Indication	For the treatment of adenocarcinoma, undifferentiated cancer or squamous cell carcinoma of the oesophagus.
Treatment Intent	Radical
Frequency and number of cycles	2 cycles of primary chemotherapy given every 21 days, followed by 2 x 21 day cycles of chemotherapy given concurrently with radiotherapy (50Gy/25 fractions). *NB close monitoring towards the end of radiotherapy is required, if necessary 5-fluorouracil may be discontinued on completion of radiotherapy.
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. • **Cardiotoxicity:** o Caution in patients with prior history of coronary heart disease, arrhythmias and angina pectoris. o ECG baseline and during treatment as clinically indicated. • EDTA should be used to measure GFR prior to cycle 1or 2. • C+G may be used to estimate CrCl if delay in obtaining EDTA result. • **Monitor FBC, LFT's and U&Es** prior to start of treatment, at each cycle and weekly FBC during chemoradiotherapy (cycles 3 and 4). o Prior to the start of treatment neuts >/=1.5 and PLT >/=100. o During treatment: o If neuts 1 - <1.5 and PLT 75-99 discuss with consultant. o If neuts 0.5 - <1 or PLT 50 - <75 or any episode of neutropenic sepsis during the previous cycle stop chemotherapy until recovery. Restart with 25% dose reduction of 5FU and carboplatin. o If neuts <0.5 and/or PLT <50 stop chemotherapy until recovery. Restart with 50% dose reduction of 5FU and carboplatin. o Given that this is potentially curative treatment, consider the use of GCSF in the management of neutropenia. • **Hepatic impairment:** o Carboplatin – no dose adjustment required. o 5FU - Caution is advised, dose reduction may be required. In moderate hepatic impairment consider reducing the dose by 30% and for severe impairment by 50%. If the bilirubin is >85umol/L and / or AST >180 fluorouracil is contra-indicated. • **Renal impairment:** o If CrCl <30ml/min stop platinum. o 5FU - caution is advised, dose reduction may be required in severe renal impairment. • **Infusion-related reactions:** 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. 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.

	Severe (grade 3): Do not restart infusion. Consider alternative treatment. Anaphylaxis (grade 4): Follow anaphylaxis protocol. Discontinue permanently and consider alternative treatment. • **Dose Modification:** • 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. • **<u>Common drug interactions (for comprehensive list refer to BNF/SPC)</u>:** ○ **Carboplatin:** Caution when used concurrently with other nephrotoxic or ototoxic drugs. ○ **5-FU:** Monitor phenytoin levels with concomitant use. If used concomitantly with warfarin monitor INR and prothrombin time closely. 5FU must not be given with concurrent sorivudine or derivatives (e.g. brivudine), see SPC. Caution with folinic acid or folic acid – potential for increased 5FU toxicity.
References	KMCC proforma UGI-008 V5 and UGI-071 draft protocol. UGI NOG 22.11.2022. SCOPE 2 trial protocol V8

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

Cycle 1-4: 21-day cycle (cycle 3 and 4 current with radiotherapy)

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Ondansetron	<75yrs 16mg >/=75yrs 8mg	IV	15 min	Sodium Chloride 0.9% 50ml
	Dexamethasone	8mg	PO		
	CARBOPLATIN AUC=5	**(GFR + 25) x AUC Max dose 700mg**	IV	30 min	Glucose 5% 500ml
	5-FLUOROURACIL prescribe for a total of 7 days	**200mg/m^2/ day i.e. 1400mg/m^2/7 days**	IV	7 days	Continuous infusion pump
8	**5-FLUOROURACIL** prescribe for a total of 7 days	**200mg/m^2/ day i.e. 1400mg/m^2/7 days**	IV	7 days	Continuous infusion pump
15	**5-FLUOROURACIL*** prescribe for a total of 7 days	**200mg/m^2/ day i.e. 1400mg/m^2/7 days**	IV	7 days	Continuous infusion pump
TTO	Drug	Dose	Route	Directions	
Day 1	Dexamethasone	6mg	PO	OM for 3 days starting day after chemotherapy.	
	Metoclopramide	10mg	PO	10mg TDS for 3 days, then 10mg TDS PRN. Do not take for more than 5 days continuously.	

***NB close monitoring towards the end of radiotherapy is required, if necessary 5-fluorouracil may be discontinued on completion of radiotherapy.**