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. • **Cardiotoxicity:** o Caution in patients with prior history of coronary heart disease, arrhythmias and angina pectoris. o ECG baseline and during treatment as clinically indicated. • 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 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 - <1.5 and PLT 75-99 discuss with consultant. 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 of capecitabine and carboplatin. o If neuts <0.5 and/or PLT <50 stop chemotherapy until recovery. Restart with 50% dose reduction of capecitabine and carboplatin. o Given that this is potentially curative treatment, consider the use of GCSF in the management of neutropenia. • **Hepatic impairment:** no recommended dose adjustment in hepatic impairment. • **Renal impairment:** o Regimen contraindicated if CrCl <30ml/min. o If CrCl < 50 ml/min dose reduce capecitabine. d/w consultant, consider 25% dose reduction of capecitabine (see SPC). • **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. • **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. • **Common drug interactions (for comprehensive list refer to BNF/SPC):** o **Carboplatin:** Caution when used concurrently with other nephrotoxic or ototoxic drugs. o **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. • **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 proforma UGI-007 V4 and UGI-071 draft protocol. UGI NOG 22.11.2022. 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	Dexamethasone	8mg	PO		
	Ondansetron	<75yrs 16mg >/=75yrs 8mg	IV	15min	Sodium Chloride 0.9% 50ml
	CARBOPLATIN (AUC= 5)	**DOSE = AUC x (GFR + 25) Max dose 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.** 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.	

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