

## Chemotherapy in patients with carcinoma of unknown primary (CUP)

If chemotherapy is being considered for patients with confirmed CUP, with no clinical features suggesting a specific treatable syndrome, inform patients about the potential benefits and risks of treatment weighed against best supportive care alone. Offer patients with confirmed CUP the opportunity to enter clinical trials where available.

If chemotherapy is offered outside clinical trials, take into account the clinical and pathological characteristics of the tumour, the toxicity profile of the drugs, their ease of administration and response rate when choosing which treatment to use.

### Possible regimens include:-

ECF

ECX

EOX

Cisplatin and gemcitabine

Carboplatin and gemcitabine

Carboplatin and paclitaxel

Capecitabine

Oxaliplatin and MDG or capecitabine

### Regimens for treatable CUP syndromes:-

For axillary adenocarcinoma in a female, refer to TV breast regimens (treat as stage 2 or metastatic).

See <https://thamesvalleycanceralliance.nhs.uk/resources/breast-cancer/>

For squamous cell carcinoma isolated to head and neck nodes, refer to TV head and neck regimens (treat as node positive or metastatic).

See <https://thamesvalleycanceralliance.nhs.uk/resources/head-and-neck-cancer/>

For peritoneal adenocarcinoma, refer to TV gynae and colorectal regimens.

See <https://thamesvalleycanceralliance.nhs.uk/resources/gynaecological-cancer/> and

<https://thamesvalleycanceralliance.nhs.uk/resources/colorectal-cancer/>

For poorly differentiated midline CUP refer to TV urology regimens.

See <https://thamesvalleycanceralliance.nhs.uk/resources/urological-cancer/>

For neuroendocrine CUP, refer to TV rare tumour regimens.

See <https://thamesvalleycanceralliance.nhs.uk/resources/rare-tumours/>

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| CUP regimens | CUP CAG approval<br>Website links updated | Page 1 of 1 | Approved: June 2021<br>Review: June 2022 | Version<br>1.3a |
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