Indication	Upper GI
Treatment Intent	Adjuvant Neo-adjuvant Palliative Peri-operative 3 cycles pre and 3 cycles post
Frequency and number of cycles	Repeat every 21 days Neo-adjuvant 3 cycles Peri-operative 3 cycles pre and 3 cycles post Adjuvant 6 cycles Palliative treatment 6-8 cycles
Monitoring Parameters pre-treatment	• **Virology screening:** All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion. • **DPD testing:** DPD testing must be undertaken in all patients before starting treatment; the result must be checked before treatment is started. • ECG baseline and during treatment as clinically indicated. • Cardiotoxicity: caution in patients with prior history of coronary heart disease, arrhythmias and angina pectoris. • Consider audiology test for hearing impaired patients and monitor all patients for ototoxicity throughout treatment. • 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 dose reduce cisplatin or consider carboplatin. If CrCl <30ml/min stop platinum. • Monitor FBC, U&Es and LFTs at each cycle. • **Day 1** If neuts 1.0-1.4 and PLT >/=100 d/w consultant. If neuts <1.0 or PLT <100 delay cisplatin one week. • **Day 8 & 15** continue 5FU provided neuts >/=0.5 and PLT >/=75 • 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. • **<u>Common drug interactions (for comprehensive list refer to BNF/SPC)</u>:** • Caution in patients receiving phenytoin, levels may be affected. • Caution when used concurrently with other nephrotoxic or ototoxic drugs.
References	KMCC proforma UGI-005 V5

NB For funding information, refer to CDF and NICE Drugs Funding List

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration
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		
	CISPLATIN	**60mg/m^2**	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	**300mg/m^2/ day i.e. 2100mg/m^2/7 days**	IV	7 days	Continuous infusion pump
8	**5-FLUOROURACIL** prescribe for a total of 7 days	**300mg/m^2/ day i.e. 2100mg/m^2/7 days**	IV	7 days	Continuous infusion pump
15	**5-FLUOROURACIL** prescribe for a total of 7 days	**300mg/m^2/ day i.e. 2100mg/m^2/7 days**	IV	7 days	Continuous infusion pump

TTO	Drug	Dose	Route	Directions
	Dexamethasone	6mg	PO	OM for 3 days
	Metoclopramide	10mg	PO	10mg TDS for 3 days then 10mg up to 3 times a day as required. Do not take for more than 5 days continuously.