Indication	Upper GI
Treatment Intent	Neo adjuvant Peri-operative Adjuvant Palliative
Frequency and number of cycles	Every 21 days Neo-adjuvant: 3 cycles Peri-operative: 3 cycles pre-surgery and 3 cycles post-surgery 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. • **Cardiotoxicity:** • Caution in patients with prior history of coronary heart disease, arrhythmias and angina pectoris. • ECG baseline and during treatment as clinically indicated. • EDTA should be used to measure GFR prior to cycle 1 or 2. • C+G may be used to estimate CrCl if delay in obtaining EDTA result. • **Blood parameters and monitoring:** • Monitor FBC, LFT's and U&Es at each cycle. • **Day 1** If neuts 1.0-1.4 and PLT >/= 100 d/w consultant. If neuts <1.0 or Plts <100 delay one week. • **Renal impairment:** • Regimen contraindicated if CrCl <30ml/min. • If CrCl < 50 ml/min, d/w consultant and consider dose reduction of capecitabine (see SPC). • **Hepatic Impairment:** no recommended dose adjustment in hepatic impairment. • **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 (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 when used concurrently with other nephrotoxic or ototoxic drugs. • **Driving and operating machinery:** 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 SACT proforma V4.1

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	15min	Sodium Chloride 0.9% 50ml
	CARBOPLATIN (AUC= 5)	**DOSE = AUC x (GFR + 25) Dose capped at 700mg**	IV	30min	In Glucose 5% 500ml
TTO	**Drug**	**Dose**	**Route**	**Directions**	
	CAPECITABINE	**1250mg/m^2/day** In 2 divided doses	PO	**Continuously for 21 days.** **(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 mins after food and approximately every 12 hours. Available as 500mg and 150mg 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.	