

<b>Indication</b>	Malignant salivary gland tumours
<b>Treatment Intent</b>	Palliative
<b>Frequency and number of cycles</b>	Every 21 days for 6 cycles
<b>Monitoring Parameters pre-treatment</b>	<ul style="list-style-type: none"> <li>• ECG should be checked prior to cycle 1.</li> <li>• EDTA should be used to measure GFR prior to cycle 1 or 2. If CrCl &lt;30ml/min stop platinum.</li> <li>• C+G may be used to estimate CrCl if delay in obtaining EDTA result.</li> <li>• Monitor LFTs and Serum Creatinine at each cycle.</li> <li>• <u>Day 1</u> If neuts 1.0-1.4 and PLT <math>\geq</math>100 d/w consultant. If neuts &lt;1.0 or Plts &lt;100 delay epirubicin and carboplatin one week.</li> <li>• <u>Day 8 and 15</u> continue 5FU provided neuts <math>\geq</math>0.5 and PLT <math>\geq</math>75.</li> <li>• Dose reduction should be considered if grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2 (except N&amp;V and alopecia). Delay until resolution of toxicity to <math>\leq</math> grade 1.</li> <li>• <b>DPD testing:</b> DPD testing must be undertaken in all patients before starting treatment; the result must be checked before treatment is started.</li> <li>• <b>Cardiotoxicity:</b> Caution in patients with prior history of coronary heart disease, arrhythmias and angina pectoris.</li> <li>• Maximum recommended cumulative dose epirubicin 900mg/m2.</li> <li>• <b>Drug interactions (for comprehensive list refer to BNF/SPC):</b></li> <li>• Caution, ciclosporin increases concentration of epirubicin.</li> <li>• Carboplatin: Caution with other nephrotoxic drugs.</li> </ul>
<b>References</b>	KMCC Protocol MULTI-013 v1 SPCs for epirubicin accessed online 17.06.21

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

Protocol No	MULTI-013	Kent and Medway SACT Protocol Disclaimer: No responsibility will be accepted for the accuracy of this information when used elsewhere.	
Version	V2	Written by	M.Archer
Supersedes version	V1	Checked by	C.Waters B.Willis
Date	24.06.21	Authorising consultant (usually NOG Chair)	K.Nathan

**Repeat every 21 days**

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15 min	Sodium Chloride 0.9% 50ml
	Dexamethasone	8mg	PO		
	<b>EPIRUBICIN</b>	<b>50mg/m<sup>2</sup></b>	IV	3 min	Through the side of a fast running Sodium chloride 0.9% intravenous infusion
	<b>CARBOPLATIN</b>	<b>AUC = 5 Dose = AUC x (EDTA +25)</b>	IV	30 min	In 500ml Glucose 5%
	<b>5-FLUOROURACIL</b> Prescribe for a total of 7 days	<b>200mg/m<sup>2</sup>/day ie 1400mg/m<sup>2</sup>/7 days</b>	IV	7 days	continuous infusion pump
8	<b>5-FLUOROURACIL</b> Prescribe for a total of 7 days	<b>200mg/m<sup>2</sup>/day ie 1400mg/m<sup>2</sup>/7 days</b>	IV	7 days	continuous infusion pump
15	<b>5-FLUOROURACIL</b> Prescribe for a total of 7 days	<b>200mg/m<sup>2</sup>/day ie 1400mg/m<sup>2</sup>/7 days</b>	IV	7 days	continuous infusion pump
<b>TTO</b>	<b>Drug</b>	<b>Dose</b>	<b>Route</b>	<b>Directions</b>	
	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.	

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