GEMCITABINE with concurrent RT

INDICATION (ICD10) C25
1. Locally advanced non-metastatic pancreatic cancer unable to receive capecitabine (unlicensed)

REGIMEN
Days 1, 8, 15, 22, 29 and 36

GEMCITABINE 300mg/m^2 infusion in 250ml sodium chloride 0.9% (or licensed dose volume) IV infusion over 30 minutes

CYCLE FREQUENCY AND NUMBER OF CYCLES
1 cycle (5.5 weeks) with radiotherapy

ADMINISTRATION
Day 1 to be prescribed to start on day 2 of radiotherapy (total planning target volume should be restricted to smaller than 800cm^3).
Gemcitabine should be given prior to RT when pt is due both.

ANTI-EMETICS
Low risk days 1, 8, 15, 22, 29 and 36

CONCURRENT MEDICATION REQUIRED

Gemcitabine	None required

EXTRAVASATION AND TYPE OF LINE / FILTERS
Gemcitabine – neutral

No filters required
Central or peripheral line

INVESTIGATIONS
Blood results required before SACT administration
FBC every dose, U&E, LFTs and creatinine every cycle
Neutrophils x 10^9/L ≥1.5
Platelets x 10^9/L ≥100
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Gemcitabine	Diarrhoea – see dose modifications, treat with ,loperamide or codeine Mucositis – see dose modifications, use routine mouthcare

DOSE MODIFICATIONS
Haematological
Gemcitabine

Neutrophils >1.5x10^9/L and platelets >100x10^9/L	give 100% dose
Neutrophils 1.0-1.5x10^9/L or platelets 75-100x10^9/L	Discuss with consultant
Neutrophils <1.0x10^9/L or platelets <100x10^9/L	delay treatment (day 1) or otherwise omit treatment

Non-haematological

Gemcitabine

Diarrhoea and/or mucositis grade 2 toxicity	omit until toxicity resolved then restart at 100% dose
Diarrhoea and/or mucositis grade 3	omit until toxicity resolved then restart at 75% dose
Diarrhoea and/or mucositis grade 4	omit until toxicity resolved then restart at 50% dose

Hepatic impairment

Gemcitabine

Bilirubin >27µmol/L	initiate treatment with 80% dose

REFERENCES

1. International archives of Medicine 2009 2:7-13
2. Huang et al IJROBP (2009) 73 (1): 159-165