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 capecitabine 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 through-out treatment. • **Cardiotoxicity:** caution in patients with prior history of coronary heart disease, arrhythmias and angina pectoris. • **ECG** baseline and during treatment as clinically 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 30-59ml/min consider dose reduction of cisplatin or consider carboplatin. • If CrCl < 50 ml/min dose reduce capecitabine (see SPC) • Regimen contraindicated if CrCl <30ml/min. • **Hepatic Impairment:** no recommended dose adjustment in hepatic 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 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 capecitabine. o If neuts <0.5 and/or PLT <50 stop chemotherapy until recovery. Restart with 50% dose reduction cisplatin and capecitabine. o Given that this is potentially curative treatment, consider the use of GCSF in the management of neutropenia. • **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. ○ **Cisplatin:** Caution when used concurrently with other nephrotoxic or ototoxic drugs. ○ Caution in patients receiving phenytoin, levels may be affected. • 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.
References	KMCC proforma UGI-010 V5 SPC accessed online 05.08.2022 SCOPE 2 trial protocol V8

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

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

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Sodium Chloride 0.9%	1000ml	IV	2hours	+ 20mmol KCL + 10mmol Mg^{2+}
	Mannitol 10%	200ml	IV	15min	
	Ondansetron	<75yrs 16mg >/=75yrs 8mg	IV	15min	Sodium Chloride 0.9% 50ml
	Dexamethasone	8mg	PO		
	CISPLATIN	**60mg/m²**	IV	2 hours	In Sodium Chloride 0.9% 1000ml
	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	**For 21 days continuously.** Take within 30 mins after food and approximately every 12 hours. Available as 500mg & 150mg.	
	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 capecitabine may be discontinued on completion of radiotherapy.**