Indication	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. • EDTA should be used to measure GFR prior to cycle 1 or 2. • C+G may be used to estimate CrCl if there is a delay in obtaining EDTA result. If CrCl <30ml/min stop platinum. • Monitor LFTs and serum creatinine at each cycle. • If CrCl <50ml/min dose reduce capecitabine (see SPC). • If neuts 1.0-1.4 and PLT ≥100 d/w consultant. If neuts <1.0 or Plts <100 delay one week • 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. • **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. • **Skin reactions:** Capecitabine can induce severe skin reactions such as Stevens-Johnson syndrome and Toxic Epidermal Necrolysis. Patients should be informed of the possibility of such reactions and informed to seek urgent medical advice should any symptoms of a severe skin reaction occur. Treatment should be permanently discontinued in affected patients. • **Drug interactions (for comprehensive list refer to BNF/SPC):** ○ **Capecitabine** must not be given with concurrent sorivudine or derivatives (e.g brivudine), see SPC. Monitor PT and INR regularly in patients taking coumarin-derivative anticoagulants. Monitor phenytoin levels with concomitant use. Caution with folinic acid or folic acid – potential for increased toxicity. Avoid concomitant allopurinol. ○ Caution, ciclosporin increases concentration of epirubicin. ○ Carboplatin: Caution with other nephrotoxic drugs. • For oral self-administration: refer to local Trust policy on oral anti-cancer medicines and supply Patient Information Leaflet.
References	SPCs for epirubicin and capecitabine accessed online 17.06.21 KMCC SACT protocol MULTI-012 v1

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

Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Dexamethasone	8mg	PO		
	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15 min	Sodium Chloride 0.9% 50ml
	EPIRUBICIN	**50mg/m^2**	IV	Slow bolus	Through the side of a fast running Sodium Chloride 0.9% intravenous infusion
	CARBOPLATIN	**(AUC=5)** **Dose = (GFR + 25) x AUC 5**	IV	30 min	In Glucose 5% 500ml
TTO	Drug	Dose	Route	Directions	
	CAPECITABINE	**1250mg/m^2/day** In 2 divided doses	PO	**Continuous for 21 days**, take within 30 mins after food and approximately every 12 hours. **available as 500mg & 150mg**	
	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 when required. Do not take for more than 5 days continuously.	