Indication	Upper GI
Treatment Intent	Neo-adjuvant Peri-operative Adjuvant Palliative
Frequency and number of cycles	Repeat every 21 days Neo-adjuvant: 3 cycles Peri-operative: 3 cycles pre-operative and 3 post-operative Adjuvant: 6 cycles Palliative: 6-8 cycles
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. • **ECG** baseline and during treatment as clinically indicated. • **Cardiotoxicity:** caution in patients with prior history of coronary heart disease, arrhythmias and angina pectoris. • Consider audiology test for hearing impaired patients and monitor all patients for ototoxicity throughout treatment. • **Renal impairment:** C+G should be used to measure CrCl prior to cycle 1. • If CrCl <60ml/min then obtain EDTA result. • If CrCl 45-59ml/min consider dose reduction of cisplatin. • If CrCl <45ml/min consider carboplatin. If CrCl <30ml/min stop platinum. • If CrCl < 50 ml/min dose reduce capecitabine (see SPC). • Capecitabine is contraindicated if CrCl <30ml/min. • **Hepatic Impairment:** no recommended dose adjustment in hepatic impairment. • Monitor LFT's and U&Es at each cycle. • If neuts 1.0-1.4 and PLT >/=100 d/w consultant. If neuts <1.0 or PLT <100 delay one week • **Dose Modification:** Interrupt capecitabine in the event of >/= grade 2 non-haematological toxicity (with the exception of side effects such as alopecia, alteration in taste etc, considered to be not serious) until resolution of toxicity to grade 0-1. 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. • **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:** • **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. • **Cisplatin**: Caution when used concurrently with other nephrotoxic or ototoxic drugs**.**

	• Monitor phenytoin levels with concomitant use. • Capecitabine may cause dizziness, fatigue and nausea. Patients should be aware this may affect their ability to drive or operate machinery. • For oral self-administration: refer to local Trust policy on oral anti-cancer medicines and supply Patient Information Leaflet and Macmillan information sheet.
References	KMCC proforma UGI-006 V5

NB For funding information, refer to 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		
	CISPLATIN	**60mg/m²**	IV	2 hours	In 1000ml Sodium chloride 0.9%
	Furosemide	40mg	IV/PO		If urine output <100ml/hr 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
TTO	Drug	Dose	Route	Directions	
	CAPECITABINE	**1250mg/m²/day** In 2 divided doses	PO	**Days 1 to 21** continuously (the 1st dose will be taken as the evening dose on day 1 and the last dose is taken the morning of day 22). Take within 30 min after food and approximately every 12 hrs. available as 150mg and 500mg tablets	
	Dexamethasone	6mg	PO	OM for 3 days	
	Metoclopramide	10mg	PO	10mg TDS for 3 days and then 10mg up to 3 times a day as required. Do not take for more than 5 days continuously.	