

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	<ul style="list-style-type: none"> • 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 GFR 30-59ml/min consider dose reduction of cisplatin or substitute with carboplatin, if GFR <30ml/min stop platinum. • Monitor LFT's and serum creatinine at each cycle. • <u>Day 1</u> If neuts 1.0-1.4 and Plts \geq100 d/w consultant. If neuts <1.0 or Plts <100 delay epirubicin and cisplatin one week • <u>Day 8 + 15</u> continue 5FU provided neuts \geq0.5 and PLT \geq75. • 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 \leq 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. • Cardiotoxicity: Caution in patients with prior history of coronary heart disease, arrhythmias and angina pectoris. • Maximum recommended cumulative dose epirubicin 900mg/m².
References	KMCC proforma UGI-002 v5 SPC epirubicin accessed online 20/11/2018 SPC cisplatin accessed online 20/11/2018

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

Protocol No	MULTI-011	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-002 v5	Checked by	C.Waters B.Willis
Date	31/01/2019	Authorising consultant (usually NOG Chair)	T.Sevitt K.Nathan

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration
Day 1	Sodium chloride 0.9%	1000ml	IV	2 hours	+ 20mmol KCL + 10mmol Mg ²⁺
	Mannitol 10%	200ml	IV	15 min	
	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15 min	Sodium Chloride 0.9% 50ml
	Dexamethasone	8mg	PO		
	EPIRUBICIN	50mg/m²	IV	3 min	through the side of a fast running 0.9% Sodium chloride intravenous infusion
	CISPLATIN	60mg/m²	IV	2 hours	In 1000ml Sodium chloride 0.9%
	Furosemide	40mg	IV/PO	bolus	Only if urine output <100ml/hour 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
		5-FLUOROURACIL prescribe for a total of 7 days	200mg/m²/ day ie 1400mg/m²/7 days	IV	7 days
Day 8	5-FLUOROURACIL prescribe for a total of 7 days	200mg/m²/ day ie 1400mg/m²/7 days	IV	7 days	Continuous infusion pump
Day 15	5-FLUOROURACIL prescribe for a total of 7 days	200mg/m²/ day ie 1400mg/m²/7 days	IV	7 days	Continuous infusion pump
TTO	Drug	Dose	Route	Directions	
Day 1	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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