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 and 3 cycles post Adjuvant 6 cycles Palliative treatment 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. • EDTA should be used to measure GFR prior to cycle 1or 2. • C+G may be used to estimate CrCl if delay in obtaining EDTA result. • Monitor FBC, LFT's and serum creatinine 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 treatment one week. • **Day 8 & 15** continue 5FU provided neuts >/=0.5 and PLT >/=75 • **Hepatic impairment:** o Carboplatin – no dose adjustment required. o 5FU – caution is advised, dose reduction may be required. In moderate hepatic impairment consider reducing the dose by 30% and for severe impairment by 50%. If the bilirubin is >85umol/L and / or AST >180 fluorouracil is contra-indicated. • **Renal impairment:** o If CrCl <30ml/min stop platinum. o 5FU - caution is advised, dose reduction may be required in severe renal impairment. • **Infusion-related reactions:** o **Carboplatin:** Mild/moderate reactions (grade 1-2): If symptoms resolve after treatment with hydrocortisone and chlorphenamine, the infusion may be restarted at 50% rate for 30 mins, then, if no further reaction, increase to 100% rate. If symptoms do not resolve after treatment with hydrocortisone and chlorphenamine, do not restart the infusion. At consultant's discretion, patients may be rechallenged at a later date with additional prophylaxis. In the event of further reaction (grade 1-3), stop infusion and consider alternative treatment. Severe (grade 3): Do not restart infusion. Consider alternative treatment. Anaphylaxis (grade 4): Follow anaphylaxis protocol. Discontinue permanently and consider alternative treatment. • **Management of adverse reactions and dose adjustments:** • 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.

	• **<u>Common drug interactions (for comprehensive list refer to BNF/SPC)</u>:** In patients receiving phenytoin, levels may be affected. ○ **Carboplatin:** Caution when used concurrently with other nephrotoxic or ototoxic drugs. ○ **5-FU:** If used concomitantly with warfarin monitor INR and prothrombin time closely. Caution with folinic acid or folic acid – potential for increased 5FU toxicity. 5FU must not be given with concurrent sorivudine or derivatives (e.g. brivudine), see SPC.
References	KMCC proforma UGI-008 V5

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

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		
	CARBOPLATIN AUC=5	**DOSE = (GFR + 25) x AUC Max dose 700mg**	IV	30 min	Glucose 5% 500ml
	5-FLUOROURACIL prescribe for a total of 7 days	**300mg/m^2/ day i.e. 2100mg/m^2/7 days**	IV	7 days	Continuous infusion pump
8	**5-FLUOROURACIL** prescribe for a total of 7 days	**300mg/m^2/ day i.e. 2100mg/m^2/7 days**	IV	7 days	Continuous infusion pump
15	**5-FLUOROURACIL** prescribe for a total of 7 days	**300mg/m^2/ day i.e. 2100mg/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	10mg TDS for 3 days, then 10mg up to TDS PRN. Do not take for more than 5 days continuously.	