Adjuvant/Peri-operative/Adjuvant/Palliative Head and neck: Palliative
Frequency and number of cycles	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
Monitoring Parameters pre-treatment	• ECG should be checked prior to cycle 1. • C+G should be used to measure CrCl prior to cycle 1 • If CrCl <60ml/min then obtain EDTA result • If CrCl 30-59ml/min consider dose reduction of cisplatin or consider carboplatin. • If CrCl <30ml/min stop platinum. • If CrCl < 50 ml/min dose reduce capecitabine (see SPC) • Monitor LFT's and serum creatinine at each cycle. • If neuts 1.0-1.4 and PLT ≥100 d/w consultant. If neuts <1.0 or Plts <100 delay one week • Dose reduction should be considered if 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 • DPD testing: It is highly recommended that DPD testing is undertaken before starting treatment; the result must be checked before treatment is started. • Cardio toxicity: Caution in patients with prior history of coronary heart disease, arrhythmias and angina pectoris. • Maximum recommended cumulative dose epirubicin 900mg/m2. • Skin reactions: Capecitabine can induce severe skin reactions such as Stevens-Johnson syndrome and Toxic Epidermal Necrolysis. Patients should be informed of the possibility of such reactions and informed to seek urgent medical advice should any symptoms of a severe skin reaction occur. Treatment should be permanently discontinued in affected patients. • Drug interactions: Capecitabine must not be given with concurrent sorivudine or derivatives (e.g brivudine), see SPC. Monitor PT and INR regularly in patients taking coumarin-derivative anticoagulants. Monitor phenytoin levels with concomitant use. Caution with folinic acid or folic acid – potential for increased toxicity. Avoid concomitant allopurinol.
References	KMCC SACT protocol UGI-001v5 SPCs for epirubicin and capecitabine accessed online 15/10/2018

NB For funding information, refer to the SACT funding spread sheet

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Sodium Chloride 0.9%	1000ml	IV	2hours	+ 20mmol KCL + 10mmol Mg^{2+}
	Mannitol 10%	200ml	IV	15min	
	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15min	Sodium Chloride 0.9% 50ml
	Dexamethasone	8mg	PO		
	EPIRUBICIN	**50mg/m²**	IV	3 min	through the side of a fast running Sodium chloride 0.9% intravenous infusion
	CISPLATIN	**60mg/m²**	IV	2 hours	In Sodium Chloride 0.9% 1000ml
	Furosemide	40mg	IV/PO		If urine output <100ml/hr or weight gain >1kg
	Sodium Chloride 0.9%	1000ml	IV	2 hours	+ 20mmol KCL + 10mmol Mg^{2+}
	Sodium Chloride 0.9%	500ml	IV	1 hour	Or 500ml water, orally
	*(Furosemide)	40mg	IV/PO	***only if required**	If patient remains in a 2L positive balance
TTO	Drug	Dose	Route		Directions
	CAPECITABINE	**1250mg/m²/day** In 2 divided doses	PO		**For 21 days continuously.** Take within 30 mins after food and approximately every 12 hours. Available as 500mg & 150mg.
	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.
	Dexamethasone	6mg	PO		OM for 3 days