NHS
North West Coast
Strategic Clinical Networks

Chemotherapy protocol

Drug regimen
Cisplatin and 5FU with concurrent radiotherapy

Indications for use
Carcinoma of the oesophagus

Regimen

Day	Drug	Route	Fluid	Time
1		IV	1 litre 0.9% sodium chloride + 20mmol potassium chloride + 10mmol magnesium sulphate	2 hours
	Cisplatin 75mg/m^2	IV	1 litre 0.9% sodium chloride	2 hours
		IV	1 litre 0.9% sodium chloride	2 hours
1-4	5-fluorouracil 1000mg/m^2/day	IV	1 litre 0.9% sodium chloride + 20mmol potassium chloride + 10mmol magnesium sulphate	4 Days

Nb. The chemotherapy is *continuous* i.e. there is no gap between the end of the cisplatin infusion and the start of the 5-FU bag.

Repeat whole regimen days 29-33

WITH CONCURRENT RADIOTHERAPY

Investigation prior to initiating treatment
FBC
Biochemical profile
Calculated creatinine clearance (Cl_{Cr})
LFT

Dihydropyrimidine dehydrogenase (DPD) deficiency can result in severe toxicity secondary to reduced fluorouracil metabolism (this can present as severe diarrhoea and/or severe stomatitis early in the first cycle). Patients require DPD testing prior to administration. Dose adjustments should be made in accordance with local DPD policy.

Cautions
Maintain adequate hydration and urine output during day 1 chemotherapy.

Investigations and consultations prior to each cycle
FBC
U&Es

Acceptable limits for treatment to proceed (if outside these delay one week or contact consultant)
Calculated creatinine clearance ε 50ml/min
Platelets ε 100, Neuts ε 1.5

If neutrophils 1.2 – 1.5 contact **consultant**

Side Effects
Nausea
Neutropenia
Diarrhoea
Thrombocytopenia
Abdominal pain
Skin reactions
Conjunctivitis
Ototoxicity
Peripheral neuropathy

Dose Modification Criteria
20% dose reduction on days 29-33 if patient develops toxicities> grade 2

Specific Information on Administration
In patient regimen
5-Fluorouracil should be given as a 24-hour infusion
The infusion is to **start 2 hours prior** to the first fraction of radiotherapy
Hb must be maintained at 12.0g/dl. If Hb low proceed with chemotherapy but arrange for transfusion within 2 working days

THIS PROTOCOL HAS BEEN DIRECTED BY DR C MITCHELL CLINICIAN FOR UPPER GI CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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