

DCF – UPPER GI

Indication	First line palliative chemotherapy for gastric/gastro-oesophageal junction cancer in HER2 negative patients with a contraindication to anthracyclines
Treatment Intent	Palliative
Frequency and number of cycles	Every 3 weeks 6-8 cycles
Monitoring parameters pre-treatment	<ul style="list-style-type: none"> • For central administration only. • C+G should be used to measure renal function. Must be ≥ 40ml/min. If CrCl 40-60 ml/min consider dose reduction of cisplatin • In liver impairment a dose reduction of docetaxel may be considered dependent on PS (see SPC docetaxel) • If neut ≤ 1.5 and/or PLT ≤ 100 d/w consultant • Monitor LFT's, U&E's and FBC at each cycle • Consider dose reduction if grade 3 or 4 non-haematological toxicity OR repeat appearance of grade 2 (except N&V and alopecia) OR tinnitus • Ensure dexamethasone pre-medication (8mg bd for 3 days starting the day before chemotherapy) is prescribed and given to the patient at new patient chat. Ensure dexamethasone pre-med has been taken prior to starting chemotherapy.
Reference(s)	K& M SACT proforma UGI-037 v2 Jan 14 Aria reference DCF (UGI) v1.0 Approved 23 rd May 2016

NB For funding information, refer to the SACT funding spreadsheet

Day	Drug	Dose	Route	Infusion Duration	Administration Details
1	Sodium Chloride 0.9%	1000ml	IV	2 hrs	+ 20mmol KCL + 10mmol Mg ²⁺⁺
	Mannitol 10%	200mls	IV	15 min	
	Ondansetron	<75yrs 16mg ≥ 75 yrs 8mg	IV	15 min	Sodium Chloride 0.9% 50ml
	DOCETAXEL	(75mg/m²)	IV	1 hour	In 250mls Sodium chloride 0.9%
	CISPLATIN	(60mg/m²)	IV	2 hrs	In 1000ml Sodium Chloride 0.9%
	Furosemide	40mg	IV/ po		If urine output <100ml/hr or weight gain >1kg
	Sodium Chloride 0.9%	1000ml	IV	2 hrs	+ 20mmol KCL + 10mmol Mg ²⁺⁺
	Sodium Chloride	500ml	IV	1 hour	Or 500ml water orally (discretionary)
	*(Furosemide)	40mg	IV/ po	* ONLY IF REQ'D	If patient remains in a 2L positive balance
Days 1-5	5-FLUOROURACIL (prescribe for total of 5 days)	(750mg/m²/day)	IV	120 hr pump	By continuous infusion pump

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Version	3	Written by	S Wade
Supersedes version	Version 2 of K&M SACT proforma	Checked by	C Waters / E Parry
Date	14/08/2017	Authorising Oncologist (usually NOG Chair)	T Sevitt

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TTO	Drug	Dose	Route	Directions
1 Dispense on cycle 1 only. From cycle 2 onwards, to be prescribed as appropriate	Dexamethasone tablets/liquid	8mg	po	bd for 3 days, starting day before next cycle of chemotherapy
	Metoclopramide tablets/liquid	10mg	po	up to 3 times a day then 10mg up to 3 times a day as required
	Ondansetron tablets/liquid	8mg	po	bd for 5 days (start evening of day 1)
	Filgrastim	300 micrograms or consider dose of 480 micrograms if patient > 80kg	sc	od starting on day 2 for 5 days
	RESCUE PACK Drug	Dose	Route	Directions
	Loperamide	2-4mg	po	take TWO (ie 4mg) after first loose stool, then ONE (2mg) after each loose stool when required (Maximum 16mg per day)
	Chlorhexidine Mouthwash	10-15mls		Use as directed as required after meals
	Difflam Mouthwash	15ml		Use as directed as required before meals
	Prochlorperazine (Buccastem®)	3mg	Buccal	1-2 tablets to be placed high between the upper lip and gum and left to dissolve twice daily when required

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