

## Chemotherapy Protocol

### **DRUG REGIMEN**

Gemcitabine weekly concurrent with radiotherapy

### **Indication for use**

Locally advanced pancreatic cancer (unresectable, non metastatic) after response or stable disease following neoadjuvant chemotherapy

### **Regimen**

Gemcitabine 300mg/m<sup>2</sup> weekly for the duration of radiotherapy (maximum 6 weeks)

Gemcitabine must be administered prior to radiotherapy.

Given as 30 minute infusion in 250mls 0.9% NaCl

Premedication with Ondansetron 8mg and Metoclopramide 20mg IV

### **Investigation prior to initiating treatment**

FBC, UEC, LFTs.

GFR > 60ml/min

DMSA and/or MAG3 scan for adequacy of renal function.

### **Cautions**

Abnormal LFTs and Renal failure

Exclude Patients from CRT if renal impairment present and in Patients with Single, Horse shoe Kidney etc.

### **Investigations and consultations prior to each cycle**

FBC, U&Es and LFTs

### **Acceptable levels for treatment to proceed**

Neutrophils >1, WBC >3, Platelets >75

If FBC borderline or LFTs and U&Es deranged discuss with responsible consultant

### **Side Effects**

Myelosuppression, neutropenic sepsis, nausea and vomiting, loose stools. LFT derangement

### **Dose Modification Criteria**

#### Hematological toxicity

Gemcitabine to be withheld if:

Absolute neutrophil count <1.0 x 10<sup>9</sup>/L

Absolute platelet count <75 x 10<sup>12</sup>/L

On second occurrence of the toxicity, further doses of Gemcitabine will be reduced to 225mg/ m<sup>2</sup> (75%). If toxicity recurs, or patients do not recover within a 2 – week period, Gemcitabine will be discontinued.

### Non-hematological toxicity

All patients will be treated with Ondansetron 8mg (1 hour before radiotherapy) and Lansoprazole 30mg daily for the duration of radiotherapy.

Radiotherapy will need to be interrupted temporarily to manage local toxicity, especially Grade 3-4 intestinal toxicity. Radiotherapy will be recommenced when toxicity is reduced to Grade 1 or 2.

### Specific Information on Administration

Chemo MUST precede radiotherapy

**THIS PROTOCOL HAS BEEN DIRECTED BY DR, M SIVARAMALINGAM DESIGNATED LEAD CLINICIAN FOR CHEMORADIO THERAPY FOR STOMACH AND PANCREATIC CANCERS RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE**

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