Indication	Head and neck: Malignant salivary gland tumours
Treatment Intent	Palliative
Frequency and number of cycles	Every 21 days for 6 cycles
Monitoring Parameters pre-treatment	• ECG must be checked prior to cycle 1. • C+G should be used to measure CrCl prior to cycle 1 • If CrCl <60ml/min then obtain EDTA result. • If GFR 30-59ml/min consider dose reduction of cisplatin or substitute with carboplatin, if GFR <30ml/min stop platinum. • Monitor LFT's and serum creatinine at each cycle. • Day 1 If neuts 1.0-1.4 and Plts ≥100 d/w consultant. If neuts <1.0 or Plts <100 delay epirubicin and cisplatin one week • Day 8 + 15 continue 5FU provided neuts ≥0.5 and PLT ≥75. • 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 • Consider audiology test for hearing impaired patients and monitor all patients for ototoxicity throughout treatment. • **DPD testing:** DPD testing must be undertaken in all patients before starting treatment; the result must be checked before treatment is started. • **Cardiotoxicity:** Caution in patients with prior history of coronary heart disease, arrhythmias and angina pectoris. • Maximum recommended cumulative dose epirubicin 900mg/m2. • **Drug interactions (for comprehensive list refer to BNF/SPC):** • Caution, ciclosporin increases concentration of epirubicin. • In patients receiving cisplatin and phenytoin, the serum level of phenytoin might be reduced, monitor phenytoin levels with concomitant use.
References	KMCC protocol MULTI-011 v1 SPC epirubicin accessed online 17.06.21 SPC cisplatin accessed online 17.06.21

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

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration
Day 1	Sodium chloride 0.9%	1000ml	IV	2 hours	+ 20mmol KCL + 10mmol $Mg^{2}+$
	Mannitol 10%	200ml	IV	15 min	
	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15 min	Sodium Chloride 0.9% 50ml
	Dexamethasone	8mg	PO		
	EPIRUBICIN	**50mg/m^2**	IV	3 min	through the side of a fast running 0.9% Sodium chloride intravenous infusion
	CISPLATIN	**60mg/m^2**	IV	2 hours	In 1000ml Sodium chloride 0.9%
	Furosemide	40mg	IV/PO	bolus	Only if urine output <100ml/hour or weight gain >1kg
	Sodium Chloride 0.9%	1000ml	IV	2 hours	+ 20mmol KCL + 10mmol $Mg^{2}+$
	Sodium Chloride 0.9%	500ml	IV	1 hour	or 500ml water, orally
	*(Furosemide)	40mg	IV/PO	***only if required**	If patient remains in a 2L positive balance
	5-FLUOROURACIL prescribe for a total of 7 days	**200mg/m^2/ day ie 1400mg/m^2/7 days**	IV	7 days	Continuous infusion pump
Day 8	**5-FLUOROURACIL** prescribe for a total of 7 days	**200mg/m^2/ day ie 1400mg/m^2/7 days**	IV	7 days	Continuous infusion pump
Day 15	**5-FLUOROURACIL** prescribe for a total of 7 days	**200mg/m^2/ day ie 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
	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.