Indication	Pancreatic cancer
Treatment Intent	Palliative: 1st line.
Frequency and number of cycles	Repeat every 14 days for the maximum of 12 cycles.
Monitoring Parameters pre-treatment	• Monitor FBC, LFTs and U&Es at each cycle. • ECG baseline and during treatment as clinically indicated. • **Cardiotoxicity:** caution in patients with prior history of coronary heart disease, arrhythmias and angina pectoris. • DPD testing: DPD testing must be undertaken in all patients before starting treatment; the result must be checked before treatment is started. • If neuts 1.0-1.4 and/ or Plts 75-100 d/w consultant. If neuts <1.0 or PLT <75 delay one week. • **Renal Impairment:** D/w consultant. Consider dose reduction of oxaliplatin if GFR (C+G) <50ml/min. • **Hepatic impairment:** D/w consultant. Consider dose reduction of irinotecan if bilirubin > 26µmol/L. • **<u>Dose reductions</u>** o Refer to page 2 of 3 for oxaliplatin induced neuropathy guidance. o Dose reduction should be considered if any other 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 o Dose reduction of irinotecan to 150mg/m² may be considered at clinicians' discretion. • **<u>Common drug interactions: (for comprehensive list refer to BNF/SPC)</u>** o Concomitant administration of irinotecan with a strong inhibitor (e.g. ketoconazole) or inducer (e.g. rifampicin, carbamazepine, phenobarbital, phenytoin, St John's Wort) of CYP3A4 should be avoided. • Patients with persistent diarrhoea for >/= 24hrs should have a FBC and if neutropenic start a broad spectrum antibiotic in line with Trust antibiotic policy. • Irinotecan can cause dizziness and visual disturbance; patients should be advised to avoid driving or operating machinery if affected.
References	KMCC UGI-039v4 protocol NEJM 2018;379;2395-406. DOI:10.1056/NEJMoa1809775 SPC accessed on line 08/07/19

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

Guidance on the assessment and management of oxaliplatin induced neuropathy

Introduction

- Symptoms of sensory or functional neuropathy may include tingling or numbness which may persist to the next pre-chemotherapy assessment.
- This guidance is for patients receiving treatment outside the context of a clinical trial. For patients being treated within a clinical trial setting, follow trial protocol (using assessment below as far as possible).
- Do not assess oxaliplatin induced neuropathy using CTC toxicity criteria.
- Dysaesthesia in the jaw is an unpleasant sensation and/or pain in the jaw.
- Laryngopharyngeal spasm is a sensation of difficulty in swallowing / breathing.

Assessment and action

Normal occurrence / Caution	**Symptoms**	**Action at nurse assessment**	**Consultant review required / Action by consultant**
Normal occurrence with oxaliplatin	Dysaesthesia (tingling in hands and feet) occurring with and up to 72 hours after infusion	No action required.	
	Dysaesthesia in the jaw (during infusion) and cold induced laryngopharyngeal spasm up to 48 hrs after infusion.	Advise patients to avoid cold drinks / cold weather. Consider administering next oxaliplatin infusion over 6 hours (SmPC).	
First caution / warning sign	Tingling persisting beyond 72 hours or painful cold-induced neuropathy	d/w consultant or clinicians authorised to prescribe chemotherapy Close monitoring at each subsequent cycle. Ask the following specific questions at each nursing assessment:	
		1) Is the dysaesthesia (during the infusion) and / or cold induced laryngopharyngeal spasm more severe? 2) Has the tingling continued for longer than during the previous cycle and / or is tingling still present when next cycle is due?	1) If yes, consultant review required. For consideration of DR at next cycle or omission of oxaliplatin. 2) If yes, consultant review required, for consideration of DR at next cycle or omission of oxaliplatin
Serious caution	Numbness in hands or feet	Must be reviewed by a consultant	Consider DR or omission of oxaliplatin. Repeat consultant review before next cycle
	Severe excitability channel neuropathy during infusion (very rare) seen as severe pain and numbness on infusion	Must be reviewed by a consultant	Consider adding calcium and magnesium infusion. Consider DR or omission of oxaliplatin. Repeat consultant review before next cycle
Other cautions	A cumulative dose of 700-800mg/m^2 oxaliplatin has been reached	Must be reviewed by a consultant	
	All patients restarting oxaliplatin based chemotherapy after a break in treatment (this may be due to an intervention such as rectal cancer patients having surgery)	Must be reviewed by a consultant to assess for delayed onset neuropathy	

Repeat every 14 days

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Aprepitant	125mg	PO		Take one 125mg capsule one hour prior to chemo on Day 1
	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15 min	Sodium chloride 0.9% 50ml
	Dexamethasone	8mg	PO		
	Flush with 5% glucose before and after oxaliplatin administration				
	OXALIPLATIN	**85mg/m²**	IV	2-6hrs	250-500ml 5% glucose (to give a concentration between 0.2 mg/ml and 0.70 mg/ml)
	Atropine	0.25mg	SC	bolus	if required for acute cholinergic syndrome.
	CALCIUM FOLINATE	**400mg/m²**	IV	2 hrs	Sodium chloride 0.9% 250ml
	IRINOTECAN	**180mg/m²** **See notes above**	IV	90 min	**To be started 30 mins after the start of calcium folinate. Can be run with calcium folinate.** Sodium chloride 0.9% 250ml
	5-FLUOROURACIL	**2400mg/m²/over 46 hrs**	IV	46 hours	Continuous infusion via pump

TTO	Drug	Dose	Route	Directions
1	Loperamide	2mg	PO	Take TWO capsules (4mg) after first loose stool then ONE capsule (2mg) every 2 hours for at least 12 hours or until 12 hours after last loose stool (max. 48 hrs)
	Dioralyte sachet	1 sachet	PO	after each loose motion
	Dexamethasone	6mg	PO	OM for 3 days with or after food
	Metoclopramide	10mg	PO	TDS for 3 days and then up to TDS PRN. Do not take for more than 5 days continuously.
	Aprepitant	80mg	PO	Take one 80mg capsule each morning on day 2 and day 3 only
	Filgrastim	300 micrograms or consider dose of 480 micrograms if patient > 80kg	SC	OD starting on day 4 for 5 days