Indication	For the treatment of adenocarcinoma, undifferentiated cancer or squamous cell carcinoma of the oesophagus.
Treatment Intent	Radical
Frequency and number of cycles	2 cycles of primary chemotherapy given every 21 days, followed by 2 x 21 day cycles of chemotherapy given concurrently with radiotherapy (50Gy/25 fractions). *NB close monitoring towards the end of radiotherapy is required, if necessary 5-fluorouracil may be discontinued on completion of radiotherapy.
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. • Consider **audiology** test for hearing impaired patients and monitor all patients for ototoxicity throughout treatment. • **Cardiotoxicity:** caution in patients with prior history of coronary heart disease, arrhythmias and angina pectoris. • **ECG** baseline and during treatment as clinically indicated. • **Hepatic impairment:** • Fluorouracil - 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:** • 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. • Fluorouracil - caution is advised, dose reduction may be required in severe renal impairment. • **Monitor FBC, LFT's and U&Es** prior to start of treatment, at each cycle and weekly FBC during chemoradiotherapy (cycles 3 and 4). o Prior to the start of treatment neuts >/=1.5 and PLT >/=100. o During treatment: o If neuts >/=1 and PLT >/=75 continue with treatment. o If neuts 0.5 - <1 or PLT 50 - <75 or any episode of neutropenic sepsis during the previous cycle Stop chemotherapy until recovery. Restart with 25% dose reduction cisplatin and 5FU. o If neuts <0.5 and/or PLT <50 stop chemotherapy until recovery. Restart with 50% dose reduction cisplatin and 5FU. o Given that this is potentially curative treatment, consider the use of GCSF in the management of neutropenia. • 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. • **Common drug interactions (for comprehensive list refer to BNF/SPC):** • In patients receiving phenytoin, levels may be affected. 5FU 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. • Caution with folinic acid or folic acid – potential for increased 5FU toxicity. • Caution when used concurrently with other nephrotoxic or ototoxic drugs.
References	UGI-009 V5 SPC accessed online 05.08.2022 SCOPE 2 trial protocol V8

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

Cycles 1-4: 21-day cycle (cycle 3 and 4 current with radiotherapy)

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/m^2**	IV	2 hours	In 1000ml Sodium chloride 0.9%
	Furosemide	40mg	IV/PO	bolus	Only if urine output <100ml/hour 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
	5-FLUOROURACIL prescribe for a total of 7 days	**200mg/m^2/ day ie 1400mg/m^2/7 days**	IV	7 days	Continuous infusion pump
Day 8	**5-FLUOROURACIL** prescribe for a total of 7 days	**200mg/m^2/ day ie 1400mg/m^2/7 days**	IV	7 days	Continuous infusion pump
Day 15	**5-FLUOROURACIL*** prescribe for a total of 7 days	**200mg/m^2/ day ie 1400mg/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 and then 10mg up to 3 times a day as required. Do not take for more than 5 days continuously.	

***NB close monitoring towards the end of radiotherapy is required, if necessary 5-fluorouracil may be discontinued on completion of radiotherapy.**