Treatment   Neo-adjuvant   Neo-adjuvant   Neo-adjuvant   Palliative   Peri-operative 3 cycles pre and 3 cycles post	Indication	Upper GI						
Palliative Peri-operative 3 cycles pre and 3 cycles post  Repeat every 21 days Neo-adjuvant 3 cycles Peri-operative 3 cycles pre and 3 cycles post Adjuvant 6 cycles Peri-operative 3 cycles pre and 3 cycles post Adjuvant 6 cycles Palliative treatment 6-8 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 30-59ml/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   • Caution in patients receiving phenytoin, levels may be affected.  • Caution when used concurrently with other nephrotoxic or ototoxic drugs.	Treatment	Adjuvant						
Frequency and number of cycles  Repeat every 21 days  Neo-adjuvant 3 cycles pre and 3 cycles post  Adjuvant 6 cycles  Peri-operative 3 cycles pre and 3 cycles post  Adjuvant 6 cycles  Palliative treatment 6-8 cycles  Palliative treatment 6-8 cycles  Monitoring  Parameters  pre-treatment  Parameters  pre-treatment  Parameters  pre-treatment  Parameters  pre-treatment  Parameters  pre-treatment  Por 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-S9ml/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   Caution in patients receiving phenytoin, levels may be affected.  Caution when used concurrently with other nephrotoxic or ototoxic drugs.	Intent	Neo-adjuvant						
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 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. • Common drug interactions (for comprehensive list refer to BNF/SPC): • Caution in patients receiving phenytoin, levels may be affected. • Caution when used concurrently with other nephrotoxic or ototoxic drugs.</th <th></th> <th colspan="6">Palliative</th>		Palliative						
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 <60ml/min then obtain EDTA result.  • If CrCl <60ml/min then obtain EDTA result.  • 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-hematological toxicity or repeat appearance of grade 2 (except N&V and alopecia). Delay until resolution of toxicity to = grade 1.  • Common drug interactions (for comprehensive list refer to BNF/SPC):  • Caution in patients receiving phenytoin, levels may be affected.  • Caution when used concurrently with other nephrotoxic or ototoxic drugs.</th <th></th> <th colspan="7">Peri-operative 3 cycles pre and 3 cycles post</th>		Peri-operative 3 cycles pre and 3 cycles post						
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 <60ml/min then obtain EDTA result.  **If CrCl <60ml/min then obtain EDTA result.  **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 SFU 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.  **Common drug interactions (for comprehensive list refer to BNF/SPC):  **Caution in patients receiving phenytoin, levels may be affected.  **Caution when used concurrently with other nephrotoxic or ototoxic drugs.</th <th>Frequency</th> <th colspan="6">Repeat every 21 days</th>	Frequency	Repeat every 21 days						
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References KMCC proforma UGI-005 V5		Caution when used concurrently with other nephrotoxic or ototoxic drugs.						
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NB For funding information, refer to CDF and NICE Drugs Funding List

Protocol No	UGI-005	Kent and Medway SACT Protocol  Disclaimer: No responsibility will be accepted for the accuracy of this information when used elsewhere.		
Version	V6	Written by	M.Archer	
Supersedes	V5	Checked by	C.Waters	
version			O.Adebayo	
Date	10.02.2023	Authorising consultant (usually NOG Chair)	M.Cominos	

## Repeat every 21 days

Drug	Dose	Route	Infusion Duration	Administration
Sodium chloride 0.9%	1000ml	IV	2 hours	+ 20mmol KCL + 10mmol Mg <sup>2</sup> +
Mannitol 10%	200ml	IV	15 min	
Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15 min	Sodium Chloride 0.9% 50ml
Dexamethasone	8mg	РО		
CISPLATIN	60mg/m <sup>2</sup>	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 <sup>2</sup> +
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
<b>5-FLUOROURACIL</b> prescribe for a total of 7 days	300mg/m²/ day i.e. 2100mg/m²/7	IV	7 days	Continuous infusion pump
<b>5-FLUOROURACIL</b> prescribe for a total of 7 days	300mg/m²/ day i.e. 2100mg/m²/7	IV	7 days	Continuous infusion pump
<b>5-FLUOROURACIL</b> prescribe for a total of 7 days	300mg/m²/ day i.e. 2100mg/m²/7 days	IV	7 days	Continuous infusion pump
Drug	Dose	Route	Directions	
Dexamethasone	6mg	РО	OM for 3 days	
Metoclopramide	10mg	pO 10mg TDS for 3 days then 10mg up to a day as required.  Do not take for more than 5 days continuously.		quired. e for more than 5 days
	Sodium chloride 0.9% Mannitol 10% Ondansetron  Dexamethasone  CISPLATIN  Furosemide Sodium Chloride 0.9% Sodium Chloride 0.9%  *(Furosemide)  5-FLUOROURACIL prescribe for a total of 7 days  5-FLUOROURACIL prescribe for a total of 7 days  5-FLUOROURACIL prescribe for a total of 7 days  Drug  Dexamethasone	Sodium chloride 0.9% 1000ml  Mannitol 10% 200ml  Ondansetron <75yrs 16mg ≥75yrs 8mg  Dexamethasone 8mg  CISPLATIN 60mg/m²  Furosemide 40mg Sodium Chloride 0.9% 1000ml Sodium Chloride 0.9% 500ml  *(Furosemide) 40mg  5-FLUOROURACIL prescribe for a total of 7 days 2100mg/m²/7 days 5-FLUOROURACIL prescribe for a total of 7 days 300mg/m²/ day i.e. 2100mg/m²/7 days  5-FLUOROURACIL prescribe for a total of 7 days 300mg/m²/ day i.e. 2100mg/m²/7 days  Drug Dose  Dexamethasone 6mg	Sodium chloride 0.9% 1000ml IV  Mannitol 10% 200ml IV  Ondansetron <a href="text-align: right;"></a>	Sodium chloride 0.9% 1000ml IV 2 hours  Mannitol 10% 200ml IV 15 min  Ondansetron <75yrs 16mg ≥75yrs 8mg  Dexamethasone 8mg PO  CISPLATIN 60mg/m² IV 2 hours  Furosemide 40mg IV/PO bolus Sodium Chloride 0.9% 1000ml IV 2 hours  Sodium Chloride 0.9% 500ml IV 1 hour  *(Furosemide) 40mg IV/PO *only if required  5-FLUOROURACIL prescribe for a total of 7 days  Drug Dose Route Directions  Dexamethasone 6mg PO OM for 3 days re Do not take

Protocol No	UGI-005	Kent and Medway SACT Protocol Disclaimer: No responsibility will be accepted for the accuracy of this information when used elsewhere.		
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Supersedes version	V5	Checked by	C.Waters O.Adebayo	
Date	10.02.2023	Authorising consultant (usually NOG Chair)	M.Cominos	