Indication	Peri-operative and adjuvant treatment of resectable gastric or gastro-oesophageal junction adenocarcinoma. Suitable for fit patients only, with PS 0 - 1 Adjuvant treatment for adenocarcinoma of the lower oesophagus.
Treatment Intent	Neo-adjuvant / adjuvant treatment
Frequency and number of cycles	Peri-operative: Every 14 days for 4 cycles before surgery and 4 cycles after surgery Adjuvant: Every 14 days for 8 cycles.
Monitoring parameters pre-treatment	• Monitor FBC, U&Es and LFT's at each cycle. • ECG prior to Cycle 1. • If neuts >/= 1.5 and PLT >/=100 continue with treatment. If neuts <1.5 or Plts <100 delay one week. • **DPD testing:** DPD testing must be undertaken in all patients before starting treatment; the result must be checked before treatment is started. • **Hepatic and Renal Impairment:** d/w consultant. o **Docetaxel:** Consider dose reduction of docetaxel in liver impairment. Docetaxel not recommended in severe hepatic impairment (serum bilirubin > ULN and/or ALT/ AST > 3.5 times the ULN associated with alkaline phosphatase > 6 times the ULN). o **5-Fluorouracil** consider reducing dose in moderate or severe hepatic impairment. o **Oxaliplatin:** If GFR is 30-50ml/min monitor renal function and consider dose reduction of oxaliplatin if toxicity. Omit oxaliplatin if CrCl <30ml/min. • **Ensure dexamethasone pre-medication is prescribed and given to the patient at new patient chat.** • **Oxaliplatin** • Reference should be made to 'Guidance on the Assessment and Management of Oxaliplatin Induced Neuropathy' available at: http://www.kentmedwaycancerguide.nhs.uk/medicines-and-prescribing-incorporating-sact-pathways/sact-pathways-guidelines-for-the-management-of-sact-induced-adverse-reactions-and-nursing/ • 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 • Docetaxel hypersensitivity: Patients who have developed severe hypersensitivity reactions should not be re-challenged with docetaxel. • **Common drug interactions (for comprehensive list refer to BNF/SPC):** o **Oxaliplatin:** ➢ Caution is advised when oxaliplatin treatment is co-administered with other medicinal products known to cause QT interval prolongation. In case of combination with such medicinal products, the QT interval should be closely monitored. ➢ Caution is advised when oxaliplatin treatment is administered concomitantly with other medicinal products known to be associated with rhabdomyolysis.

	○ **Docetaxel:** ➢ Concomitant use with medicines which induce, inhibit or are metabolised by cytochrome P450-3A (e.g. ciclosporin, ketoconazole and erythromycin) may affect levels of docetaxel, use with caution. ➢ Avoid concomitant use with strong CYP3A4 inhibitors (e.g. ketoconazole, itraconazole, clarithromycin and ritonavir), if treatment cannot be avoided consider dose reduction of docetaxel and monitor patient closely for signs of toxicity.
Reference(s)	KMCC protocol UGI-058 V2

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

Repeat every 14 days

Day	Drug	Dose	Route	Infusion Duration	Administration Details	
1	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15 min	NaCl 0.9% 50ml	
	DOCETAXEL	**50mg/m²**	IV	1 hr	Sodium Chloride 0.9% 250ml	
	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)	**Can be run concurrently**
	CALCIUM FOLINATE (calcium leucovorin)	**200mg/m²**	IV	2 hrs	Glucose 5% 250ml	
	5-FLUOROURACIL	**2600mg/m²**	IV	**24 hr pump**	continuous infusion	
TTO	Drug	Dose	Route	Directions		
	Dexamethasone	8mg	PO	BD for 3 days starting one day prior to next cycle of chemotherapy		
	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.		
	Filgrastim	300 micrograms **or consider dose of 480 micrograms if patient > 80kg**	SUB CUT	OD starting on day 4 for 5 days		