

## Chemotherapy protocol

### Drug Regimen

Pre-operative Cisplatin and 5-Fluorouracil (based on OE02 study)

### Indications for use

Pre-operative neo-adjuvant chemotherapy in operable oesophageal cancer

### Regimen

Day	Drug	Route	Fluid	Time
1	Potassium chloride 20mmol, Magnesium sulphate 10mmol	IV	1 litre 0.9% sodium chloride	2 hours
	Cisplatin 80mg/m <sup>2</sup>	IV	1 litre 0.9% sodium chloride	2 hours
	Potassium chloride 20mmol, Magnesium sulphate 10mmol		1 litre 0.9% sodium chloride	2 hours
1-4	5-fluorouracil 1000mg/m <sup>2</sup> /day	IV	Infusion pump	4 days

Repeat every 3 weeks for 2 cycles only

### Investigations prior to initiating treatment

FBC

U&Es

Calculated creatinine clearance

**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.**

### Investigations and consultations prior to each cycle

FBC

U&Es

Creatinine clearance

### Acceptable levels for treatment to proceed (If outside these levels, contact consultant)

Calculated creatinine clearance  $\geq$  50ml/min

Platelets  $\geq$  100, Neuts  $\geq$  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 Cycle 2 if any toxicity > grade 2

**Specific information on administration**

Patient will require skin tunnelled central line

This protocol has been directed by, **DR C MITCHELL**, designated lead clinician for Upper GI cancer.

**Responsibility for this protocol lies with head of service**

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**Review    June 2019**

**Version    14**