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| **Indication** | Oesophageal / gastro-oesophageal cancer |
| **Treatment Intent** | Radical |
| **Frequency and number of cycles** | Repeat every 7 days for 5 weeks only. |
| **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.<br>• EDTA should be used to measure GFR prior to cycle 1. C+G may be used to estimate CrCl if there is a delay in obtaining EDTA result.<br>• Monitor U+Es, LFTs and FBC at each cycle. If CrCl falls by >25% repeat EDTA.<br>• If Hb <120g/l d/w consultant.<br>• If neuts <1.5 and/or PLT <100 d/w consultant<br>• **Hepatic impairment:**<br>o Carboplatin: No dose adjustment required.<br>o Paclitaxel: If bilirubin < 1.25 x ULN and transaminase < 10 x ULN, dose at full dose. Otherwise consider dose reduction, not recommended in severe hepatic impairment.<br>• **Renal impairment:**<br>o Carboplatin: stop if CrCl<30ml/min<br>o Paclitaxel: no dose reduction necessary.<br>• **Infusion-related reactions:**<br>o Patients developing hypersensitivity reactions to paclitaxel may be rechallenged with full dose paclitaxel following prophylactic medication (e.g. famotidine 40mg po given 4 hours prior to treatment plus hydrocortisone 100mg iv and chlorphenamine 10mg iv 30 minutes prior to treatment, then give paclitaxel over 3-6 hours (i.e. starting at over 6 hours and gradually increase rate if possible).<br>o If patients experience no hypersensitivity reactions after the first two doses of paclitaxel, remove pre-medication with dexamethasone, chlorphenamine from dose 3 onwards.<br>o Carboplatin: Mild/moderate reactions (grade 1-2): If symptoms resolve after treatment with hydrocortisone and chlorphenamine, the infusion may be restarted at 50% rate for 30 mins, then, if no further reaction, increase to 100% rate.<br>o If symptoms do not resolve after treatment with hydrocortisone and chlorphenamine, do not restart the infusion. At consultant's discretion, patients may be rechallenged at a later date with additional prophylaxis. In the event of further reaction (grade 1-3), stop infusion and consider alternative treatment.<br>o Severe (grade 3): Do not restart infusion. Consider alternative treatment.<br>o Anaphylaxis (grade 4): Follow anaphylaxis protocol. Discontinue permanently and consider alternative treatment.<br>• **Dose Modification:**<br>• **Paclitaxel:** Dose reduce Paclitaxel by 20% in the event of >/= grade 2 neuropathy and consider delay until recovery to </= grade 1.<br>• Consider omitting paclitaxel in event of recurrent grade >/= 3 neuropathy OR recurrent or persistent >/= grade 2 neuropathy following a dose reduction.<br>• Dose reduction of carboplatin and paclitaxel 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. |

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| | • **<u>Common drug interactions (for comprehensive list refer to BNF/SPC)</u>:**<br>○ Paclitaxel: Caution should be exercised when administering paclitaxel concomitantly with medicines known to inhibit either CYP2C8 or CYP3A4 (e.g. ketoconazole, erythromycin, fluoxetine, clopidogrel, cimetidine, ritonavir and nelfinavir); toxicity may be increased. CYP2C8 or CYP3A4 inducers (e.g. rifampicin, carbamazepine, phenytoin, efavirenz, nevirapine) may reduce efficacy.<br>○ Carboplatin: Caution with other nephrotoxic drugs. |
| **References** | KMCC proforma UGI-036 V3 ARIA regimen UGI-036 |

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

**Repeat every 7 days**

| Day | Drug | Dose | Route | Infusion Duration | Administration |
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| 1 | **Give pre-meds 30 minutes prior to paclitaxel** | | | | |
| | Dexamethasone | 8mg* | IV | Bolus | |
| | Chlorphenamine | 10mg | IV | Slow bolus | Through the side of a fast running Sodium Chloride 0.9% intravenous infusion. |
| | Ondansetron | <75yrs 16mg<br>≥75yrs 8mg | IV | 15 min | Sodium chloride 0.9% 50ml |
| | * may be reduced to 4mg in subsequent cycles | | | | |
| | **PACLITAXEL** | **50mg/m²** | IV | 1 hr | In 250ml Sodium Chloride 0.9% (if dose <75mg in 100ml Sodium Chloride 0.9%)<br>Use non-PVC bag and non-PVC administration set via in-line 0.22 microns filter.<br><br>Flush with sodium chloride 0.9% |
| | **CARBOPLATIN**<br>**Dose = (GFR + 25) x AUC** | **AUC 2**<br>**Max dose 300mg** | IV | 30 mins | Glucose 5% 500ml |
| TTO | Drug | Dose | Route | Directions | |
| | Dexamethasone | 6mg | PO | OM for 3 days | |
| | Metoclopramide | 10mg | PO | Take 10mg THREE times a day for 3 days then take 10mg up to THREE times a day when required. | |